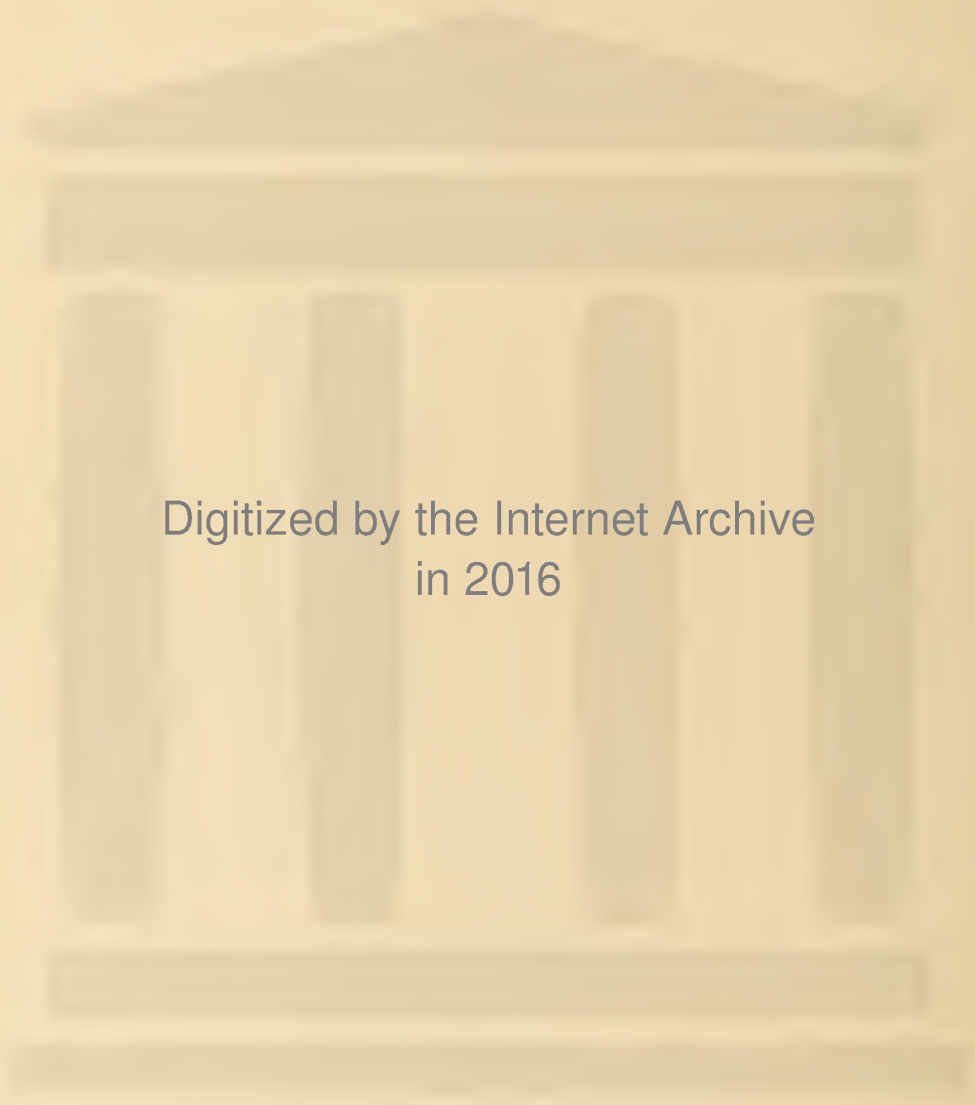


The New York
Academy of Medicine



By Exchange





Digitized by the Internet Archive
in 2016

THE JOURNAL
OF
THE MEDICAL SOCIETY OF
NEW JERSEY



Founded September 1, 1904

~~Index~~ of Volume XXXIII.

January, 1936--December, 1936

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE
COMMITTEE ON PUBLICATION

HENRY C. BARKHORN, M.D., *Chairman*

FRANK J. McLOUGHLIN, M.D.

SPENCER T. SNEDECOR, M.D.

EDWARD J. ILL, M.D.

J. BENNETT MORRISON, M.D.

EDITORIAL OFFICE

137 EAST STATE STREET, TRENTON, N. J.

PLAN OF THE INDEX

This index to Volume XXXIII of The Journal, that of the year 1936, is made up according to the departments of The Journal, as follows:

1. Original Articles (scientific).
2. Authors of Original Articles.
3. Editorials.
4. State Society Activities.
5. County Society Activities and Reports.
6. Woman's Auxiliary.
7. Obituaries.
8. Book Reviews.

OFFICIAL LIST

The Official List of Fellows, Officers, Delegates, and Members, was published as a supplement to The Journal of April, 1936.

OFFICERS AND COMMITTEES

The Officers and Committeemen are listed in the advertising section of each issue of The Journal, on pages III-V, immediately following the cover.

ANNUAL MEETING MINUTES

The minutes of the Annual Meeting and the House of Delegates are contained in the OFFICIAL TRANSACTIONS, which was issued as a supplement to the August issue, with its own index on the first page.

ANNUAL REPORTS

The annual reports of the Officers and Committees were printed in The Journal of May, 1936, pages 251-290, with its own index on page 291.

NEWYORK ACADEMY
OF MEDICINE

MAY 21 1937

LIBRARY

207766

ANNUAL MEETING, JUNE 2-4, 1936, IN HADDON HALL, ATLANTIC CITY

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330

VOL. XXXIII, No. 1

JANUARY, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 1-64

EDITORIALS—	Page	STATE SOCIETY ACTIVITIES—	Page
POPULAR RECOGNITION OF COUNTY MEDICAL SOCIETIES	1	Welfare Committee	30
OPPORTUNITIES FOR HONORABLE SERVICE	2	Maternal Welfare Committee	34
OPINIONS, INDIVIDUAL AND GROUP	3	Questionnaire on Medical Economics	35
THE PUBLIC RELATIONS COMMITTEE	4	Contacts with Federal Legislators	38
ENTERTAINING LEGISLATORS	4	New Jersey Conference of Social Work	41
THE COVER PAGE	5	Conference of Allied Medical Professions	41
FIFTY YEARS OF SERVICE	5	A. M. A. Conference of Secretaries and Editors	42
REPRINTS OF THE 1935 INDEX	5	Federal Health Activities	44
COPYRIGHTING THE JOURNAL	6	Immunizations in Public Health Hour	45
ACTION IS NECESSARY NOW	6	Obituaries	40
ORIGINAL ARTICLES—		COUNTY SOCIETY REPORTS—	
THE TREATMENT OF CATARACT IN HISTORY—By William H. Hahn, M.D., Newark, N. J.	7	Atlantic	46
THE CAUSES AND MANAGEMENT OF PREMATURE LABOR—By Robert A. MacKenzie, M.D., Asbury Park, N. J.	16	Bergen	48
REPORT OF A CASE OF SURGICAL TREATMENT FOR INTRAPELVIC PROTRUSION OF THE ACETABULUM—By I. Francis Gregory, M.D., Orange, N. J.	23	Burlington, Camden	49
LYMPHOGRANULOMA INGUINALE AS A CAUSATIVE FACTOR IN THE PRODUCTION OF RECTAL STRICTURES—By Homer I. Silvers, M.D., Atlantic City, N. J.	25	Cumberland, Essex	51
MATERNAL WELFARE COMMITTEE OF THE STATE OF NEW JERSEY	29	Academy of Medicine of Northern New Jersey	52
		Gloucester	52
		Mercer, Middlesex	53
		Monmouth	55
		Morris	57
		Passaic	58
		Salem, Union	60
		WOMAN'S AUXILIARY—	
		Atlantic, Hudson	61
		Middlesex, Monmouth, Union	62
		BOOK REVIEWS	63

Roster of Officers and Committees. Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)
12 South Day Street, Orange, N. J.

Copyright 1936 by
The Medical Society of New Jersey



Entered as second-class matter, Sept. 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.



Always DEPENDABLE

INSULIN SQUIBB IS SUPPLIED IN 5-cc. AND
10-cc. VIALS OF THE FOLLOWING
STRENGTHS:

5 cc.	10 cc.
50	100 units (10 units per cc.)—Blue label
100	200 units (20 units per cc.)—Yellow label
200	400 units (40 units per cc.)—Red label
400	800 units (80 units per cc.)—Green label

CONSIDER the significance of this statement. For behind this product are the extensive resources of the House of Squibb. Insulin research in the Squibb Laboratories has never ceased. Many refinements in its preparation have been introduced and many additional steps in its manufacture have become routine to make the Squibb quality of Insulin possible.

Insulin Squibb is highly purified, highly stable and remarkably free from protein reaction-producing substances. Great care is taken in its assay that it may be uniformly potent.

More institutions, more physicians, more patients are using Squibb Insulin than ever before. For these users are convinced of the quality and dependability of the Squibb product.

INSULIN SQUIBB

THE MEDICAL SOCIETY OF NEW JERSEY

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

President, MARCUS W. NEWCOMBBrown's Mills
President-Elect, FRANCIS R. HAUSSLINGNewark
First Vice-President, SPENCER T. SNEDECOR.....Hackensack
Second Vice-President, WILLIAM G. HERRMAN...Asbury Park
Secretary, J. BENNETT MORRISONNewark
Treasurer, ELIAS J. MARSHPaterson

TRUSTEES

FREDERIC J. QUIGLEY, <i>Chairman</i> .....Union City	WALT P. CONAWAY (1936), Atlantic City	} Nominated by and } elected from Fellows
H. W. NAFEY, <i>Secretary</i> (1938) .....New Brunswick	JAMES S. GREEN (1938), Elizabeth	
MARCUS W. NEWCOMB .....Brown's Mills	HARRY R. NORTH (1936) .....Trenton	
FRANCIS R. HAUSSLING .....Newark	THOMAS K. LEWIS (1936) .....Camden	
SPENCER T. SNEDECOR .....Hackensack	WELLS P. EAGLETON (1937) .....Newark	
WILLIAM G. HERRMAN .....Asbury Park	HAROLD B. DISBROW (1937) .....Lakewood	
J. BENNETT MORRISON .....Newark	ANDREW F. MCBRIDE (1937) .....Paterson	
ELIAS J. MARSH .....Paterson	BLASE COLE (1938) .....Newton	
*Deceased.	*R. M. A. DAVIS (1938) .....Salem	

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1936)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....JAMES A. FISHER, Asbury Park (1936)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....ALDRICH C. CROWE, Ocean City (1938)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WALT P. CONAWAY, Atlantic City	Term expires 1936
JOHN F. HAGERTY, Newark	" " 1936
BLASE COLE, Newton	" " 1937
E. R. MULFORD, Burlington	" " 1937

Alternate Delegates

LUCIUS F. DONOHUE, Bayonne	Term expires 1936
HILTON S. READ, Atlantic City	" " 1936
S. B. ENGLISH, Glen Gardner	" " 1937
ELMER PETER WEIGEL, Plainfield	" " 1937

STANDING COMMITTEES

Scientific Work

CLARENCE L. ANDREWS, <i>Chm.</i> , Atlantic City	Term expires 1936
LOUIS C. LANGE, Weehawken	" " 1937
ROBERT S. GAMON, Camden	" " 1938

Program and Arrangements

WILLIAM J. CARRINGTON, <i>Chm.</i> , Atl. City	Term expires 1938
D. WARD SCANLAN, Atlantic City	" " 1936
JOHN W. GRAY, Newark	" " 1937
MARCUS W. NEWCOMB, Brown's Mills	Ex-officio
J. BENNETT MORRISON, Newark	Ex-officio

Publication

HENRY C. BARKHORN, <i>Chm.</i> , Newark	Term expires 1936
EDWARD J. ILL, Newark	" " 1937
FRANK J. McLOUGHLIN, Jersey City	" " 1938
MARCUS W. NEWCOMB, Brown's Mills	Ex-officio
J. BENNETT MORRISON, Newark	Ex-officio

Finance and Budget

HARRY R. NORTH, <i>Chm.</i> , Trenton	Term expires 1939
HERSCHEL PETTIT, Ocean City	" " 1936
WELLS P. EAGLETON, Newark	" " 1937
WILLIAM J. SWEENEY, Weehawken	" " 1938
ALFRED STAHL, Newark	" " 1940
JAMES S. GREEN, Elizabeth	" " 1941

Honorary Membership

EPHRAIM R. MULFORD, Burlington	Term expires 1936
FREDERIC J. QUIGLEY, Union City	" " 1937
LANCELOT ELY, Somerville	" " 1938

Hospitals and Medical Education

HARRY H. SATCHWELL, <i>Chm.</i> , Irvington	Term expires 1936
LOUIS A. PYLE, Jersey City	" " 1938
ARCANGELO LIVA, Rutherford	" " 1937
DAVID B. ALLMAN .....Atlantic City	
RICHARD D. ANDERSON .....Burlington	
C. COULTER CHARLTON .....Atlantic City	
CHARLES B. KELLEY .....Jersey City	
EARL H. SNAVELY .....Newark	
THOMAS J. SUMMEY .....Mt. Holly	
H. H. TYNDALL .....Weehawken	

Medical Defense

CHRISTOPHER C. BELING, <i>Chairman</i> .....Newark
E. REISSMAN .....Newark
EDGAR A. ILL .....Newark
WILLIAM J. ARLITZ .....Hoboken
T. S. THOMAS .....Morristown

Insurance

FRANK W. PINNEO, <i>Chairman</i> .....Newark
BARCLAY S. FUHRMANN .....Flemington
EDMUND N. HUFF .....Englewood
A. DUNBAR HUTCHINSON .....Trenton
WARREN D. ROBBINS .....Cape May
CHESTER I. ULMER .....Gibbstown
GEORGE T. TRACY .....Beverly

Welfare Committee

HILTON S. READ, <i>Chairman</i> .....Atlantic City
MARCUS W. NEWCOMB (ex-officio) .....Brown's Mills
J. BENNETT MORRISON (ex-officio) .....Newark
HUGO ALEXANDER .....Hoboken
SAMUEL ALEXANDER .....Park Ridge
WILLIAM H. ARESON .....Montclair
NORMAN BURRITT .....Summit
JOHN C. CLAYTON .....Freehold
A. H. COLEMAN .....Clinton
W. F. COSTELLO .....Dover
FRANK W. CURTIS .....Stewartsville
GEORGE F. DANDOIS .....Wildwood
FRANK L. FIELD .....Far Hills
J. IRVING FORT .....Newark
INGLIS F. FROST .....Morristown
DAVID W. GREEN .....Salem
D. L. HAGGERTY .....Trenton
EUGENE G. HERBENER .....Lakewood
FLORENTINE M. HOFFMAN .....New Brunswick
DAVID A. KRAKER .....Newark
THOMAS B. LEE .....Camden
THOMAS K. LEWIS .....Camden
WRIGHT MACMILLAN .....Passaic
CHARLES H. MITCHELL .....Trenton
WATSON B. MORRIS .....Springfield
STANLEY H. NICHOLS .....Long Branch
B. S. POLLAK .....Secaucus
LOUIS A. PYLE .....Jersey City
HARRY L. ROGERS .....Riverton
D. WARD SCANLAN .....Atlantic City
MILLARD F. SEWALL .....Bridgeton
JAMES H. SPENCER, JR. ....Newton
S. EMLIN STOKES .....Moorestown
CHESTER I. ULMER .....Gibbstown
H. ROY VAN NESS .....Newark
H. B. WILSON .....Hackensack

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Relations

D. WARD SCANLAN, *Chairman* Atlantic City
WATSON B. MORRIS Springfield
S. EMLIN STOKES Moorestown
FLORENTINE M. HOFFMAN New Brunswick
WRIGHT MACMILLAN Passaic

Legislation

B. S. POLLAK, *Chairman* Secaucus
SAMUEL ALEXANDER Park Ridge
WILLIAM H. ARESON Upper Montclair
CHARLES H. MITCHELL Trenton
INGLIS F. FROST Morristown

Public Health

STANLEY NICHOLS, *Chairman* Asbury Park
THEODORE TEIMER Newark
JULIUS LEVY Trenton
HOWARD S. FORMAN Jersey City
ALLEN G. IRELAND Trenton
ERNEST G. HUMMEL Camden
I. W. KNIGHT Pitman

Medical Practice

THOMAS K. LEWIS, *Chairman* Camden
H. B. WILSON Hackensack
J. IRVING FORT Newark
CHESTER I. ULMER Gibbstown
D. LEO HAGGERTY Trenton

Workmen's Compensation

DAVID A. KRAKER, *Chairman* Newark
WILLIAM H. ARESON Upper Montclair
H. ROY VAN NESS Newark
J. IRVING FORT Newark

To Study Report on the Uniform Medical Practice Act

SAMUEL ALEXANDER, *Chairman* Park Ridge
CHARLES B. KELLEY Jersey City
HARRY H. SATCHWELL Irvington
JAMES J. MCGUIRE Trenton
GEORGE F. DANDOIS Wildwood
WELLS P. EAGLETON Newark
FREDERIC J. QUIGLEY Union City
S. EMLIN STOKES Moorestown

SPECIAL COMMITTEES

Constitution and By-Laws

CHARLES J. MURN, *Chairman* Paterson
I. R. BOOTHBY Clinton
E. J. CHAPMAN Jersey City
ROBERT L. MCKIERNAN New Brunswick
EDWARD W. SPRAGUE Newark
FREDERICK P. WILBUR (Died Sept. 9, 1935) Franklin

Committee on the Control of Cancer

HENRY B. ORTON, *Chairman* Newark
J. CARLISLE BROWN Atlantic City
E. E. DOWNS Woodbury
ROBERT HALBACK Toms River
GEORGE SOMMER Trenton
*JOHN W. GRAY Newark
*EDWARD J. ILL Newark
*HARRISON S. MARTLAND Newark
*Advisory members.

Nursing and Nursing Education

HARRY H. SATCHWELL, *Chairman* Irvington
RICHARD D. ANDERSON Burlington
JOHN F. CONDON Newark
GEORGE M. KNOWLES Hackensack

Advisory Committee on Tuberculosis

B. S. POLLAK, *Chairman* Secaucus
R. DOUGLAS Englewood
SAMUEL ENGLISH Glen Gardner
MARTIN COLLIER Camden
JOSEPH MORROW Ridgewood

Maternal Welfare

ARTHUR W. BINGHAM, *Chairman* East Orange
MARY BACON Bridgeton
J. CARLISLE BROWN Atlantic City
P. DUBOIS BUNTING Elizabeth
SAMUEL A. COSGROVE Jersey City
ALBERT B. DAVIS Camden
F. D. FÄRENBRUCH Mt. Holly
CARL ILL Newark
R. A. MACKENZIE Asbury Park
WALTER B. MOUNT Montclair
T. F. THOMPSON Lakewood

Medical Bills Committee

DAVID A. KRAKER, *Chairman* Newark
HOMER I. SILVERS Ventnor
SAMUEL SICA Trenton
LOUIS A. PYLE Jersey City
B. FRANKLIN BUZBY Camden

State Medical Advisory Committee to E. R. A.

*E. ZEH HAWKES, *Chairman* Newark
*CHRISTOPHER C. BELING Newark
*GEORGE W. FITHIAN Perth Amboy
*CHARLES H. SCHLICHTER Elizabeth
*BYRON G. SHERMAN Morristown
ALDRICH C. CROWE Ocean City
JAMES A. FISHER Asbury Park
WILLIAM J. SWEENEY Weehawken
FRANK G. SCAMMELL Trenton
MARCUS W. NEWCOMB (ex-officio) Brown's Mills
ALSO THE CHAIRMEN OF THE COUNTY E. R. A. COMMITTEES
*Executive Committee.

Advisory Committee to the Woman's Auxiliary

EDWARD W. SPRAGUE, *Chairman* Newark
B. FRANKLIN BUZBY Camden
WILLIAM K. CAMPBELL Long Branch

Committee on Scientific Exhibits

ASHER YAGUDA, *Chairman* Newark
ELWOOD E. DOWNS Woodbury
JOHN W. GRAY Newark
ROBERT A. KILDUFFE Ventnor
WILLIAM J. MARQUIS Newark
HARRISON S. MARTLAND Newark

Advisory Committee on Mental Hygiene

DAN S. RENNER, *Chairman* Skillman
MARCUS CURRY Greystone Park
J. BERKELEY GORDON Marlboro
MATTHEW MOLITCH Jamesburg
JAMES S. PLANT Newark
ROBERT G. STONE Trenton

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

C. COULTER CHARLTON, *Chairman*Atlantic City
H. L. HARLEY, *Secretary*Atlantic City

Pediatrics

F. I. KRAUSS, *Chairman*Chatham
CHESTER R. BROWN, *Secretary*Arlington

Radiology

WILLIAM G. HERRMAN, *Chairman*Asbury Park
P. S. AVERY, *Secretary*New Brunswick

Gastro-Enterology

SIGURD W. JOHNSEN, *Chairman*Passaic
LOUIS L. PERKEL, *Secretary*Jersey City

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

ARTHUR W. BELTING, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	Carlisle J. Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	David Corn, Ridgefield Park.....	George M. Knowles, Hackensack..	Charles Littwin, Englewood
BURLINGTON ..	J. Howard Hornberger, Roebling..	George T. Tracy, Beverly	Parry M. Scott, Beverly
CAMDEN	Thomas K. Lewis, Camden	R. S. Gamon, Camden	William T. Read, Jr., Camden
CAPE MAY	John B. Townsend, Ocean City....	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND ..	Burton H. Walker, Vineland.....	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	A. Charles Zehnder, Newark	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER ..	*E. R. Ristine, Westville	Ralph K. Hollinsbed, Westville...	Henry B. Diverty, Woodbury
HUDSON	Traugott J. Schuck, Hoboken.....	Thomas McG. Brennock, Jer. City	John N. Connell, Jersey City
HUNTERDON ..	E. W. Lanc, Bloomsbury	A. L. Gramsch, Glen Gardner ...	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX ..	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH ..	Warren K. Fairbanks, Freehold..	Dan'l F. Featherston, Ashbury Park	James P. Pregnall, Asbury Park
MORRIS	William F. Costello, Dover.....	Attilio Galasso, Morristown.....	Marcus A. Curry, Greystone P'k
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Norman M. Dingman, Paterson...	Wayne W. Hall, Paterson	Sigurd W. Johnsen, Passaic
SALEM	C. L. Fleming, Pennsgrove	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	R. F. Hegeman, Somerville	A. F. W. Sferra, Bound Brook...	J. L. Young, Somerville
SUSSEX	George J. Johnson, Branchville...	**F. P. Wilbur, Franklin Furnace	Frederick H. Morrison, Newton
UNION	Thomas J. Walsh, Elizabeth.....	Lorrimer B. Armstrong, Westfield.	Russell A. Shirrefs, Elizabeth
WARREN	William Varney, Washington	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.

* Resigned, Dr. M. F. Lummis, Pitman, Acting President, to fill unexpired term.

** Deceased.

FIREMEN'S PHARMACY

DEPENDABLE
PRESCRIPTION
SERVICE

NEW JERSEY
FORMULARY
PREPARATIONS

BIOLOGICALS

BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY

AURORA INSTITUTE

The Aurora Institute takes pleasure in announcing that Dr. William S. Collens has been appointed Director of the Department of Metabolic Diseases and will be in charge of all cases of diabetes, obesity and thyroid disorders.

The Aurora Institute is completely equipped for careful scientific investigation and treatment of those conditions as well as cardiovascular and chronic medical and surgical disorders.

Robert Schulman, M.D.,
Medical Director.—Advt.

EFFECTIVE ECONOMY

Effective economy is measured in terms of something more than price alone. The low cost of Benzedrine Solution appeals to the patient, but the physician realizes even greater economies in efficiency.

- (1) Giardana has recently shown that "Benzedrine in a 1% oil solution . . . gave a shrinkage which lasted approximately 18% longer than that following applications of a 1% oil solution of ephedrine."

(Penna. State Med. Jour., Oct. 1935.)

- (2) And Scarana has said, "The secondary reactions following the use of Benzedrine were less severe and less frequent than those observed with ephedrine."

(Med. Record, Dec. 5, 1934.)

When a liquid vasoconstrictor is indicated, prescribe

BENZEDRINE SOLUTION*

AN ECONOMICAL VASOCONSTRICTOR

for shrinking the nasal mucosa in head colds, sinusitis and hay fever. Issued in 1-ounce bottles for prescription dispensing and in 16-ounce bottles for office, clinic and hospital use.



*Benzyl methyl carbinomine
1% in liquid petrolatum with
1/2 of 1% oil of lavender.



SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

ESTABLISHED 1841

Lilly



SINCE THE *Turn* OF THE CENTURY

From an Address by J. K. Lilly, Chairman of the Board, Eli Lilly and Company

"Until the turn into the present century, most of the large-scale producers limited their scientific endeavors to the use of established facts and current knowledge, but the past thirty-five years have witnessed a substantial advance into the field of real medical and chemical research. During this period, a fine spirit of co-operation between groups of scientists and the research and producing sections of large-scale operators has come into being. These joint endeavors have attained many large objectives and promise to continue thus, to the everlasting benefit of scientific medicine."



Makers of
Medicinal Products
Since 1876

Eli Lilly and Company

INDIANAPOLIS, INDIANA, U. S. A.

THE WILL TO ACHIEVE · THE FACILITIES TO PRODUCE



Gatherers of Chinese Ephedra

Ephedrine » A GIFT OF RESEARCH

Nagai isolated pure ephedrine in 1887. Chen and Schmidt investigated its epinephrine-like effects in 1923. Scientific study of the chemistry and applicable forms of this useful drug by Eli Lilly and Company followed, resulting in a list of Ephedrine Products of purity, refinement, concentration, and therapeutic activity, the usefulness of which justifies the Chinese tradition associated with this drug for more than fifty centuries. » » Ephedrine Inhalants, Lilly, afford the means of prompt and well-sustained tissue shrinkage, with improved respiratory ventilation in nasal accessory sinus disease.



Inhalant Ephedrine Compound, Lilly, contains ephedrine 1 percent, with menthol, camphor, and oil of thyme, in a neutral paraffin oil.

Eli Lilly and Company

INDIANAPOLIS, INDIANA, U. S. A.

THE WILL TO ACHIEVE · THE FACILITIES TO PRODUCE

ALPHABETIC LIST OF ADVERTISERS

Abbotts Dairies, Inc.	XV
American Can Company	IX
Anspach Bros.	XXI
Aurora Institute	XXIV
Bancroft School	XXV
Belle Mead Sanatorium and Farm	XXIII
Bethlehem Laboratories, Inc.	XVII
Carnrick, G. W.	XXVIII
Corn Products Refining Co.	XVII
Deuchler, H. C.	XXI
Fairchild Bros. & Foster	XV
Fair Oaks Sanitorium	XXIV
Firemen's Pharmacy	V
General Electric X-Ray Corp.	XXVI
Hynson, Westcott & Dunning	VII
Interpines	XXV
Kalak Water Co., Inc.	XV
Larsen Company, The	XX
Lederle Laboratories, Inc.	XI
Lilly and Company, Eli	XVI
Maltbie Chemical Company, The	XXVIII
Marquier's Pharmacy	XX
Marshall, Ralph E.	XXI
Mead Johnson & Company	XXVII
Medical Milk Commissions of N. Y.	X
Mountain View Rest	XXIV
Murdoch, J. T.	XVIII
N. Y. Polyclinic Medical School & Hosp., The	XXIII
Orange Publishing Co.	XXIII
Parke, Davis & Co.	VIII
Pomeroy Company	XIX
Prescription Pharmacists of N. J.	XX
Reiss, J. C.	XVII
Representative Funeral Directors of N. J.	XXII
Smith, Kline & French	VI
Squibb, E. R.	II
Storm, Dr. K. L.	XVIII
Towns Hospital, Charles B.	XXV
United States Fidelity & Guaranty Co.	XIV
Walker-Gordon Laboratory Company	XIII
Way Agency, Inc., The	XII

Behind

MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)



is a background of

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association



A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.
BALTIMORE, MARYLAND

Preserve Your Journals

A Box to hold the Journals
of a Year

Price 30 Cents

THE MEDICAL SOCIETY OF NEW JERSEY

137 EAST STATE STREET
TRENTON, N. J.

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

AN AID FOR THE PREVENTION OF
RINGWORM INFECTION

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed

For Hand and Skin Sterilization

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
Incorporated
300 Century Building
PITTSBURGH, PENNA.



"Gentlemen, it is with pride in our profession that I tell you of my difficulty in getting clinical material to illustrate our discussion of rickets today. Twenty years ago . . ."

THE above picture was suggested by a situation arising at a recent medical meeting attended by thousands of physicians. Their comments revealed a country-wide decrease in the incidence and severity of rickets, the result of clinical application of modern developments in the science of nutrition.

Three minims of Haliver Oil with Viosterol, in a tasteless gelatin capsule, or

delivered from a dropper, provide at least as much vitamin A and vitamin D as four teaspoonfuls of Cod-Liver Oil (minimum standards U. S. P. X revised 1934).

Parke-Davis Haliver Oil with Viosterol has a vitamin A activity of not less than 50,000 U. S. P. (1934 Revision) units per gram; and vitamin D activity of not less than 10,000 U. S. P. (1934 Revision) units per gram.

Parke-Davis Haliver Oil with Viosterol is available in 5-cc. and 50-cc. amber bottles with dropper, and in boxes of 25, 100, and 250 three-minim gelatin capsules.

PARKE, DAVIS & COMPANY • Detroit, Michigan

THE CANNING PROCEDURE

• Some misunderstandings exist as to the mechanics of the commercial canning procedures. Although some such information is available (1) (2), it is not surprising that the facts are not more generally known. The art of canning has been largely developed by, and retained within, the industry.

Of necessity, canning procedures vary with the product packed. However, it is possible to indicate in broad detail the treatment to which foods may be subjected during canning.

Cleansing Operations

Raw materials are given a thorough water cleansing, usually by washing under high pressure sprays.

Preparatory Operations

Following washing, undesirable stock is removed by sorting, trimming, peeling and coring operations, as occasion may demand. With some products these operations are performed mechanically.

Blanching

Certain products are "blanched" or scalded by immersion in hot water. This process serves not only to clean the product further,

but also to soften the tissues and expel air therefrom.

Preheating and Filling Operations

Here practice varies with the product. Sometimes the food is precooked and filled into cans; again, it may be filled into cans and hot water or hot salt and/or sugar solutions added; still again, the filled cans are "exhausted" in a steam or hot water box. All these operations, the majority of which are mechanically performed, serve to preheat the product and exclude air from the cans.

Sealing, Processing and Cooling Operations

The filled cans are hermetically sealed on an automatic "closing" machine while the contents are still hot; the sealed cans are then heat processed to destroy spoilage micro-organisms; finally, the cans are cooled in water or air. Cooling contracts the contents and produces a vacuum within the can.

Such are the broad details of the canning procedure. We trust this brief word picture will bring better understanding of the treatments to which canned foods are subjected.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

(1) 1924, Commercial Fruit and Vegetable Products, W. C. Cruess, McGraw-Hill, New York

(2) 1924, A complete Course in Canning, The Canning Trade, Baltimore

This is the eighth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.

CERTIFIED MILK . . . *PASTEURIZED*

An announcement of importance to the Medical Profession

"Now that the producers of certified milk and the medical milk commissions have adopted permissive pasteurization, there should be benefit to all interested groups. Physicians desiring the highest quality of pasteurized milk for their patients will be able to prescribe pasteurized certified milk."

EDITORIAL, JOURNAL AMERICAN MEDICAL ASSOCIATION
105; 601, August 24, 1935.

* * *

Physicians who wish to recommend to their patients Certified Milk—Pasteurized, will now be able to prescribe it. Following the official endorsement of permissive pasteurization of certified milk, the Medical Milk Commissions of the Metropolitan District of New York have approved the market distribution of this clean and safe milk supply. Certified Milk — Pasteurized, is now available in New Jersey.

The medical profession, long interested in the purity and safety of milk purveyed to the public, can be assured, however, that the status of unpasteurized certified milk remains the same. Physicians and consumers who desire a superior natural milk can secure it just as before. But those who prefer the highest quality of milk obtainable, with the added procedure of pasteurization, will now be accommodated.

MEDICAL MILK COMMISSIONS
OF THE METROPOLITAN DISTRICT OF NEW YORK

Pneumonia Typing is Simple!

DIAGNOSIS—pneumonia! *Pneumococcus pneumoniae*? Is serum therapy indicated? That depends on the type of the causative pneumococcus.

The physician calls for Rapid Typing sera *Lederle*, Types I and II, the types for which "Council-Accepted" therapeutic sera are available. Microscopic examination of a fleck of the patient's sputum mixed with the required amount of specific typing sera, reveals typical changes in the capsule—Neufeld reaction—in the mixture that identifies the type. These changes consist of a swelling of the capsule with a sharp definition of outline.

All in a few minutes! And therapeutic serum administration may be begun at once. Pictures of the significant capsular swelling are in the direction sheets in the *Lederle* packages. (If no such capsules are found, the efforts to identify the type can be carried further. *Lederle* has Typing sera for 29 types of pneumonia but full use of the series is usually regarded as requiring special technical training.)

Early administration is essential to secure the radical reductions of average mortality obtainable with serum therapy.

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA
NEW YORK, N. Y.



packages:

Rabbit Typing Sera *Lederle*
(Neufeld Reaction) Types
I to XXIX.

Anti-Pneumococcic Serum
Lederle, Bivalent, Type
I and II, or Type I or Type II—
10,000 and 20,000 Units.

AUTOMOBILE PROTECTION

With your car insured under the State Medical Society's
endorsed policy you receive

*Unquestioned Company
Financial Strength*

Sound Future Protection

*Unequalled Service and
Prompt Loss Settlement*

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized
agent on automobile insurance for the State Medical So-
ciety will furnish you with full details.

Way Underwriting Agency

INCORPORATED

605 BROAD STREET
NEWARK, NEW JERSEY

Telephone Mitchell 2-0613

Guardians of Tomorrow

•

If an unforeseen blight should suddenly ravage our entire supply of milk, what a wretched future would be in store for humanity!

Looked at more positively, if all the world should adopt Walker-Gordon's dedication to finer milk for babies, what a magnificent send-off the new generation would have!

For Walker-Gordon is guided in every step of its way by a deep regard for the enormous importance to after years of the most nutritive milk for babies.

To the attainment of this, Walker-Gordon has raked every corner of science and human ingenuity. There is yet much to be known about milk, but there is already much that has been created by Walker-Gordon to lay the foundation for a healthier tomorrow.

•

Walker-Gordon Laboratory Company

Plainsboro, New Jersey

Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

for twenty years

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....

First IN THE ICE CREAM INDUSTRY TO PAY FARMERS A BONUS FOR *Daily Sanitary Care*

The cream used in Abbotts Ice Cream comes from farms supervised by rigid inspection and laboratory control. We pay each farmer a cash bonus for producing cream of the highest sanitary grade.

ABBOTTS

That is why YOU CAN RECOMMEND THIS
FINE ICE CREAM WITH CONFIDENCE

the STANDARD of Fine Quality in **ICE CREAM**

ABBOTTS DAIRIES, Inc. — Phila., Newark, Trenton, Camden, South Jersey, Seashore, Elkton, Allentown, Reading

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

*"Owing to the fact of their ready secretion
by the liver cells bile salts are the most
reliable chologogues with which we are
acquainted." Starling.*

Powder, in $\frac{1}{4}$ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

FAIRCHILD BROS. & FOSTER

NEW YORK



CARBONATED ALKALINE WATER

**NOT A LAXATIVE
UNIFORM STRENGTH—PURITY**

KALAK WATER CO. OF NEW YORK, INC.
6 Church Street

New York City



ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products



Clinical investigations reveal the benefits from the nasal application of ephedrine in head colds. Ephedrine Inhalants, Lilly, in the one-ounce dropper assembly, suggest a convenient prescription form. For prompt and well-sustained tissue shrinkage with improved respiratory ventilation, prescribe:

Inhalant Ephedrine (Plain), Lilly,
containing ephedrine (in the form of ephedrine cinnamic aldehyde and ephedrine benzaldehyde) 1 percent in an aromatized hydrocarbon oil . . . or

Inhalant Ephedrine Compound, Lilly,
containing ephedrine 1 percent, with menthol, camphor, and oil of thyme in a neutral hydrocarbon oil.

Prompt Attention Given to Professional Inquiries

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK OVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 1

JANUARY, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

Popular Recognition of County Medical Societies

Do the people of your county realize the existence of an active County Medical Society in their midst?

For an answer to this question, try the experiment of asking ten of your business friends for their opinion of some project of your own County Society. Five of them will probably say that they have heard of such an organization in a vague way, especially when a well-known physician dies and his obituary appears in the local newspapers.

Three will probably say that they know such a society exists, for they have been told that their family doctor was attending it on some occasion when they have called him.

Two will probably say that they recall that some doctor addressed the village or school board on behalf of his Medical Society when a health project was under consideration.

Yet every one of the ten will name a physician as his family doctor whose reputation he will defend under all conditions.

The people give due recognition to physicians as *individuals*; but they have yet to learn their great importance as a *group* organized for the purpose of advising the *community*. Even the leaders in lay health organizations

are likely to consider the County Society only after they have made plans for community health projects; and then they approach some physician with an invitation for a donation of his medical services in making contacts with patients brought to a free clinic.

The Welfare Committee at its meeting on December 8, 1935, voted to establish a *Sub-Committee on Public Relations* whose duties are to be largely those of publicity of the work and the objectives of the County Societies. The Welfare Committee advocates the establishment of Speakers' Bureaus, which shall assign local physicians to address groups organized for health and fraternal purposes. It is a fact that *public health* is one of the most popular subjects of the day; and the doctor will have an interested audience when his County Society adopts a health project for the benefit of the people. An example of a successful "Health Meeting" is that of the Atlantic County Medical Society on November 14, which is reported on page 48.

A Speakers' Bureau in every County Society will lead the people to look to the County Society as their adviser in every plan relating to public health.

Opportunities for Honorable Service

The practice of medicine according to modern standards requires three lines of qualifications and activities:

1. The purely professional services of making correct diagnoses, giving scientific advice, and administering skilled treatment.

2. The accessory services, involving hospital management, nursing services, welfare assistance, and the education of the public.

3. Concerted action by physicians as a group in providing the means for carrying out the first two objectives.

The facilities for attaining these three objectives are divided into two great classes:

1. The medical school and the hospital internship.

2. The official Medical Societies of the counties, the states and the nation.

The laws of New Jersey require five years of intensive training in the medical school and the hospital under competent supervision before the physician can attempt to practice his art.

But service in the Medical Society is purely voluntary, and its necessity is not always appreciated by the physicians.

The practice of scientific medicine is necessarily accompanied with obligations of an economic, business and civic nature, which can be carried out only by the concerted action of physicians in the Medical Societies. Whether or not a physician takes an active part in his County Medical Society depends largely upon his temperament; but every physician profits by the activities of his local society,—in fact, the intensely individualistic doctor is the most critical of the Medical Society and is the most ready to seek its assistance when he is in trouble.

Progress in Medical Society administration, as in strictly professional practice, is the result of special study and experience along particular lines. One doctor develops special skill in hospital management, another in public health administration, another in legislation, and so on through the whole list of society activities. But the lines which he works out can be fol-

lowed by every physician who succeeds him.

There is an opportunity for a fundamental course of training in society practice similar to courses in the medical school and the hospital. The new member coming into a County Society receives at every meeting of the organization instruction in conducting a Medical Society; and he is given abundant opportunities of putting the knowledge into practice by accepting an assignment on some committee of the Society. A reading of the activities of The Medical Society of the State of New Jersey will reveal the extent of those opportunities—yes duties—which are open to every member.

An example of the essential service which any physician can render to his colleagues and the public is that of advising his Representatives in the State Legislature and the Federal Congress on medical or health implications of bills. An acute major problem now before Congress is that regarding the Social Security Bill, involving the far-reaching control of medical practice by the government. The man who has the greatest influence with his Congressman is his family physician.

The State Medical Society is now engaged in the project of approaching and advising every member of Congress in a friendly manner; and who is more essential in that approach than his family physician? This is an assignment that the family doctor is asked to accept regardless of any other interest which he may have in his County Society. The response to this call to service has been most gratifying. (Page 38.)

There is a place in which each member can render a service which he alone can give with the best efficiency. It is essential that the leaders of the societies shall discover the peculiar talent or opportunity of each member, and shall give him proper credit for what he does. This is the method by which the leaders of the State Society have been trained and inspired for their present positions.

The County Society, be it small or large, offers the opportunity for every member to become a specialist in some essential line of the practice of administrative medicine.

Opinions, Individual and Group

A majority of physicians, whose comments have reached the Executive Offices, have approved the action taken by the Welfare Committee of The Medical Society of New Jersey to request that answers to any formal inquiry, such as that described on page 35 of this Journal, shall be given by the Sub-Committee on Medical Practice, rather than by the individual physician whose opinion is sought. The reason for this attitude of the medical leaders is two-fold.

1. The members of the sub-committee have made, and are still making, an intensive study of all phases of medical practice, especially the revolutionary proposals for its governmental control. The reports of the committee, made by Dr. Thomas K. Lewis, Chairman, which have been printed from time to time in the Annual Transactions, and in The Journal during the past year, have revealed a comprehensive knowledge of the present state of medical practice in New Jersey, and a wealth of constructive suggestions for evolving new methods to meet the conditions, largely economic, which are the result of the extreme degree of natural development of inter-dependence and inter-relations of all groups of citizens. No longer is any community, however small, an independent unit; but every village as well as large city suffers from conditions which are nationwide in their causes and effects. The opinions of members of the Sub-Committee on Medical Practice who have made intensive studies of the conditions are of far greater value than those of any individual who bases his opinion on limited observation and experience.

2. The judgment of the committee is an accurate reflection of that of the *Medical Profession*, whose members, acting through their chosen representatives in The Medical Society of New Jersey, have assigned to the Welfare Committee the special task of investigating the conditions under which medical service is now delivered to the citizens of the State, and of suggesting any methods which might be

more satisfactory to the citizens and to the physicians.

RELATIONS TO INDIVIDUAL DOCTORS

The attitude of the members of the Sub-Committee on Medical Practice is that of open-mindedness to the suggestions of every practicing physician. Only by ascertaining the attitude of individual doctors toward the newer problems of medical economics can the Sub-Committee on Medical Practice act with complete intelligence or recommend advances. When a physician sends his answers on a questionnaire to an impersonal organization, the contents of his answer are entirely unknown to the committee and of no value to it in solving the perplexing problems of medical practice.

The Bureau on Medical Economics of the American Medical Association has accumulated a monumental amount of information on medical economics from medical *leaders*. It is the function of the State Medical Society to use this data and to secure similar information from the *rank and file of practitioners*. The opinion of every doctor has an intrinsic value to the Welfare Committee.

The Welfare Committee of The Medical Society of New Jersey therefore suggests that every member choose one of two alternatives when he is asked to reply to a questionnaire:

1. He shall refer the request to the Sub-Committee on Medical Practice for it to answer the questions; or
2. If he chooses to reply to the questionnaire, he shall send a copy of his answers to Dr. T. K. Lewis, Chairman of the Sub-Committee on Medical Practice. In any event, the committee wishes to receive the opinion of every practicing physician, especially if it is accompanied by evidence in its support. If every member conforms to this request, the Medical Profession of New Jersey will be able to act as a unit in devising a solution to the problems which confront every physician of New Jersey.

The Public Relations Committee

The large amount of important business transacted by the Welfare Committee on December 8 (page 30) was the result of a preliminary meeting of the leaders held a week previously for the purpose of deciding on a practical program. The committee is composed of thirty-five members, chosen for their knowledge of economics of medical practice by the physicians of New Jersey. Their knowledge is first-hand, and is derived from their own experience and the observations of their intimate colleagues; and in this respect it differs from that of "studies" made by hired laymen whose object is to *re-form* medical practice by enforced state control in contrast with spontaneous action by the medical profession.

The strength of the Welfare Committee lies in its representative membership—one member from each of the twenty-one County Societies of the State, and fourteen additional members chosen for their wide knowledge of conditions of medical practice. Every variety of medical practice—urban and rural, individual and hospital—is represented on the membership list.

The members of the Welfare Committee felt that three of the five natural steps in the development of the satisfactory delivery of the services of medicine had already been accomplished (editorial, November 1935, page 627). The *objectives* had been stated by the House of Delegates; a *policy* had been outlined by the Trustees; and at least two definite *projects* had been undertaken by the Welfare Committee.

The members of the Welfare Committee also felt that any project is only a vague hope unless it is actively undertaken by the County Societies, and the service is actually delivered by the individual practitioners of medicine.

The Welfare Committee, therefore, took the evident step of forming a *Sub-Committee on Public Relations*, whose duties should be those of *publicity* and of *contacts* with the County Societies, with the expectation that each local Society should form a similar committee to bring inspiration and information to not only the individual physicians, but also the members of accessory health organizations, so that the entire system of the delivery of medical service should function as a natural unit.

The great "foundations" have proposed to secure the same unity of action by some form of government control by means of force, applied from above upon practicing physicians as a mass. The Welfare Committee proposes to accomplish the same object by inspiring the individual members to *voluntary action*.

A specific means of securing unity of action is that each County Society should form a "Speakers' Bureau" whose duties should be two-fold:

1. To devise programs on medical economics for the County Societies.

2. To develop addresses to be given to lay organizations who are interested in projects of a medical or health nature.

Every member of the Welfare Committee had formed his own independent opinion by actual experience in medical practice in his own community; and all unanimously agreed on the projects of the local *Public Relations* Committee, and the *Speakers' Bureau*—each local committee to adapt the general plan to his own community. With this unanimity of opinion, the projects are sure to succeed.

Read the proceedings of the Welfare Committee on page 30 and be prepared to give the projects your enthusiastic support.

Entertaining Legislators

It is with deep gratification that the Executive Offices have received reports of entertainments of local legislators by County Societies, in accordance with the editorial on page 625 of the November Journal. Equally gratifying is the response of the legislators to friendly approaches of the leaders of the Medical So-

cieties, a typical one being that recorded in the editorial on page 684 of the December Journal.

Legislators appreciate their recognition as partners of physicians in devising legal means for the distribution of medical services. There is still time for every County Medical Society to entertain its local lawmakers.

The Cover Page

The table of contents is the key which unlocks and reveals the treasures within the pages of *The Journal*, and will be placed in the most prominent position—the front page of the cover—where it will strike the eye as the Journal lies on the table or is handled. That page in its new form will be a constant invitation to turn the leaves and seek the practical items which have been carefully prepared for ease in reading and clearness of expression.

The change in form of the cover page involves some loss of revenue from advertisements, for its rates are double those of inside pages, and a position on it is eagerly sought. However, the change was suggested and authorized by the House of Delegates (Transactions 1935, p. 58). Compliance with the resolution was impractical until the present advertising contracts had expired.

The list of officers and committeemen of The Medical Society of New Jersey will begin on the first inside page where it will be seen when the cover leaf is turned. The list will be kept up to date, for changes are inevitable among the 180 individuals who compose its personnel,—a list longer than that of the Medical Society of any other State. It is to the interest of every officer and member of a County Society to know the names and addresses of his State leaders, for they are advisers of the local societies and are always ready to place their knowledge and experience at the service of county organizations, thereby promoting unity of purpose, efficiency of action, and gratification of attainment.

The usefulness of *The Journal* will be greatly increased by the new arrangements of its leading pages.

Fifty Years of Service

The recognition of long years of service is a privilege which every County Society can utilize. Fifty years of the practice of medicine in a locality deserves recognition by the colleagues of the member who has attained that distinction. Reminiscences on such an occasion are always of interest; but still more encouraging are the prophecies of future developments

in the medical art made by those who have had a part in the gratifying progress of the last half century.

The recognition of the services of Dr. Ellsworth E. Conover by the Bergen County Medical Society, recorded on page 48 of this Journal, is an attractive precedent for other Societies to follow.

Reprints of the 1935 Index

A limited number of the eight-page index of *The Journal* for the year 1935 have been ordered and are available to the officers and committee chairmen and others who have frequent occasions to consult the records of The Medical Society of New Jersey. While an extensive index is an integral part of every December Journal, it will be increasingly inconvenient to turn to the index of each volume in order to find a record two or three years old.

The Executive Office will keep the index of each year in special folders, so that in the course of a few years any reference can be

quickly located, and the record found with ease. If further information regarding an action is wanted, the original report in full can be located in the complete files of the Executive Offices; but usually the record in *The Journal* or *Transactions* will be satisfactory.

The peculiar value of *The Journal* lies in its record of all the important activities of the County Societies as well as those of the State Society. The records of the County Societies are as complete as the official reporters make them. Special efforts are put forth to make those records informative and complete; and

frequently the reporters are asked to amplify their articles. The records of the responses of the County Societies are as important as the suggestions of the State officers and committees; but they are inaccessible without an index of their location. The index will be of as much value to the officers of County Societies

as to those of the State Society, for the activities of all societies are indexed.

The index will be of increasing value as it grows with each year's accretion. A bound volume of the indexes for ten years will have a value equal to that of the Journals themselves.

Copyrighting The Journal

Beginning with this issue, The Journal of The Medical Society of New Jersey will be copyrighted. The subject of copyright was discussed at considerable length in the annual Conference of State Secretaries and Editors held on November 14 and 15, 1935, under the auspices of the American Medical Association. The consensus of opinion was that the articles on medical economics which have appeared in the Journals of the State Medical Societies are outstanding in their originality and practicality; that non-medical writers connected with welfare organizations are likely to appropriate the forms of expression and use them in their own books, perhaps unconsciously; and that the copyright which a secondary author secures will compel the original author to give credit to the plagiarist for the appropriated ideas and forms of expression. A copyright will protect such authors as Dr.

Thomas K. Lewis, whose statements of the principles of modern medical practice are clear and entirely original. Such an author should be assured the right to use his own articles in a book or magazine article whenever he wishes.

It is not intended that a copyright shall prevent other Journals from *quoting* from the pages of The Journal of The Medical Society of New Jersey; on the contrary, both the authors and the members are likely to feel slighted if the Journal is not quoted. A copyrighted article may be quoted even at considerable length when it is used as a part of another article; but the copyrighted article cannot be printed alone and in its entirety, without permission of the holder of the copyright.

The process of copyrighting is simple and inexpensive, and the Medical Society should utilize it for the protection of its contributors.

Action Is Necessary Now

Delay is becoming increasingly dangerous—even suicidal to physician and patient alike. All the plans recommended by responsible groups and which aim to improve the distribution of medical services and to provide payment for the services of the private physician to the indigent are not necessarily bad. Why not approve the *good* parts and condemn only the bad or impractical. Disraeli has said—"It is much easier to be critical than

to be correct." Let us have more teamwork among physicians, and less apathy and delay. Let each Medical Society member establish and announce a "Public Health Hour", and help provide medical relief for the acutely indigent in New Jersey.

Your leaders *urge* this coöperation in County Medical Society work in the interests of the patient and the medical profession in New Jersey.—L. A. W.

ORIGINAL ARTICLES

THE TREATMENT OF CATARACT IN HISTORY

By WILLIAM H. HAHN, M.D., Newark, N. J.

Read before the Section on Eye, Ear, Nose and Throat at the 169th Annual Meeting of The Medical Society of New Jersey, on May 2, 1935, in Atlantic City

The increasing interest in the history of medicine in all its branches has come as the result of the realization that progress can come only through knowledge of what has gone before. My interest in the history of the treatment of cataract was aroused when in reading of some of the newer developments of cataract surgery, I was surprised to find references to cataract operations of the ancients and of peoples whom we are prone to regard as ignorant or savage.

Records of the treatment of cataract extend at least as far back into history as the operations of circumcision or craniotomy, although the recovered skulls of the ancients have left us more tangible evidence of the latter operation. Throughout time the treatment of cataract has depended entirely upon the existing ideas of the cause and nature of the disorder, and as until the middle of the last century these ideas were based upon erroneous hypotheses instead of upon real knowledge of anatomy and pathology the treatment was dangerous and only rarely satisfactory.

The history of the treatment of cataract shows, as does that of all scientific advance, eras in which a given method of treatment was regarded as having reached perfection and was superseded by newer and better methods only after bitter and unproductive struggle. Strangely, it appears to have been early recognized that non-surgical treatment was of little avail although constant efforts were made, and are now being made to supplant the surgical measures with the non-surgical. The advent of surgical measures in addition to the medical makes it difficult to determine which was ordinarily used in early times. Although the futility of the medical measures was recognized, the fear of the surgical measures engendered by their frequently disastrous se-

quelae often necessitated a combination of the two being used. For example, some operators depended upon vigorous massage to dislocate the lens. This or any of the surgical procedures was frequently done under the cloak of the application of a medicinal paste, the patient not always realizing that he was being subjected to a surgical procedure.

The Chinese anticipated many discoveries in many fields, collected a great variety of facts, invented some valuable methods and brought a few to a high degree of excellence.¹ To them, however, surgery has been an almost unknown art. Superstitious by nature, they have been preyed upon by priests, and their treatments, almost entirely medicinal, have been mixed with religious rites and incantations.² The rite of "Healing by Contact", by rubbing that part of an idol corresponding to the diseased part, has been widely practiced by the Chinese throughout the ages, particularly with regard to the eye. This has been in spite of the fact that ophthalmology definitely had a beginning in China over 4000 years ago and that during the reign of Huang Ti needling of cataracts was practiced.

During the Ching Dynasty, Chin Hseun wrote a book entitled "Chin Chin Ya Ch'eng", meaning "Complete Work on Needling". This is an important reference book for native Chinese oculists of today. Another popular reference book is "Yen K'e Ta Chu 'uan", meaning "The Most Complete Eye Book", written at the end of the Ming Dynasty in 1628 A. D.³ In it is described the "Golden Needle" for removing cataracts, and the technic of its use. The description of the after-care is remarkable for its resemblance to the post-operative care of cataract patients today.

The Chinese developed a unique proceeding believed to heal all ills, the Chinese "acupunc-

ture". This is simply a pricking of the affected part. The invention probably dates from primitive man, for the needles used were for a long time of flint. Here is the theory of acupuncture: Every malady is a visceral disorder. A viscus either does not secrete its emanation or does not secrete enough of it or retains it instead of circulating it. In other words, the organ does not work well. Now what does one do to the ox when he draws badly?

One gives him a blow with a goad. The Chinese acupuncture is nothing else. One pricks the recalcitrant organ. The Su-wen gives the instructions for the direct pricks of the eye, but it also indicates rather well the inconveniences and the dangers of the method, if one uses the needle too violently, if one pricks ever so little to the side, and so forth. The direct prick should be reserved for desperate cases, when there is nothing to lose. In ordinary cases it is better to practice indirect acupuncture.⁴

Western ophthalmology was brought to China by Parker in 1834 and immediately secured widespread favorable recognition.⁵

The history of Japanese ophthalmology is meager, but there is evidence that needling was practiced in Japan at least 1200 years ago.⁶

A treatment known as moxibustion was a favorite Japanese method. Moxa were applied, not by doctors, but by low-caste people, particularly old women. Massage was practiced mainly by blind rubbers. There were specialists for acupuncture.⁷

The ancient concept of the nature of cataract is summed up in its name. The Greek "kataraktes" is probably a translation of a still older word of Arabic for a "spot in the pupil, meaning waterfall", that is water entering the eye.

The Arabian surgeons observed the opaque, globular body filling the pupil. They supposed this to be a drop of a peculiar character, impenetrable to light, which had fallen into the eye. They named the disease therefore "the opaque drop" (*gutta opaca*). When they found this was not the sole cause of blindness they imagined that a drop was still the cause of the blindness, but that the drop in this case was

clear, and hence termed the disease "the clear or serene drop" (*gutta serena*).

The Arabians as well as the Greeks were acquainted with the operations necessary for the removal of cataract. The Persian surgeon, Ali Ben Abbas, and the Spanish Arabian, Abr'l Kasem, speak of the removal of the opaque body both by extraction through the cornea and by depression within the eye. The latter preferred depression as more easy in performance; Abenzoor thought extraction impossible, while Isa Ben Ali, after describing the manner of performing extraction, admitted it was more easily described than accomplished.⁸

It is interesting to note that several schools, each independent of the other, finally arrived at similar methods of treatment.

Hindu ophthalmology, which flourished as early as 1000 B. C., developed independently of all other schools, yet developed methods of treatment similar to those schools. Even now in India Hindu ophthalmology flourishes alongside the modern ophthalmology of Europe and America.⁹

The ancient manuscripts of the Egyptians tell us that for beginning dimness of sight, which may have been due to cataract or corneal opacities, local applications of swamp-water were of value. In later stages antimony compresses and honey were used; in severe cases resort was made to honey mixed with excrement from a child.¹⁰

These bizarre remedies are no more unusual than some of those in vogue among the laity of the last century. Even now occasional examples of such treatments are seen. Compresses of tea are resorted to frequently for various ocular affections. I have encountered patients to whose eyes such things as breast milk, chicken excrement or sewage have been applied, family tradition being the authority for such treatment. We all know the damage wrought by the widespread use of urine as a collyrium.

When and where the idea of operating for the cure of blindness first occurred is not known. It is probable that it originated simultaneously in several places. In Egypt it probably developed as the result of the accidental penetration of a cataractous eyeball by a thorn,

with dislocation of the lens and improved vision. There the early couching needles were made from the long needle-like thorns of the balbul tree.¹¹

The early Egyptian idea of cataract arose from the belief that in the crystalline lens resided the sense of sight. The pupillary cloud which accompanied blindness was a film which formed in front of this visual organ. An attempt was made to pull the film out of the way. This became the operation known as couching. This operation, devised independently of each other by Egyptian, Chinese, Japanese, Hindus and others, was the main treatment of cataract for centuries. Medicine rose and fell in Egypt, in Greece, in Alexandria, and in Rome. The Dark Ages came and passed but during all this time couching, practiced now by honored and able surgeons, now by disreputable traveling charlatans, was regarded as the standard treatment of cataract throughout the world. Only the knowledge developed by the civilization of the last century has been able to offer a substitute to displace it, unsatisfactory method though it was. With our present methods of cataract extraction, we wonder how couching so stood the test of time; even at its best it could not have been successful in a high percentage of cases. At its worst, as it must usually have been done, it is a wonder that anyone ever recovered any vision. Performed without regard for cleanliness, with the hazard of glaucoma and sympathetic ophthalmia, it is a wonder that patients were able even to retain their eyes.

One of the four kings mentioned in Genesis XLV as being contemporary with Abraham, Amraphel, by name, is by general consent identified with the Babylonian King Khammurabi.¹² He was famous among other things for his code of laws, Law No. 215 reads as follows: "If a physician has opened the cataract of a man with a bronze lancet and cured the eye of the man, he shall receive 10 shekels of silver."

The wording of the law suggests that a section was made in the cornea or sclera for the expression or extraction or solution of the lens, rather than that displacement of the lens was performed.

Law 218 followed. It read, "If a physician has opened the cataract of a man with a bronze lancet and destroyed the eye, his hands will be cut off."

Khammurabi reigned just over 2000 B. C. and at that time the operation was evidently an established one. It may have been done long before.

Incidentally there is some question as to whether these lancets may not have been better than the cataract knives of today as their makers possessed the long lost art of tempering copper and bronze, which rendered them both harder and sharper than if made of tempered steel.¹³

The setting of the fee reminds us of the efforts being made today to have the government set our fees. One wonders how long it will be before the government will be asked to devise punishments for our failures.

Hippocrates, the first medical historian, prepared a system of rational medicine 400 years before the Christian era.¹⁴ The philosophy of the primitive men led them to believe that disease was due to spirits and to supernatural causes. The philosophy of Hippocrates and other great Greeks led to the belief that disease was due not to supernatural but to natural causes that could be found out by observation, reduced almost to mathematical rule and so brought under control.¹⁵

Hippocrates did not believe in surgery and drove the surgeons into disrepute. He made no mention of any surgical interference with the cornea.¹⁶ Surgery became the specialty of travelling barbers and fakirs. Many of these specialists were oculists. They included cupping, curetting and the application of actual cautery in their therapeutic armamentarium. They treated cataracts by depressing them. Religious rites were a factor in all treatments.

In Alexandria, during the time of Philoxenes, 270 B. C., ophthalmic surgeons were first recognized. Their writings have been lost. The first author whose description of couching has come down to modern times is Celsus, who lived at the time of Christ. His description, which follows, fits the operation as it was done for centuries afterward and as it perhaps is

done in some parts of India today with slight modifications.

He wrote: "Before the operation the patient must use a spare diet. After this preparation he must sit in a light place, in a seat facing the light, and the physician must sit opposite the patient on a seat a little higher, an assistant behind taking hold of the patient's head, and keeping it immovable, for the sight may be lost forever by a slight motion. Moreover the eye itself must be rendered more fixed by laying wool upon the other eye and tying it on. The operation must be performed on the left eye by the right hand, and on the right by the left hand. Then the needle, sharp-pointed, but by no means too slender, is to be applied and must be thrust in, but in a straight direction, through the two coats, in the middle part betwixt the black of the eye and external angle opposite to the middle of the cataract. The needle must be turned upon the cataract and gently moved up and down there, and by degrees work the cataract downward below the pupil; when it has passed the pupil, it must be pressed down with a considerable force that it may settle in the inferior part."

Galen (born A. D. 131) was a man of great intellect and great egotism. He devised a couching operation of his own. Five centuries later Paulus Egineta (circa A. D. 630), in detailing his technic of couching, gave Galen the credit for it. There is practically no difference between the method they both employed and that originally laid down by Celsus.¹⁷ Galen did not take any particular interest in the treatment of the eye but he recommended his patients to one of his contemporaries, an oculist named Justis, whose treatment of corneal abscess, probably cataract, consisted of shaking the patient's head in hopes of rupturing the abscess or dislocating the cataract.

So strong was Galen's belief that loss of aqueous meant blindness, that his influence deterred oculists from surgical interference with the cornea well into the eighteenth century. Galen denounced the traveling oculists of Alexandria and Rome and demanded that they be prohibited from practicing.

Galen was the authority of Avicenna, who also taught that surgery was inferior to medi-

cal practice and was to be carried on by men of lower social rank. Surgery was thus left to barbers, executioners, bath house keepers, strolling fakirs. This distinction between the superior physician and the inferior surgeon persisted well into the seventeenth or eighteenth centuries.

Avicenna described a two-edged lancet for making a corneal incision, and a needle for depression of the cataract after introducing it through the incision. This was an addition to the old couching operation.¹⁷

In primitive times in Greece and Rome the diseased were looked upon with contempt. The Christians believed that illness and pain brought man nearer to God. Christianity established the principle that to help the sick and needy is a sign of strength, not weakness.

The anointing of the eyes of the blind with clay played a leading part in at least one of the New Testament Miracles, and is suggested in a second. Sir John Bland-Sutton published a memoir on the recovery of the sight of Tobit at the hands of Tobias, as described in the Apocrypha. He has included in it a copy of Rembrandt's picture of the famous operation.¹⁷

Antylus, famed as a surgeon among the Greeks, described his method of operating on the crystalline lens at the close of the first century of the Christian era. He, as well as surgeons of the Arabian School, wrote of the operation upon cataract through an opening into the anterior chamber. It is possible that this had reference to the drainage of hypopyon.¹⁸

The knowledge of the treatment of cataract which the Greeks and Arabs possessed before and after the dawn of the Christian era was forgotten during the Middle Ages. A strange mysticism came over men. Rational medicine gave way to charms, superstition.

Marcellus Empiricus in 385 A. D. removed an abscess—possibly a cataract—of the right eye, by touching it with three fingers of the left hand, expectorating and repeating thrice, "The mule brings into the world no young, nor does the stone produce wool; so may this disease come to no head or if it comes to a head may it wither away." Another ophthalmological prescription from his "De Medicamentis Empiricis" is characteristic of his book. "A very

long-legged white spider rubbed up with oil removes white spots from the eye if assiduously used; therefore mind and rub up a good many with sufficient oil lest the medicine be exhausted before the cure is completed.”¹⁹

All forms of quackery prevailed. Setons, incisions of the brow and scalp, and the use of leeches were in vogue.

In the twelfth century Benvenuto Hyerosolimitanus again described the operation of couching. His description showed the influence religion had gained over surgery. He wrote: “Towards the third hour, the patient having been fasted, thou shouldst sit before him in the same way. Keep the good eye of the patient shut, and begin to operate on the bad eye, in the name of Jesus Christ. With one hand raise the upper lid, and with the other hold the silver needle—and hold it for as long as it takes to say four or five paternosters. After remove the needle gently from the top part. If it happens that the cataract reascends, reduce it toward the lower angle, and when you have introduced the needle into the eye, do not draw it out unless the cataract be situated in the place described above; then gently extract the needle in the same way as you put it in, turning it about between the fingers. The needle being extracted, keep the eye closed and make the patient lie flat on a bed, keeping him in the dark with his eye shut, so that he does not see the light or move for eight days, during which time put the white of egg on twice a day and twice during the night.”¹⁷

Even the founding of the University of Paris and other medical schools of the twelfth century did nothing to advance the surgical treatment of disease. Graduates were prohibited from practicing any form of surgery.²⁰

In the West, after the fall of the Roman Empire, medicine became monastic. In 1163 the church issued an edict beginning: “*Ecclesia abhorret a sanguine*” (the church abhors the shedding of blood). This was misinterpreted to include surgery. Another edict decreed that “whoever dared to cut up a human body or boil it should come under the ban of the church”. This was misinterpreted to include dissection and so the study of anatomy was hindered.¹⁹ An idea of the esteem in which

ophthalmic surgeons were held may be obtained from the following: In 1337 a strolling eye surgeon was thrown into the River Oder because he failed to cure John of Bohemia of his blindness.²¹

The dominant surgical figure of the fourteenth century was Guy de Chauliac²¹ (1300-70). His writings brought surgery to a focus, stimulated interest in the study of human anatomy and reclaimed the operations for hernia and cataract and established them as legitimate.

During these centuries no effort was made to advance knowledge. It was heresy to question the written authorities—the books of the Greeks and Arabians. The fact that medical matters and indeed everything scientific became involved in the theological beliefs of the time made medical progress impossible. When as late as the sixteenth century Andreas Vesalius, a Belgian, showed the true anatomy of the human body a great cry was raised against him for daring to disagree with Gaïen, the great authority.

The physician of the early sixteenth century, though university trained, knew no more of disease than did the savage. The educated surgeon, dressed in his long robe, disdained to touch the wounded man. With his cane he pointed to the place where the barber-surgeon should cut. The barber surgeons, because they did not know Latin and had not studied at the universities, were called surgeons of the short robe to distinguish them from the educated surgeons of the long robes. Neither physician nor surgeons nor quack knew the human structure. The knowledge of anatomy of the eye was the most rudimentary. None knew the simplest facts of physiology, how the blood circulates, why man breathes. None had heard of bacteria. No surgeon had any real conception of the nature of cataract or that the crystalline lens was displaced by operation. The physician of the sixteenth century lacked knowledge but his greatest fault was his failure to seek knowledge.

Benevenutus Grassus wrote his “*De Oculis*” in 1574.²¹ He recognized four kinds of curable and three kinds of incurable cataract. Of the latter he said, “If these latter with *Gutta serena*

had all the money in the world and were willing to part with it, and every man were a physician, it would avail them nothing towards the restoration of sight." He criticised physicians for attempting to remove cataracts by purging, powders, collyriums, saying they could not be controlled by such means. He did not offer any other.

Toward the end of the sixteenth century the all-powerful Louis the XIV developed a fistula-in-ano. This was a turning point in the history of surgery; for surgery was required by the king, and only noble hands could touch a king. French surgeons thus attained the nobility. Workers in anatomy and physiology brought forth unheard of discoveries and in great numbers. Half the structures of the body are named after sixteenth century investigators. The domination of Galen was broken and the supersititious reverence for him was weakened.

In spite of the advances in anatomy and pathology all eminent medical authorities did not accept the new ideas. Banister in 1622 defined cataract to be "a heape of superfluous humours made thicke, like a little skinn between the horny membrane and the crystalline humor in that place which Celsus affirmeth to be void and empty. Fornelius appointeth the place of it between the membrane uvea and the crystalline humor."⁸ He also asserted that cataracts in children were incurable.

In the middle of the seventeenth century the true nature of cataract was discovered. Gas-sendi informs us that Remi Lasnier, a surgeon of Paris, was the first person who maintained that cataract was an opacity of the crystalline lens and not a pellicle or membrane. Lasnier did not prove his contention by anatomical facts. This was done only at the end of the century by Pierre Brisseau, a physician of Tournay, who after performing the operation on dead bodies, found on examining the eye that the crystalline lens had been displaced by his operation. Brisseau revived the operation of couching and invented a needle of his own.

These discoveries were utilized by later operators. Freytag about 1700 described an operation which he performed several times, always on dislocated lenses. He made a very small opening in the cornea with a knife-needle

and endeavored to withdraw the cataract through the perforation by means of a hook. Blancard did not actually do an extraction, but described such an operation which he believed might be done. St. Yves was probably the first to make a sufficiently large opening in the cornea and through it to extract the lens. This operation was done on a cataract dislocated into the anterior chamber. In 1707 he extracted two such lenses under the direction of Mery.

In 1745 Daviel, while endeavoring to remove a lens, from the anterior chamber, enlarged the corneal opening with scissors. He then introduced a spatula through the pupil and removed the whole body of the lens. The operation was followed by good visual results. There followed four other cases in which the entire lens was successfully removed in its capsule. A number of later cases did not turn out so well. He attributed this to defects in his technic, but continued his efforts.¹³ The large size and peripheral position of his wound necessitated an iridectomy to guard against prolapse of the iris.

The frequent suppuration of the cornea met with when operators attempted to follow the teaching of Daviel was attributed to the tendency of the flap section to gape, preventing early union. Hence followed the development of various types of incisions and the knives with which to make them.²² Beers developed his spade knife. Jacobsen recognized that the vascular scleral tissue was less disposed to suppuration than the non-vascular cornea.

In 1750 Daviel decided to remove all cataracts by this method. There can be no doubt, therefore, that to Daviel belongs the honor of the discovery and invention of the modern method of cataract extraction. We have not improved upon the original discovery in any essential degree. It is true that we have added to it local anesthesia, asepsis and antisepsis, but the principle of the technic of extraction has not essentially changed since the time of Daviel.

Samuel Sharpe, of London, in 1753 devised a cataract knife and opened the cornea with one free incision. This had not previously been done. Sharpe suggested the removal of the lens in its capsule, but did not practice it.

Wathen used Sharpe's (1700-1760) method and in addition incised the lens capsule with the "kistitome" of M. de la Faye.²³ At this time no iridectomy was done, and the eye was not secured with a forcep during the operation.

During these years the study of anatomy was pursued with great difficulty. Even John Hunter was adversely criticized, a surgeon should not engage in physiological investigation.

Laws against dissection were universal and severe. Body snatching was in vogue. Not until the exposure of Burke and Hare resulted in the Anatomy Act of 1832 was the study of anatomy legal in Great Britain. It was in these years Jenner performed the first vaccination, that Corvisart brought to life the forgotten art of percussion, first described by Auenbrugge. Laennec devised the first stethoscope.¹⁹

The ideal cataract extraction is one in which the affected crystalline lens can be removed with its capsule, leaving an untraumatized eye, with no vitreous loss and with a round, active pupil. Toward this end all progressive operators are working.

Since the time of Daniel the majority of ophthalmic surgeons have favored the extra-capsular method of extraction. Of late years the idea of retaining a perfectly clear pupil and avoiding further operative interference and the possibility of removing a cataract in any stage of maturity has stimulated the elaboration of several modifications of the original procedure which are designed so that the cataractous lens can be extracted complete in its capsule.²⁴ The methods introduced from time to time may be divided into three classes.

1. The dislocation and expression of the lens by simple pressure applied to the outside of the eyeball, an operation advocated by Smith for many years.²⁵

2. The dislocation and extraction of the lens by laying hold of its anterior capsule by forceps or by a suction apparatus and removing it by traction as performed by Barraquer.^{26, 27}

3. A combination of traction and external pressure either simultaneously employed or the one following the other, as performed by Knapp.

Pott, of London, was the first who ascertained distinctly the fact of the solvent agency of the aqueous upon the lens. Removal of cataract by absorption thus came into being.

In 1833, Little, of Philadelphia, wrote in his "Manual of Diseases of the Eye": "In this country the operation by solution is generally preferred," and gave as reasons the difficulties and complications of the extraction and the degree of experience and skill required which he thought few in this country would attain.¹¹

The idea of employing forceps to steady the eye in cataract extraction was derived from their use in operations for strabismus and artificial pupil. Mr. France was the first in England to publish an account of this method of fixing the eye during the first incision of the cornea. He acknowledged himself as indebted to Desmarre (about 1847) for the idea of adopting artery forceps as an "ophthalmostat" but developed the use of the forceps himself. Fixation by forceps was later augmented by the use of sutures.²⁸

Williams,²⁹ of Boston, was the first to suggest suturing the corneal wound after cataract extraction. In 1866, he wrote: "The use of a suture to bring together the edges of the corneal wound was proposed by me about twenty years since.

By holding the edges of the wound in contact the suture promotes immediate union and tends to lessen the danger of hernia of the iris, loss of vitreous and suppuration of the wound, while, by securing early restoration of the anterior and posterior chambers, it removes the iris from contact with the cornea, or with portions of lens substance or capsule, thus preventing synechia, or inflammation of the ciliary body. In my judgment, the suture deserves attention as a means of gaining quicker and better results in any mode of extraction."³⁰ The conjunctival flap and conjunctival bridge were later developments.

It was not until 1867 Joseph Lister recognized the rôle of pathogenic bacteria in wounds and established antiseptic surgery. With the advent of this knowledge and its relation to sepsis important changes in operative technic took place. The explanation of many hitherto misunderstood phenomena was at hand. Ad-

vantageous operations which had been abandoned because of unfortunate infections were resurrected and put to great use. Lister sterilized the practitioner, the nurse, the patient, and his surroundings.

During the late years of the nineteenth century Koch laid the foundation of modern bacteriology and epidemiology.

With the development of knowledge of serology attempts were made to dissolve the cataract with sera either dropped in the eye or administered by needle. Later as concepts of sensitivity and allergy developed the sera and their derivatives were and are used in an effort to lessen the reaction of the eye to liberated lens substance.

Davis has reported the development, technique and results of his methods of treatment of cataract with lens antigen.³¹

The discovery of radium and its effects on living tissues led to attempts to use it in influencing the course of cataract development.³² In 1904 Koster reported its use in twenty different ocular diseases, among them cataract. His results were negative excepting that in a case of "Cataract Caerulae" the opacities fell to pieces and finally entirely disappeared." His results encouraged other investigators to make further trials. In 1919 Cohen and Levin published a series of cases with results which they thought encouraging. From time to time reports favorable to the use of radium have appeared, but its use has not become general. Because of the nature of the disease it is difficult to evaluate reports of improvement. It is doubtful if it has any real beneficial effect.

Other forms of radiant energy, x-ray, lights such as ultra-violet and infra-red, have been tried with equally doubtful results.

In later years, many operators followed the extra capsular extraction of the cataract with irrigation of the anterior chamber. Besides these methods of extraction there are countless others, distinguished by differences in the form and position of the section and in the way of exercising the iris, in the way of opening the capsule, etc.

Since the early days of extraction efforts have been made to avoid the necessity of expression. In 1910 Hulen, of San Francisco, first

extracted the lens in its capsule by means of a suction apparatus.³³ He reported six successful cases. In 1917 Professor Barraquer perfected his suction pump. With the Barraquer method the lens is lifted from the eye by means of a spoon-like handle which attaches to the anterior lens capsule by means of suction maintained by a specially designed rotary suction pump. The results of this method when successful leave nothing to be desired; a black pupil, excellent vision, no irritation and no secondary cataract. The method is difficult and is accompanied by some danger.²⁷

La Carrere, of Madrid, in 1932 devised the electrodiaphase for the removal of cataracts by coagulating the contents of the lens capsule with the high frequency current, thus facilitating its removal by traction through the usual incision.³⁴

Accompanying the development of ophthalmic surgery has come other knowledge which has afforded valuable supplementary treatment. General hygienic measures, recognition and removal of foci of infection, and various sources of toxemias; the recognition and treatment of metabolic disorders as cardio-vascular renal disease, diabetes, endocrine disorders; the removal of occupational hazards, as that of the glassblowers; climatic effects, have all been employed in attempts to prevent or inhibit cataract formation. The use of spectacle lenses has been advocated as a preventive measure as well as to correct the refractive error of the aphakic eye. Their use in filtering out supposedly harmful rays of light has also been advocated.

The development of optical sciences have given us more than the spectacle lens. The ophthalmoscope, invented by Helmholtz in 1851, aided in the study of changes in the lens as well as in the fundus. In recent years the development of the slit lamp has aided the recognition and classification of different types of cataract and their stage of development, knowledge of which is important in adapting the various surgical procedures to suit the individual case.

Drugs have been used, and to advantage. The knowledge of the action of atropine in the eye has been of real value in cataract surgery.

Local anesthetics, as cocaine, introduced by Koller in 1884, have permitted much finer as well as more comfortable operations. It is doubtful if any drugs instilled in the eye have any influence on the course of cataracts, though the herb doctor has left us with such popular drugs as *Succus cineraria maritima*. The development of parenteral introduction of medicine brought us sub-conjunctival injections. I think it is generally conceded that medicine administered in this way has no influence on cataract development. The list of non-surgical therapeutic measures is long.³⁵ Baths, galvanic current, internal as well as external medications, administration of essential salts of the body, of essential vitamins, diet, etc., are included.

We are entering upon a new epoch in medicine. In the past progress has come as the result of the application of acquired knowledge. Important new discoveries in the field of natural science are announced with such

astomishing frequency that it is impossible for us to appreciate their value and utilize them immediately.

The work of the biochemists on the chemistry and metabolism of the lens and intraocular structures and the experimental work which is being done on the pathogenesis of cataract may yield information bearing on its prevention or treatment. We feel at present that cataract removal has reached a high state of perfection. In the past great changes have usually followed such a state of mind. It is a matter of interesting speculation as to what changes in cataract treatment the future will bring forth.

It is unlikely judged from the present state of our knowledge that any treatment of cataract other than its surgical removal will be of any avail, for we now believe that the coagulation of a protein, which is what cataract is, is an irreversible chemical change.

BIBLIOGRAPHY

1. Wong, H. C.: Four Milleniums of Chinese Medicine, 21:260 (Aug. 3), 1929.
2. Cadbury, W. W.: Medicine as Practiced by the Chinese; Medical Record, 90:364-367 (Aug. 26), 1916.
3. Pi, H. T.: A Brief Historical Sketch of Native Ophthalmology in China, National Medical Journal of China, 15:604-613, 1929.
4. Dawson, Percy M.: Su-wen, the Basis of Chinese Medicine, Annals of Medical History, 7:59-64, 1925 (p. 62).
5. Pi, H. T.: Western Ophthalmology in China, National Medical Journal of China, 17:120, 1931.
6. Fujikawa, Y.: Japanese Medicine (Clio Medica), 12, 1934, p. 15. Paul B. Hoeber, Inc.
7. Neuberger, Max: History of Medicine, 1910, p. 78. Oxford University Press.
8. Watson, A.: Historical and Critical Remarks on the Operation for the Cure of Cataract, Edinburgh Medical Journal, 65:57-68, 1846.
9. Wood, Casey A.: The American Encyclopedia and Dictionary of Ophthalmology, 8:5924, 1916.
10. Am. En cycl. and Dictionary of Ophthalmology, 11:8533, 1917.
11. Jackson, Edward: The History of Cataract Operations, American Journal of Ophthalmology, 62:767, Series 3, 1933.
12. Alexander, G. F.: (1) Suggestions on the Instrumentation of the Cataract Operation. (2) Great Antiquity of Removal of Cataract. Tr. Ophth. Soc. United Kingdom 49:82, 1929.
13. Holth, S.: An Arabic Bronze Needle from Antiquity for Depression of Cataract, Brit. Jour. Ophthal., 8:266-268, 1924.
14. Wood, Casey A.: System of Ophthalmic Operations, 2:923, 1911.
15. Haggard, Howard: The Doctor in History, Yale 1, Oxford, London, 1934.
16. Chisholm, Julian J.: Cataract Operations, Their History and Respective Value. Richmond and Louisville Medical Journal, 6:267-503, (Nov.) 1868.
17. Elliot, Robert H.: The Indian Operation for Couching for Cataract, Paul B. Hoeber, N. Y., 1918 (Incorporating Hunterian Lectures).
18. Wood, Casey A.: System of Ophthalmic Operations, Vol. 2:1141, 1911.
19. Robinson, Victor: Story of Medicine, Boni, 1931.
20. Chandler, H. B.: System of Ophthalmic Operations, 21:911.
21. Garrison, F. H.: History of Medicine, W. B. Saunders Co., 1914.
22. Herbert, H.: Cataract Extraction, Bailliere, Tindall and Cox, 1918.
23. James, Rutson: Studies in the History of Ophthalmology in England, 1933, p. 114, 255.
24. Duke-Elder: Recent Advances in Ophthalmology, 1929, p. 300.
25. Smith, Henry: Intracapsular Extraction of Cataract, Including the Most Recent Advances. Indian Med. Gazette, 62:121-126, (March) 1927.
26. McLean, William: My Experiences in Working with Dr. Barraquer in Barcelona, Arch. Ophth., 52:460-468, 1923.
27. Nugent, O. B.: Barraquer Cataract Operation and Its Simplified Form, Arch. Physical Therapy, 10:267-270 (June) 1929.
28. Windsor, Thos.: Historical Researches on the Use of Forceps as a Means of Fixing the Eye in Exraction of Cataract. Brit. and Foreign Medico Chirurgical Review, 32:219-22, 1863.
29. Hubbel, Alvin A.: The Development of Ophthalmology in America, 1800-1870.
30. Williams, H. W.: Trans. Am. Ophth. Soc. 1866, p. 45.
31. Davis, A. E.: Am. Med., Jan., 1932.
32. Brooks, H. L.: Radium Treatment of Immature and Incipient Cataracts, Jour. of Oph., Otology and Laryngology, 29:349-357, 1925.
33. Higgins, S. G.: Cataract Operation by Suction, the Barraquer Method, Wis. Med. Jour., 24:235-241, 1925-26.
34. Lacarrere, J. L.: Eye, Ear, Nose, Throat, Practical Medicine Series, 1932, p. 248.
35. Hardy, Wm. F.: Progress in Medical and Surgical Treatment in Ophthalmology, Am. Jour. Ophth., 15:37, 1932.

THE CAUSES AND MANAGEMENT OF PREMATURE LABOR

By ROBERT A. MACKENZIE, M.D., F.A.C.S., Asbury Park, N. J.,
Attending Obstetrician, Monmouth Memorial Hospital, Long Branch, N. J., and Fitkin
Memorial Hospital, Neptune, N. J.

Read May 1, 1935, before the General Scientific Session of the Annual Meeting of The Medical Society of
New Jersey at Atlantic City

The neonatal infant death rate has long been studied and deplored by health officers and pediatricians. Although infant mortality rates have been reduced 40 per cent in the past twenty years, due chiefly to the saving of life among older infants, there has been practically no change in the neonatal mortality. Statistical studies have shown that one-half of all infant deaths occur in the first six days after birth, the greater proportion from prenatal and natal causes. It has also been recognized that a large proportion of these neonatal deaths are from causes dependent upon premature birth. The incidence of prematurity as reported from various hospitals averages nearly 10 per cent of all deliveries. The majority of premature infants who die are lost within forty-eight hours after birth, indicating that an obstetrical approach to this problem is necessary. Physicians who assume responsibility for women during pregnancy must be attentive to prevent, if possible, the premature onset of labor and to exercise every consideration for the immature infant during labor and after birth.

In considering the prevention of premature labor it is necessary first to review the causes. It may be presumptuous to speak of causes when the reason why labor begins at term is still obscure, yet certain associated conditions appear significant and may be counted causative factors. Even these presumptive causes can be established in only the minority of cases, as is shown by the investigations herewith reviewed in brief.

Hess and Chamberlain¹ reported from Chicago in 1930 a series of 761 consecutive cases of premature infants. After careful histories a reasonably satisfactory cause for the premature termination of gestation was found in 300 cases, or approximately 40 per cent of the total. W. H. Crawford² in 1931 reported 231 cases of prematurity occurring in 4495 deliveries at the Philadelphia Lying-In Hospital.

Etiology was determined in 91 cases, or 39 per cent of the total. Murphy and Bowman,³ reporting a more recent series of 238 premature live births at the University of Pennsylvania Maternity and the Philadelphia Lying-In Hospitals, found a satisfactory explanation in 58 per cent of these cases.

CASES IN MONMOUTH COUNTY

The obstetrical divisions of the Monmouth Memorial Hospital and of the Fitkin Hospital, both in Monmouth County, New Jersey, recorded sixty-two premature live births during the years of 1933 and 1934. This number represents 4.3 per cent of the total of living births. Body weight as a lone index of prematurity was not found reliable. As in the series previously mentioned, birth weight under 5 lbs. 8 ounces (2500 gms.) was considered strong evidence of prematurity. A considerable number of infants weighing less than this figure were excluded from our study, however, because they were delivered at estimated term, and because their course was typical of fully matured newborns. A few infants weighing up to 5 lbs. 14 ounces were considered immature and listed as such, because of signs of incomplete development and definite confirmatory history. Twenty-seven (43.5 per cent) of the cases reviewed showed at least an acceptable cause for the onset of labor prematurely. Thirty-nine per cent of the newborn premature infants died within two weeks, this number making up 54.5 per cent of the neonatal deaths in these institutions. These facts are set down in Table I.

CAUSES OF PREMATURE DELIVERIES

Table II depicts the frequency with which the most common causes to which prematurity may be ascribed are encountered. While there is some variation in percentage, there is little difference in opinion concerning the main fac-

tors at fault. Infrequent causes for prematurity not listed in the tabulation include fibromyoma uteri, ovarian tumors, abruptio placentae, pulmonary tuberculosis, cardiac decompensation, trauma, shock, hyperthyroidism, and malformations of the fetus usually with hydramnios. Premature accidental rupture of the membranes, mentioned but not stressed by other observers, occurred in 16 per cent of our small series. Only two of these cases showed any associated condition of possible etiological significance.

vation of our patients will detect the earliest signs of toxemia and make possible proper palliative treatment.

For further accomplishment in reducing the number of premature labors we must scrutinize the large percentage of cases in which none of the etiologic factors thus far mentioned can be found. Speculation concerning this problem leads us at once into the field of *endocrinology*. It is known that hormones elaborated by the corpus luteum and possibly by the placenta must restrain the influence of the

TABLE I
PREMATURE LIVE BIRTHS, MONMOUTH COUNTY HOSPITALS, 1933 AND 1934

	Number of Premature Live Births	Total Number Live Births	Incidence	Causes Established	Premature Neonatal Mortality	Percent- age of Total Necnatal
Hess and Chamberlain, Chicago	761			307 (40%)		
Crawford, Philadelphia	231	4495	5.2%	91 (39%)	35.5%	
Murphy and Bowman, Philadel- phia	238	2876	8.2%	111 (58% of spontan. labors)		
Clifford, Boston ⁴			3 %		27.6%	50
Monmouth County Hospitals— 1933-1934	62	1482	4.3%*	27 (43.5%)	39 %	54.5

* 37 per cent of all stillbirths during this two-year period were prematures.

Of this long list of causes only one, syphilis, is preventable. By early Wassermann or Kahn test, and by prompt treatment where necessary, the number of fetal deaths and prematurely born infants marred by this disease may be materially reduced. Most women appreciate that some prenatal care is needful. But the importance of thorough examination promptly after pregnancy is presumed to exist must be further emphasized to the public. And we doctors must not neglect to take blood for serologic study *in every case*.

Much research has failed to point the way toward elimination of the *toxemias* of pregnancy. We can only trust that frequent obser-

posterior pituitary secretion upon the uterine musculature if pregnancy is to continue uninterrupted. Imperfect development and early deterioration of the corpus luteum due to local pathology in the ovary or to individual peculiarity may explain a considerable number of premature labors. In endocrine dyscrasias where anterior pituitary type obesity and imperfect development of the genitals are characteristic not only inadequate progesterin formation but also structural underdevelopment of the uterus may provoke premature labor.

Abnormalities of the *thyroid* function are very important in pregnancy. We know that hyperthyroid toxemia may bring on early labor.

TABLE II
CAUSES OF PREMATURE LABOR
(Figures indicate percentage)

	Twins	Syph.	Toxemia (including nephritis)	Plac. Prev.	Severe Urinary Tract Infections
Williams ⁵		40	8	6	
Hess	55	7.6	14.1		
Crawford	26	31	12	5	
Murphy and Bowman	13	19	25	6	
Tyson ⁶	10	18	12	1.9	
Mon. County Hospitals	6.5	6.5*	21	3.2	6

* Percentage of patients with positive Wassermann.
Syphilis not believed to be lone causative factor in any case.

With much greater frequency it is probable that hypothyroid function is the underlying factor in causing premature labor, the low metabolic rate and water retention accompanying thyroid insufficiency leading to oedema of the placenta. Many patients who have depressed blood pressure gain weight excessively, show slight oedema and have unrecognized subnormal and low normal thyroid function.

Disturbances in the *calcium-phosphorus* balance poorly understood but possibly dependent upon para-thyroid inactivity may also lead to placental oedema and a hyperirritability of the uterus. Excessive salt ingestion is generally believed to contribute to interruption of the normal calcium phosphorus relationship.

Toxemia dependent upon *focal infection*, notably in the colon, may be nonsymptomatic and unrecognized, yet sufficient to cause placental changes leading to fetal death or premature labor. Most patients during pregnancy have retarded elimination from the large intestine, and the vascular stasis and increased permeability of the bowel wall favor absorption of toxic products.

Last but not of least importance, *endometritis* must be suspected in cases of premature labor. Infection may be latent in the endometrium resulting from previous instrumentation, or an acute deciduitis may develop during pregnancy by spread from infection in the cervical glands.

PRENATAL MANAGEMENT

On the basis of these considerations, the following points in a careful program of prenatal management may be emphasized:

(1) Detailed *history* of menstruation must be recorded, also the history of previous pregnancies including abortions with emphasis upon symptoms suggestive of post-abortal infection or subinvolution. Physical examination should include notation of *endocrine stigmata*. Where physical stigmata, and history of delayed puberty, oligo-menorrhoea, or irregular menstruation indicate hormonal disturbance; also when previous spontaneous abortion or premature labor have occurred, treatment of the endocrine condition must be considered.

The use of anterior pituitary-like hormone,

a luteinizing substance obtained from pregnancy urine, is theoretically dangerous because it stimulates estrin as well as progestin formation. Since the effect of estrin is to sensitize the uterus to the action of pituitrin in direct antagonism to the action of progestin, no good can be hoped for from this treatment. Until recently no effective commercial preparation of corpus luteum extract has been available,—Krohn, Falls and Lackner,¹¹ however, employing an ampoule extract prepared from corpora lutea of the hog* seem to have established the effectiveness of this hormone in checking definitely threatened abortion and miscarriage. These authors recommend prophylactic treatment to patients to prevent interruption of early pregnancy; and the continuation of this substitutional therapy into the last trimester appears practical and promising. Patients suspected of having a deficiency of the corpus luteum hormone should be especially guarded against overwork, and also against emotional fatigue during the course of pregnancy.

(2) Unusually *rapid weight increase* and symptoms suggesting hypothyroidism, confirmed if possible by basal metabolism tests, should dictate administration of desiccated thyroid substance (one-half to one grain) three times a day.

(3) Intake of *salt* is to be controlled by warning the patient against unnecessary seasoning and by restriction of heavily salted prepared foods.

(4) Symptoms suggesting *calcium deficiency* must be watched for, and calcium gluconate or dicalcium phosphate should be prescribed in these cases. Cod-liver oil or cod-liver oil concentrate should be given to all patients during pregnancy.

(5) Attention to *bowel hygiene* is essential; regular evacuations are to be maintained without the use of laxative drugs. Mineral oil preparations or agar are routinely useful. Gentle irrigation of the colon with tap water or sodium bicarbonate solution may be advisable at intervals of one or two weeks where toxic absorption from the bowel is suspected. These treatments are also valuable where albuminuria

* Proluton amp. Schering.

and rise in blood pressure indicate inadequate kidney reserve or preëclampsia.

(6) The *infected cervix* must be treated. Cauterization is possible during pregnancy if necessary. Preventive treatment, i. e., cauterization or diathermy before pregnancy is preferable.

TABLE III

WEIGHT AND FATE OF PREMATURE NEWBORNS

	Number	Deaths	Neonatal Mortality
Under 3 lbs.	12	10	83%*
Between 3 and 4 lbs.	10	6	60%**
Between 4 and 5 lbs.	21	5	24%
Over 5 lbs.	19	3	16%
Total	62	24	39%

* Tyson records early death in 95 per cent of infants under 3 lbs.

** Clifford⁷ reports that the mortality rate for infants weighing from 3 to 4 lbs. at the Boston Lying-In Hospital was reduced from 40 per cent, the figure for the preceding ten years, to 24 per cent for 1933.

To refer again to our Monmouth County study, table III depicting the very high mortality in the infants under four pounds birth weight should stir us to every effort to have intrauterine gestation prolonged until the baby is at least this size. Table IV reports the man-

TABLE IV

Delivery	Neonatal Deaths	Neonatal Deaths—Boston Lying-In
Spontaneous vertex 36	17 40%	25.7
Low forceps 6	2 33%	18
Breech 13	5 38%	42
Version 5	2 40%	57
Cesarean 2	0	44.4
Total	62	

ner of delivery in our cases with percentage of resulting neonatal deaths. Worthwhile deductions are impossible because of the small number of cases, and because fatal result in many instances had no dependence upon the method of delivery. Placenta previa was the indication for version in the two cases where babies born by this maneuver failed to survive. Partial asphyxia before interference was the reasonable cause of the neonatal mortality. Causes of death are shown in Table V. Post-mortem examination was accomplished in 50 per cent of these cases.

Let us consider now the *management of premature labor* to the best interests of the unborn child. We must have in mind the **two** most striking physiological characteristics of

TABLE V

Causes of Neonatal Death	Number Deaths	Number of Autopsies
Intracranial injury	9 (37.5%)	5
Asphyxia (accompanying partial premature separation of the placenta) ..	3	1
Toxemia	3	0
Fetal malformation	2	2
Pneumonia	2	—
Erythroblastosis	1	1
Prematurity (inanition) ..	4	2
	24	12

the premature infant, namely, the ease with which intracranial injury may take place, and the marked inefficiency of the respiratory center.

Autopsy statistics show that about 50 per cent of all infants dying either during delivery or early thereafter succumb to *intracranial injuries*. Berliand⁹ has pointed out the remarkable fact that the majority of intracranial hemorrhages in premature infants occur following spontaneous vertex delivery. Slight trauma may cause hemorrhage from fragile, imperfectly protected blood vessels. Intracranial damage to the falx and tentorium is especially likely, because the changes in the diametric measurements are sudden and excessive when the fetal head is subjected to compression.

The second outstanding feature of the premature infant is the frequent failure of the respiratory center to respond to normal stimuli, and its sensitiveness to ether and morphine, both of which agents have a depressing effect which is less evident upon babies matured to normal gestation period. Interference with the function of the respiratory center may also depend upon sero-sanguinous exudate around the medulla even without gross intracranial hemorrhage.

In management of vertex presentations it is our aim to *prevent severe compression* of the head both against a rigid cervix and against an undilated pelvic floor. The maternal soft parts in primigravidae before term are not prepared for dilatation. In multiparae scarring from previous birth lacerations may offer definite obstruction to the fetal head. We must

attempt to remove every obstacle in the passage of the premature child from the uterine cavity to the outside world.

FIRST STAGE OF LABOR

The membranes should be conserved as long as possible, instead of rupturing the bag of forewater as is frequently practiced when the cervix is partially dilated. Where the membranes rupture before the onset of labor or early in labor with the cervix long and unprepared for dilatation, labor is almost certain to be protracted and trauma to the infant is to be feared. In such a condition, and also where scarring of the cervix is extensive, a Voorhees bag may well be introduced. This may be done under gas-oxygen anaesthesia or without anaesthetic, and so is not contra-indicated in a toxic patient. The dangers of bagging are recognized. But malposition and compression of a low loop of cord are to be feared with a small baby even without interference. Contamination leading to puerperal infection is most unlikely with good technic. Realizing also the fact that artificial methods of dilatation never completely remove the cervix as a barrier to progress, there is still much to recommend this treatment in selected cases.

During the first stage of labor where uterine contractions are frequent and severe, good *analgesia* affords the patient proper rest and minimizes the effect of contractions upon the baby. Cervical dilatation is also favored by relaxation of the circular muscle fibres in the cervix and progress toward spontaneous delivery is encouraged.

Without discussing the relative merits of drugs and methods of obstetric analgesia, I wish to mention eleven years' satisfactory experience with the *Gwathmey method* of rectal analgesia. I use this treatment (for primiparae) almost exclusively, and select cases where the completion of labor is unlikely before five or six hours. The Gwathmey technic should be properly carried out with preliminary intramuscular injection of 1/8 gr. or 1/6 gr. of morphine dissolved in 2 c.c. of 50 per cent magnesium sulphate approximately one hour before the rectal injection of the ether-oil mixture. Two c.c. of 50 per cent magnesium sul-

phate should be given intramuscularly coincident with the rectal treatment, and repeated at hourly intervals if necessary. Appropriate psychotherapy should not be neglected. I know of no instance of narcotization of the newborn infant following proper use of this method of analgesia. The recently popular combination of pentobarbital sodium by mouth and scopolamine by subcutaneous injection may also be safely employed.

SECOND STAGE OF LABOR

During the second stage of labor the fetal heart sounds should be closely watched to detect impending asphyxia. There must be adequate uterine relaxation between expulsive efforts. Forceps delivery may be indicated for fetal distress, but nearly all authorities agree that instrumentation should be avoided if possible. When the fetal head has descended to cause bulging of the pelvic floor, episiotomy should be done under nitrous oxide-oxygen anaesthesia or after novocaine infiltration of the perineum. It is generally accepted that the perineotomy lessens the chance of intracranial damage at the outlet.

ABNORMAL PRESENTATIONS

Breech and transverse presentations occur more frequently in premature labors than at term. It is of obvious importance to make a vaginal examination following rupture of the membranes in any case where the presentation of a well flexed fetal head and the engagement of the same through the pelvic inlet have not already been noted with certainty. Not only may an occasional abnormal presentation but also a prolapse of the cord may be discovered. Both *breech* and *transverse* presentations offer serious hazard for the baby especially when the membranes rupture before the cervix is fully dilated. Under these conditions even more than with a vertex presentation the introduction of a Voorhees bag may be most helpful. Following expulsion of the bag whether the breech presentation is a footling or in the event that the legs are extended, labor may be allowed to continue. After the mid portion of the fetus has been expelled spontaneously, episiotomy should be done and the

birth of the shoulders and head gently assisted. The application of Piper forceps for the after-coming head is much to be preferred to any effort at traction by other means or to supra pubic pressure.

Where a *shoulder* presentation exists interference cannot be postponed after the rupture of the amniotic sac except by the introduction of a bag as mentioned. When the bag is expelled, internal podalic version must be done with great deliberation under ether anaesthesia. Manual stretching of the birth canal should precede the breech extraction and the perineum incised if the patient is a primipara. The extraction must be unhurried, the anaesthesia being maintained to prevent contraction of the cervix about the aftercoming head. Multiple incisions of the cervix may be necessary to obviate traction upon the shoulders and delay in delivering the head. As soon as the head is through the cervix, the mother should be given inhalations of ten per cent carbon dioxide mixture with oxygen to lessen the effect of the ether upon the baby.

Cesarean section has a place in the treatment of premature labor. The fate of the baby is of more than usual concern when a primipara is nearing the end of childbearing age, or where for any reason future pregnancies may be improbable. In such a case the choice of abdominal section is thoroughly justified, particularly if the membranes definitely rupture at the onset of labor. With precaution to withhold morphine altogether prior to operation, or to reserve its use until within thirty minutes of the actual hysterotomy, delivery by abdominal section is much safer for the baby than passage through the birth canal by any presentation. Spinal anaesthesia with pantocain as the anaesthetic agent is our choice for practically every cesarean operation. Local novocaine infiltration may be employed when particularly indicated.

THE NEW-BORN INFANT

Finally let us give brief attention to the care of the newborn premature infant,—such care as must necessarily be given before a pediatrician may be expected to take command. Of immediate importance is the clearing of the

baby's nose, mouth, and pharynx of foreign material. Inverted position and gentle stroking of the throat evacuate the greater part of the mucus in the nostrils and mouth. In addition, aspiration of the pharynx with the aid of a small suction bottle should be routinely done. Wiping out the buccal spaces with the finger wrapped in gauze is unnecessary, and has distinct dangers which have long since brought this maneuver into disfavor.

If the establishment of respiration is delayed more than momentarily, indicating more than usually profound anoxemia and suggesting the possibility that inspiratory effort before birth may have sucked amniotic fluid and debris into the trachea, the attendant may employ the laryngoscope and tracheal aspirator to make certain that this passage is clear. Then if respirations have not yet been initiated, the infant's color and pulse giving evidence of deepening asphyxia, active effort to revive the child should be commenced. The introduction of a five or ten per cent mixture of carbon dioxide with oxygen into the pharynx under gentle and controlled pressure, as is possible with the Yandall Henderson mask and flowmeter, is a measure most helpful and entirely safe. In skilled hands the carbon dioxide-oxygen mixture may be passed directly into the trachea, again under guarded pressure, through the apparatus devised by Flagg. No less an authority than DeLee speaks well of the use of an intratracheal catheter through which air is gently and intermittently blown from the mouth of the attendant. This method has obvious disadvantages, but should be employed in emergency when the more satisfactory apparatus devised for this purpose is not available.

Inhalations of 5 per cent of carbon dioxide and oxygen should be given routinely for five or ten minutes to every premature infant to insure proper inflation of the lungs. It is believed that atelectasis persists to some degree even several days in wholly normal infants. For this purpose an ordinary inhalation mask is satisfactory and measured pressure is not required. These inhalations should be repeated at least once daily for the first week and should be available at all times to combat cyanosis, irregular respirations, or unnatural flaccidity.

Chilling depresses dangerously the premature infant's vitality. Hess¹¹ reported 45.3 per cent mortality in premature infants born at home and subsequently brought to hospitals or premature infant stations, as compared with 23.9 per cent mortality among infants born in hospitals. It may be presumed that the variation in results is explained by the superior care given the infants born under favorable circumstances, thereby eliminating the factors of exposure and faulty management. Warm blankets and electric pads or immersion in a tub of warm water suffice to protect the child from cold until the nursery regime may be instituted.

While postural drainage of the upper respiratory tract is desirable immediately after delivery it is believed that intracranial oedema may result from excessive tipping of the receiving table or bassinets. In the nursery the baby's bed should be level, or its head lowered not more than 15 per cent from the straight angle. It is hardly necessary to mention that the position of the infant should be regularly changed but unnecessary and careless handling of the child is extremely harmful.

Proper warmth and sunlight in the nursery

are requisites well understood. The thermolability of the premature newborn makes one of the various types of incubators desirable to maintain a constant degree of temperature surrounding the infant, although it is not necessary to keep rectal temperatures above 98° Fahrenheit. In the modern ideal nursery, heat and humidity are controlled by air conditioning apparatus so that incubators are unnecessary; and the temperature may be adjusted to suit the needs of the infants of various weights and condition.

This is not the place to discuss the advantages of feeding by one method or another. A weak premature infant has less than normal digestive ability and nurses poorly, if at all; yet breast milk is without question the ideal food and should be obtained by expression and given as may be possible in the individual case. It is at the same time a challenge and a reassurance to realize that under favorable conditions the weakest of immature and underdeveloped infants may become thoroughly vigorous members of society with mental and physical powers showing no sign of the ill-prepared start in life.

REFERENCES

1. Hess, J. H.; Chamberlain, I. M., and Lundeen, E. C.: *Pennsylvania M. J.*, 33:429-442, April, 1930.
2. Crawford, W. H.: *Arch. Pediat.*, 48:293-302, May, 1931.
3. Murphy, D. P., and Bowman, J. E.: *Amer. J. Obs. & Gynec.*, 24:273-276, Aug., 1932.
4. Clifford, S. H.: *N. England J. Med.*, 210:570-575, Mar. 15, 1934.
5. Williams, John Whitridge: *Textbook of Obstetrics*, 6th ed., N. Y., D. Appleton & Co., 1930.
6. Tyson, R. M.: *New York State J. Med.*, 34:811-817, Sept. 14, 1934.
7. Clifford, S. H.: *J. Pediat.* 5:139-155, Aug., 1934.
8. Howe, J. M.: *Virginia M. Monthly*, 58:463-465, Oct., 1931.
9. Berlind, M. M.: *Med. J. & Rec.*, 135:180-182, Feb. 17, 1932.
10. Krohn, L.; Falls, F. H., and Lackner, J. E.: *Amer. J. Obs. & Gynec.*, 29:198-206, Feb., 1935.
11. Hess, J. H., and Lundeen, E. C.: *Ohio State M. J.*, 28:253-260, April, 1932.

DISCUSSION

Dr. Julius Levy: Prematurity represents approximately 75 per cent of the deaths under one day, 50 per cent of the deaths in the first month of life, and about 25 per cent of the deaths in the first year. There has been practically no reduction in the death rate from prematurity throughout the country. The infant mortality rate in the first day of life and in the first week of life has remained constant, showing no decline for the past fourteen years.

Recent studies have shown the distinct relationship of two conditions in pregnancy to prematurity—toxemia of pregnancy and syphilis. A careful analysis of 800 neonatal deaths, in which the pathological findings were combined with the prenatal and clinical history of the mother and of the labor, has shown that in 1000 syphilitic and non-syphilitic mothers the premature births were 50 per cent higher among syphilitic mothers than

among non-syphilitic mothers. This study shows that there was no relation between syphilis and still-births, abortions, hemorrhages or neonatal deaths other than that due to prematurity.

It is reasonable to believe, then, that a reduction in the number of premature births would occur from the proper control of syphilis in mothers, from the elimination of toxemia of pregnancy through competent prenatal care for all mothers, and from the postponement for as long as possible of any premature delivery, as it is recognized that the mortality among the premature declines with every increase in birth weight. A further reduction would occur if prematurely born infants would receive prompt and adequate care. In several cities there have been established centers for the management of premature infants. It is generally agreed that the best results will be obtained only if a physician specially interested and trained is placed in charge of such infants.

REPORT OF A CASE OF SURGICAL TREATMENT FOR INTRA- PELVIC PROTRUSION OF THE ACETABULUM

By I. FRANCIS GREGORY, M.D., Orange, N. J.

From the New Jersey Orthopedic Hospital and Dispensary, Orange, N. J.

Prompted by the timely case report of Levin,¹ timely because at the hour of reading, there was in the hospital a case of intrapelvic protrusion of the acetabulum (Otto pelvis). I wish to present this typical case.

Pomeranz² defines Otto pelvis as "a non-traumatic chronic progressive arthritis of the hip joint characterized by intrapelvic protrusion of the acetabulum and head of the femur". Credit goes to Otto³ for first reporting a case of this kind in 1824. First reported in this country by Hertzler⁴ in 1922. To Pomeranz goes the credit for giving the most enlightening and comprehensive review of intrapelvic protrusion of the acetabulum.

This case is of interest to the orthopedic surgeon because in the past very little has been written with respect to surgical treatment. The surgical treatment of this case was problematical, yet it produced the desired results: relief from pain and a better gait.

This case is likewise of interest to the obstetrician for it will be noted from a perusal of the patient's obstetrical history that all five of her confinements were uneventful, all five were spontaneous deliveries. Thus bearing out Henschen's⁵ statement that unilateral cases do not produce obstruction in labor nor would they hurt the soft parts of the mother or child. However, cases have been reported where intrapelvic protrusion, especially the bilateral type, have interfered with labor even to the necessity of performing a Cæsarian section.

As to the etiology of the lesion, it is speculation at best. Probably Pomeranz's deduction is an answer, "Any disease resulting in a localized osteomalacia of the acetabulum can produce the deformity, providing the femoral head maintains its boring qualities." Arnheim⁶ feels inclined to believe that the protrusion of the acetabulum is the result of a congenital deformity of the hip joint, which may be placed on a level with congenital luxations. Eppinger's⁷ theory is that of a chondrodystrophy.

In other words, he believes that there existed a developmental anomaly of the acetabulum interfering with the fusion of the three cartilaginous plates.

To be able, from a review of this case, to put one's finger on a definite cause is difficult. Trauma, from the patient's viewpoint, seems to run through the skein of the history. Brailsford⁸ mentions protrusio acetabuli as a feature sometimes seen in hip joints involved by an acute arthritis, causing softening of the walls of the acetabulum and giving way to pressure of the migrating head. He thinks that relative slight trauma during this stage may result in perforation of the inner wall of the acetabulum by the femoral head, which then projects to a varying degree into the pelvis.

Certainly, this case is not a local manifestation of a generalized disease entity. The hip disease in this case does not seem to be an incident in a general deformity, for there is no general deformity. It may be said here that although the patient dates all her trouble beginning with an ankle disturbance following a week's post-partum convalescence, yet x-ray of the foot twelve years later did not show that any marked infectious or degenerative process had taken place.

When the patient first appeared in this clinic (1923), a diagnosis of "specific osteitis" was made. I believe the examiner had Lues in mind. However, on two occasions, twelve years apart, the complement fixation test was negative. Chiari,⁹ Fere,¹⁰ Wrede,¹¹ and Bischoff¹² were impressed by the tabetic etiology of the disease.

When the patient came the second time to the dispensary (1935) she brought an x-ray taken twelve years previous. The diagnosis of Otto pelvis was made from this. Figure 1 is a roentgen study taken in 1923. All the cardinal changes are depicted,—the inward protrusion of the acetabulum, the preservation of the migrating spear-like femoral head, the

greater trochanter almost impinging upon the lateral margin of the ilium; and the lesser trochanter approaching the ischium, the perforation of the acetabular floor, and the projecting osteophytic changes. Figure 2, taken in 1935, shows a well-formed acetabular floor. I believe this healing took place during the year the single spica was worn. The osteophytic activity has increased measurably with a limitation of motion and a production of a painful coxitis.

Very little is found in the literature about treatment. Reference is made to the removal of foci of infection; an orthopedic régime of bed rest, the application of Buck's extension, the application of spica as was done at first in this case, and the usual panacea-autovaccine. However, here was a woman who had been very active, going to business up to the day she reported at the dispensary, and during the previous six weeks suffering intense pain in the region of the hip.

A hip fusion was the only alternative, and during the operation, it was decided to do a subtrochanteric osteotomy to bring the leg out in abduction and overcome shortening. Figure 3 is a roentgen study of the fusion and osteotomy.

CASE REPORT

Mrs. A. L., white, aged 43 years, came into the dispensary for the first time on June 9th, 1923, complaining of pain in the right knee and of shortening of the right leg causing her to limp.

History (1923): The only disease of childhood was measles. She remembered falling on the right hip while roller skating at the age of eight. Married at the age of 21 years. She suffered numerous attacks of peritonsillar abscesses at the age of 25 years and at 26 years. At the age of 31 years, seven days after the birth of her fourth child, she was allowed up, but experienced pain in her right ankle on weight-bearing, the pain radiating to the knee joint. She was confined in Camp Knox Hospital, where she remained six months because of pain in right ankle and knee. Roentgenogram of knee at this time was negative. There was no manifestations of inflammation or swelling.

Following her six months' hospitalization, during which she was treated for rheumatism, she went about on crutches for five months. Her fifth pregnancy occurred six months after discarding crutches. All pregnancies were spontaneous, with no miscarriages. The patient herself was a normal pregnancy. Because of stiffness of the right hip and a painful knee shortly after her first pregnancy, she had an x-ray taken of her right knee and hip which she brought with her to the dispensary.

Examination (1923) revealed pain and spasm on movement of the right hip, marked atrophy of the thigh and leg, flattening of the buttock, one inch shortening of the leg, and a waddling gait. There was marked crepitation of the right knee joint. A diagnosis of "specific osteitis" was made. Aspiration of hip was negative. Wassermann was negative.

A single spica was applied. She did not return to the dispensary again until May 11, 1935.



Fig. 1

Roentgenogram (1923): Right hip (Figure 1)—There is a uniform protrusion of the acetabulum into the pelvis with thinning of the central part of the floor sufficiently to suggest a perforation. The head is cone-shaped and decalcified with mottling. The joint space is thinned throughout. There is no productive reaction about the rim of the acetabulum. The symphysis pubis is asymmetrical, with one-quarter inch elevation on the left.

History (May 11, 1935): Patient gave a story of having worn the spica for one year. It was removed by her husband. She suffered no pain during the twelve years until six weeks prior to her second appearance, at which time she sustained a fall on her right hip while getting out of an automobile. She did give a history of limping during this time, and of experiencing difficulty putting her stocking on the leg of the affected side, it being necessary to rest the leg on the bed with the lower leg flexed at the knee. She was unable to abduct her leg, and had difficulty in going up stairs or getting on a bus. This inability was not due to pain, but to stiffness in the region of the hip. This stiffness was aggravated by damp weather.

Examination (May 11, 1935): Flexion of the extended leg of about 30 degrees. Abduction nil. Adduction, 10 degrees. Slight amount of rotation; and extension nil. One inch shortening of the leg. Atrophy of the right thigh and leg. Flexion of the knee of about 35 degrees. Pain on weight-bearing in the region of the hip, and a waddling gait.

Roentgenogram (May 11, 1935): Right hip (Figure 2)—Telescoping of acetabulum into pelvis for a distance of three-fourths of an inch, with conical shaped head, both of which present condensation of bone consistent with a repair of an infectious process. Lesser trochanter impinges against acetabulum, and osteophytic lip of superior rim approaches greater trochanter. The joint space is uniformly thinned and irregular throughout.

Left hip: Prominent superior rim of the acetabulum; pea-sized mass of bone surrounded by a narrow rim of decalcification in inferior subcapital portion of neck.



Fig. 2

Fig. 3

The patient was admitted to the hospital July 11, 1935, for a hip fusion. Examination on admittance did not reveal any abnormality other than the findings in the right hip. No abdominal operations had been performed. Pelvic examination was negative. There was no history of Nisserian infection; but there was some dysmenorrhea beginning with onset of painful hip. She had been able to walk long distances for past twelve years without discomfort. She recalls having occasional pain in the right foot, which on x-ray examination did not reveal anything but a flattening of the scaphoid, widening of the astragaloscaphoid joint, and some compression of the astragalus, all of which may suggest slight arthritic changes.

The familial history was essentially negative. Her mother died at the age of 70 years from diabetes mellitus; the father died at the age of 76 years from burns sustained in a Turkish bath. Brothers and sisters all living and well. Lung fields are negative. Heart sounds of good quality, with no murmurs. Blood pressure 140/80. No evidence of arthritic involvement of other joints. No evidence of Heberden's nodes. Urinalysis negative. Wassermann again negative. Cervical smear not taken.

Operation (July 19, 1935): Through a Smith-Petersen incision, the right hip joint was exposed. No abduction was possible; but there was about 10 degrees of adduction and about 20 degree flexion. A strip of external table about 1½ inches wide and 3 inches long was taken from the ilium. Cartilage from superior aspect of hip joint was curetted as deep as possible. The superior aspect of the neck of the femur was removed, and the bone found to be eburnated. The trochanter was stripped by chiseling to bleeding bone, and the strip taken from ilium placed as a wedge between trochanter and ilium. Many bone chips were placed in between this and the neck of the femur, and the tissue was closed over the operative site with interrupted chromic catgut. The upper aspect of femoral shaft was bared, and osteotomy performed. A double plaster spica was applied with the right thigh at about 20 degrees of abduction and slight external rotation.

Pathological Report: Tissue from section. Organized blood clot. No evidence of tuberculosis or malignancy.

Post-operative Roentgenogram (September 30, 1935): (Figure 3.) Shows beginning fusion at hip, and the bone chips becoming coalesced into a homogeneous mass. Femur in position of 20 degrees abduction, and distal fragment in 10 degrees rotation.

Eleven weeks after operation baking and massage were started. One week later the patient was allowed up in a short single spica. This was replaced by a flannel spica and the patient left hospital November 10, 1935. On recent dispensary examination patient was walking about without any pain.

SUMMARY

Report of a case of typical intrapelvic protrusion of the acetabulum. Seventy-nine cases have been reported. Only forty-one of these have been recognized as true Otto pelvis.

Interesting to the obstetrician is the fact that all five of the patient's deliveries were spontaneous and uneventful. Unilateral cases, as a rule, do not produce obstruction.

The literature is devoid of matter pertaining to the treatment of such cases. In this case, a hip fusion and subtrochanteric osteotomy produced the desired result: relief from constant pain and a better gait.

LITERATURE

1. Levin, W. N.: J. A. M. A., Vol. 105, No. 2, July 13, 1935.
2. Pomeranz, M. M.: (a) Osteoarthritic Protrusion of the Acetabulum, *Am. J. Surg.* 39:169-170 (July 1925). (b) Intrapelvic Protrusion of the Acetabulum (Otto Pelvis), *J. Bone and Joint Surg.*, 14:663 (July 1932).
3. Otto, A. W.: Pfannenbeckenmissstaltung Infolge Deformierender Osteoarthritis. In *Neue Seltene Beobachtungen zur Anatomie, Physiologie und Pathologie Gehörig*. Ed. 2, Berlin, A. Rucker, p. 19, 1824.
4. Hertzler, A. E.: Osteoarthritic Protrusion of the Acetabulum, *Arch-lung* 5; p. 691-701 (Nov. 1922).
5. Henschen, K.: (a) Die Intrapelvine Verwulbung und die Centrale Wanderung der Huftpflanne. *Bruns Beitr. z. Klin. Chir.*, LXV, 641, 1909. (b) Die Traumatische Luxatio Centralis Femoris, mit Besonderer Berücksichtigung Ihrer Geburtshilflichen Bedeutung. *Bruns Beitr. z. Klin. Chir.*, LXII, 294, 1909. (c) Die Pathologische (Spontane) Luxatio Centralis Femoris. *Bruns Beitr. z. Klin. Chir.*, LXV, 599, 1909. (d) Die Centrale oder Intrapelvine Pfannenwanderung der Huft auf Coxitis-arthropanthischer Grundlage. *Ztschr. f. Orthop. Chir.*, XXXIII, 438, 1913.
6. Arnhem, C. S.: Intrapelvic Protrusion of the Acetabulum, *J. Bone and Joint Surg.*, 16:811 (Oct. 1934).
7. Eppinger, H.: Pelvis-Chrobak, Coxarthrosis-Becken. *Beitr. z. Geburtsh. und Gynak.* (Festschr. f. Chrobak), II, 176, 1903.
8. Brailsford: Radiology of Bone and Joints, William Wood & Co., 1934.
9. Chiari, H.: (a) Becken mit Intrapelviner Pfannenprotrusion bei einer Tabica. *Verhandl. d. Deutsch. Gesellsch. f. Path.*, XV, 329, 1912. (b) Ueber die Aetiologie und Pathogenese der Intrapelvinen Pfannenprotrusion. *Bruns Beitr. z. Klin. Chir.*, CII, 318, 1916.
10. Ferc, C.: Description de Quelques Pieces Relatives aux Lesions Ossseuses et Articulaires des Ataxiques Conservees au Musee Anatomo-Pathologique de la Salpetriere. *Arch. de Neurol.*, IV, 202, 1882.
11. Wrede, B.: Diskussion zu den Klinischen Demonstrationen von Herrn Engchorn. *Naturw. Med. Ges. zu Jena*, in *Munchener Med. Wchnschr.*, LXII, 1728, 1915. Demonstration eines Tabesbeckens und eines Otto-Chrobakschen Beckens. *Verhandl. d. 82. Versamml. Gesellsch. Deutsch. Naturf. u. Aerzte in Königsberg*, LXXXII, 115, 1910.
12. Bischoff, K.: Ein Beitrag zur Kenntnis der Otto Chrobakschen Beckendeformität. *Inaug. D ss. Königsberg i. Pr.* 1911.

LYMPHOGRANULOMA INGUINALE AS A CAUSATIVE FACTOR IN THE PRODUCTION OF RECTAL STRICTURES

By HOMER I. SILVERS, M.D., F.A.C.S., Atlantic City, N. J.

Read before the General Scientific Meeting at the 169th Annual Meeting of The Medical Society of New Jersey, on May 1, 1935, in Atlantic City

It is necessary in discussing strictures of the rectum that we segregate them as to their type or presumed etiologic factors. Certainly it is quite obvious that all strictures can not be classed under one heading, and in addition, there are certain types that do not seem to lend themselves well to any known classification. We, however, divide those capable of being classified into classes according to the known provocative cause; those of carcinomatous origin, postoperative, the after effects of radiation (either x-ray or radium); those that follow ulcerative colitis, amebic dysenteries or bacillary dysenteries, and those due to syphilitic and gonorrheal invasion. This leaves a certain number of strictures, inflammatory in character, whose course is chronic, with sloughing and discharging of quantities of pus and blood. These are always progressive, usually irregular and tubular in type, with gradual narrowing of the lumen of the gut, often associated with infective processes around the bowel, anus or in the adjacent tissues. Multiple fistulae are often present, giving a dirty, rat-eaten appearance to perianal structures.

Until recently, no explanation of a convincing character had been advanced as to the causative or infective agent in this type of stricture, and it was not until 1925, when Frei devised a cutaneous test, depending upon an antigen produced from a case of lymphogranuloma inguinale, that more than a casual relationship between this type of stricture and lymphogranuloma inguinale was suspected.

It is somewhat unfortunate that the name lymphogranuloma inguinale has come into widespread use, as it is rather confusing, and to confound still further, there has been used a great variety of designations to describe this entity. Sub-acute lymphogranulomatosis inguinale, climatic bubo, strumous bubo, tropical bubo, sub-acute lymphadenitis, sub-acute paradenitis, non-tuberculous granulomatous lymphadenitis, as well as lymphopathia venereum. In

this discussion we will use the names lymphogranuloma inguinale and lymphopathia venereum interchangeably.

A disease involving the inguinal lymphatics in the male has been recognized and written about for the past seventy years or more. While the observers gave it various names and recognized that this infection was different from the ordinary venereal infections, could not definitely place as to its etiology. Martin¹ says: "As far back as 1811 Copeland stated that there seemed to be some relationship between the formation of rectal strictures and venereal disease, and that this subject should be investigated." Cole² cites: "Schaube, in 1867 and Jouet in 1882 as writing about a suppurating bubo not accompanied by a portal of entry". Likewise, the same author refers to the work of Klotz in 1890, in which he reported 120 cases of strumous bubo occurring in ten years' work in New York City. "He felt that they had no relationship to syphilis * * * and found that the lymph nodes in the groin were filled with miliary pus foci, and that he was astonished that so little was said about them in the literature." Nicholas, Favre and Durand³ in 1913 gave a very clear description of this disease from which their deductions led them to classify it as a venereal disease to which they gave the name sub-acute lymphogranulomatosis inguinale.

William Frei⁴ in 1925 developed the technic of an intradermal test in which he used pus from a nonruptured bubo, diluted and then sterilized by heat. In preparing the antigen for intradermal tests, the pus is removed, diluted in ten parts of physiological salt solution, heated in a water bath for two hours the first day at 60° Centigrade, and on the second day heated for one hour at 60° Centigrade. It is then tested for sterility, preserved in ampules of small capacity and stored in a cool place.

Collier Martin, working at the Post-Grad-

uate Hospital, University of Pennsylvania, found that infected tissue taken from other than the inguinal lymph nodes, prepared in the same manner gave positive reactions in known cases of lymphopathia venereum. The activity of this antigen seems to last from six to twelve months, with reasonable assurance that antigen properly kept will be capable of giving specific reaction after eight months.

The reaction of the skin to an injection of this antigen is rather characteristic, showing an inflamed papule varying from .5 cm. to 1.5 cm. in diameter. The infiltration is distinct and is not only visible, but gives a hard nodular feeling to the examining fingers. This reaction does not occur quickly, usually not until forty-eight hours or more after the injection, with the best readings from seventy-two to ninety-six hours. In very strongly positive reactions there may be crusting or formation of a pustule, with persistence of the reaction for one or two weeks. Frequently after the reaction has subsided, a discoloration of the skin at the site of the injection will persist for several weeks. Taking the readings at forty-eight to ninety six hours tends to eliminate the false positives, as erythema so produced occurs early and fades promptly.

Lymphopathia venereum was for a time looked upon as a disease peculiar to men, with a rare appearance in women. It is not seen in infants and early youth. Its appearance coincides with the years of greatest sexual activity, and in that class of patients which make up the large proportion of the venereal clinics. In this country by far the greater proportion of positives occur in the negro, particularly those attending the venereal clinics, and in our proctologic clinic all women with strictures, having a positive Frei, were negro women.

In the male and female the disease runs different clinical courses, and it is here that we must have a conception of lymphatic distribution to arrive at any understanding of the apparent variation in the two sexes. The male, usually having the initial lesion on the glans, in the sulcus or prepuce, the lymphatic drains direct into the inguinal nodes. These inguinal glands after a varying period, usually ten to twenty days, show an adenitis that is insidious,

causing the patient little discomfort. As the adenitis progresses there may be pain accompanied by more general manifestations of infection.⁵ The skin over the matted glands assume, according to most writers, a violaceous appearance and there may be spontaneous rupture, with discharge of viscous stringy pus. Invasion of the lymphatics may be of such extent as to produce lymphoedema of the penis and scrotum.

In women, the infection occurring more often within the genital tract, it follows that the lymphatic drainage of the infected area will be different than that coming from the infected area in men when the primary lesion is on the prepuce or contiguous areas. It has been clearly shown by injected anatomical specimens, the close relationship of the lymphatics that drain the vaginal canal and cervix and the lymph nodes that are contiguous to and surround the rectum.

The drainage of the lymphatics from the vulva is into the inguinal and iliac lymph nodes, but these have rather extensive ramifications, extending into cutaneous anal lymphatics, which in turn project into the anal canal and anastomose with the nodes just above the ano rectal junction. From consideration of this lymph drainage in the female it can be seen how easily infected material reaches those lymphatics contiguous to the rectum, with the production of a slow lymphadenitis, with formation of much scar tissue around the rectum that of necessity interferes with the vitality of that portion of the rectum involved.

Most of the investigation done in lymphopathia venereum has been in the male, because of the very evident bubo formation. Zakon⁶ quotes, "Lymphogranulomatosis inguinale is a disease of the male, at the height of his sexual activity * * * the literature does not contain any mention of the disease in infants or youth. It is rare among women." This has not been our experience; we agree that it is seen at the period of greatest sexual activity, but we have too many positive reactions in women to look upon it as rare. Nineteen women gave positive reactions to the Frei test, and of eleven women with obliterative type of proctitis, ten gave strongly positive reaction to the antigen.

Since proctologists have become interested in lymphopathic venereum as a possible cause of these ulcerating, inflammatory strictures, there has been shown a very high incidence of positive reactions in so-called inflammatory strictures. Collier Martin reports a very high percentage of positive Frei reactions in his series of strictures of the rectum, and Alley⁷ at the last meeting of the American Proctologic Society, reported twenty cases of stricture of the rectum, all of whom gave positive Frei reactions.

It is quite likely that this well-known tendency of the negro to form excess fibrous tissue in the presence of irritation, has much to do with extent and severity of the rectal ulceration and stenosis. Rosser⁸ speaks of the "Fibroplastic diathesis" when speaking of the proctoscopic peculiarities of the negro, and Collier Martin, as negromas those massive, ulcerating fibrotic strictures, so frequently seen in the negro.

In proctologic clinics, by far the greater number of strictures of the obliterating type are found in women, and almost entirely in colored women. Those individuals when tested with the antigen prepared according to Frei, gave an exceedingly high percentage of positive reactions.

Coutts⁹ studied several cases of the ano-rectal syndrome from infection by lymphogranuloma in the male, and concluded that there were two forms and "that probably the site of penetration of the virus was different in each case". In two of these cases in the male reported by Alley, one admitted sodomy and indicated his friend, who was the second case, as playing the same part in turn. Here at least is the possibility of the direct exten-

sion of the virus into the peri rectal lymph nodes.

Three hundred intradermal skin tests were made with the Frei antigen upon patients in the Atlantic City Hospital and the venereal clinic at the Municipal Hospital. In one hundred patients in the Atlantic City Hospital that were admitted for various diseases, upon which the Frei test was made, there was not a single positive reaction, while in the two hundred tests made at the venereal clinic, twenty-seven distinctly positive reactions were obtained.

All of these patients with a positive reaction gave a history that at some time there had been a definite adenopathy or perianal inflammation. Of these twenty-seven cases, nineteen were male, and eight female, but two-thirds of the patients tested were males, so that the disparity between the sexes is not so great as might seem. Twenty-six out of the twenty-seven positives were in the colored. However, it must be understood that the colored race makes up the great majority of patients applying to the venereal clinic for treatment.

In one colored girl with a positive Frei reaction, there was a history of inflammation and swelling of the vulva and peri anal tissue that persisted over a period of several months, and an examination of her rectum showed a definite proctitis, with thickening and erosion of the mucous membrane, with beginning infiltration and stiffening of the rectal tissue.

It would seem that there has been sufficient information collected by various investigators to place this disease upon a fairly secure basis as being a definitely defined pathologic entity, and that in the female, particularly the colored female, one of the complicating factors is the formation of fibrous, stenosing strictures of the rectum.

REFERENCES

1. Martin, Collier F.: Strictures of the Rectum. *J. A. M. A.*, 101:1551, Nov. 11, 1933.
2. Cole, H. N.: Lymphogranuloma Inguinale, the Fourth Venereal Disease. *J. A. M. A.*, 101:1069, Sept. 30, 1933.
3. Favre, Nicholas F., and Durand, M.: *Bull. et mei. Soc. Med. d'hop de Paris*, Feb., 1913.
4. Frei, William, and Koppel, A.: *Ulcus Vulvae Chronicum Elephantasticum (Esthiomene) und sogemante Syphilome ano-rectal als Folgerschmungen der Lymphogranulomatosis Inguinale*. *Klin. Wchnschs.*, Vol. 7, p. 2331, 1928.
5. Wolf, J., and Sulzberger, M. B.: Lymphopathia Venereum and the Frei Test. *British Journal of Dermatology and Syphilis*, 44:192, 1932.
6. Zakon, S. J.: Lymphogranulomatosis Inguinale. *Archives of Dermatology and Syphilology*, 26:238-249, 1932.
7. Alley, Rufus C.: Rectal Strictures, Relation to Lymphopathia Venereum. *Transactions of 35th Annual Session, American Proctologic Society*, 1934.
8. Rosser, Curtice: Proctologic Peculiarities of the Negro; the Fibroplastic Diathesis. *Am. Journal Surgery*, 37:265, 1932.
9. Coutts, Waldermir E.: Gentio Ano Rectal Lymphogranulomatosis of the Male. *Annals of Surgery*, 49:188, Jan., 1934.

MATERNAL WELFARE

ARTICLE NUMBER ONE

Under this heading, there will appear each month a brief article on a subject pertaining to maternal welfare contributed by the Maternal Welfare Committee of The Medical Society of New Jersey.

1. PRENATAL CARE

There is no question today that prenatal care holds an important place in the proper care of a maternity case. It can be easily carried out by any physician; and the patients as a rule are anxious to follow directions.

To allow a patient to follow her own inclinations throughout pregnancy, without attempting to guide her progress, is to neglect a great opportunity to improve maternity care. In comparing the labors of patients today with those of twenty years ago, prenatal care stands out as one of the most important facts responsible for shorter labors, easier deliveries, fewer complications, and a reduced maternal mortality.

PREVENTION

Prevention should be the key-note in prenatal care. It is not sufficient to detect and treat complications as they arise.

Early in pregnancy the patient should be instructed what to eat and how much to exercise to prevent nausea and vomiting and to prevent a miscarriage.

Later in pregnancy, she should be told:

How to avoid excessive weight by diet and exercise.

How to avoid a breakdown of her metabolism.

How to prevent anemia.

How to preserve her teeth.

How to aid the foetus in settling into the pelvis before labor begins.

PELVIC EXAMINATIONS

Pelvic examinations should be made to determine:

1. Whether patient is pregnant.
2. Duration of pregnancy.
3. Presence of tumors or polypi.
4. Whether pregnancy is single or multiple.
5. Whether or not foetus is living.
6. Presentation and position of child .
7. The size and condition of head, and whether high or low in pelvis.

Exercise should be regulated depending on whether the head is high or low in the pelvis, and whether the cervix is thick or thin, dilated or closed. In this way, a prognosis of the case may also be made, and a fairly accurate idea obtained whether the labor will be slow and difficult or short and easy. Sterile precautions should be used in making all vaginal examinations, special care being taken during the last month of pregnancy.

PRENATAL NURSING

Every community should have at least one prenatal nurse who can greatly assist the physician in his work visiting those who cannot go to his office regularly. She can take the blood pressure, make a urinalysis, and give advice as directed by the physician. Each visit should be reported to the attending physician.

STATE SOCIETY ACTIVITIES

WELFARE COMMITTEE

A meeting of the Welfare Committee of The Medical Society of New Jersey was held on the afternoon of Sunday, December 8, 1935, in the Executive Offices, at 137 East State Street, Trenton, with the following members present: Hilton S. Read, Chairman; Marcus W. Newcomb, J. B. Morrison, S. Alexander, W. H. Areson, Norman Burritt, J. C. Clayton, A. H. Coleman, W. F. Costello, F. W. Curtis, G. F. Dandois, F. L. Field, J. I. Fort, D. W. Green, D. L. Haggerty, F. M. Hoffman, D. A. Kraker, T. K. Lewis, E. C. Lyon for M. F. Sewall, Wright MacMillan, W. B. Morris, S. H. Nichols, B. S. Pollak, H. L. Rogers, D. W. Scanlan, J. H. Spencer, Jr.; S. E. Stokes, C. I. Ulmer, H. R. VanNess, LeRoy A. Wilkes, Secretary; J. J. McGuire, member of the Subcommittee on a Uniform Medical Practice Act; Frederic J. Quigley and Harry R. North, for the Trustees.

There were also present as guests and advisers William H. MacDonald, of the State Board of Health; Dr. R. P. Fischelis, of the State Board of Pharmacy; and Drs. Owens, Jennings, Wisan and Carr, from the New Jersey State Dental Society.

Plans for the meeting had been carefully made on the previous day at a conference of sub-committee chairmen and State officers with the result that, although the meetings were long, over a dozen important projects were given careful consideration, and decisions regarding all of them were reached.

CHAIRMAN'S ADDRESS

Chairman Read began the meeting by outlining the problems before the committee, his opening words indicating not merely the solutions to be suggested, but also the methods of following up the decisions by securing action in every County Society. Dr. Read said:

"I believe that each member of this committee shares with me the keenest desire to serve in the fullest measure The Medical Society of New Jersey and through it the Medical Profession.

"These trying times call for a greater amount of time and effort in the work of our Welfare Committee than is ordinarily the case. However, I have confidence in the earnestness and ability of the members of this committee, and in the members of its several advisory committees, and am convinced that the dividends which will accrue in the

future from our large investment of time now will justify our greater efforts.

"Excellent work on the part of the members of the various committees of the State Medical Society can be nullified by failure on the part of members of similar committees in the County Societies to disseminate it actively to the individual members in their own county. We urge the members of this committee to report fully at every meeting of their own County Medical Society on the discussions held and the decisions reached at each meeting of this State Committee; to see that responsible County Society Committees are working on every project approved by the State Medical Society; and to follow through until it is completed.

"Integration and organization in the State and County Societies result in an informed, aroused membership. This insures success. We bespeak your earnest support in this campaign to keep the individual members of the State Medical Society informed of its program of activities and the results achieved."

THE PUBLIC HEALTH COMMITTEE

The participation of physicians in public health projects has been one of the fundamental topics of the Welfare Committee. This problem is not a simple one to be solved by a single small committee; but it is complicated, and its solution requires the coordinated efforts of several groups. Concerning the form of organization required to do effective work in public health, Dr. Read said:

"Under the present administrative set-up, the *Public Health Committee* is a "special committee" of the State Medical Society—only the chairman is a member of the Welfare Committee. The chairman does report to the Welfare Committee on the activities of this Committee, and the Welfare Committee approves or rejects the recommendations which are made. The Public Health Committee has an able personnel whose members, over a period of years, have met regularly and given much thought and effort to our Public Health problems. In the interest of integrated organization, I suggest that the Welfare Committee, acting under Section 18 of Chapter VIII of the Constitution and By-Laws, petition the President to appoint the members of the present Public Health Committee to the Welfare Committee. It would then seem desirable to have all the special committees interested in specialized problems of public health act as *advisory committees* to the Public Health Committee, so that there may be coordination without duplication of effort or conflict of programs, with the Welfare Committee remaining the final clearing

house for approving the reports of all its committees. I trust that this recommendation will not be misunderstood by anyone of the committee chairmen or members who have been doing yeoman service in the interest of the State Medical Society. These suggestions are made solely in line with the duties fixed upon this committee by the Constitution and in the interest of organized medicine."

Dr. Kraker raised the question of the advisability of enlarging the membership of the Welfare Committee which was originally appointed to act as the Executive Committee of the State Society, and said that the effectiveness of an executive committee lies in its limitation as to size.

Dr. Quigley replied that, according to the By-Laws of the State Society, Chapter VIII, Section 18, the President may appoint additional members of a special committee on its request, in order to meet an emergency, provided the term of office of the new appointees cease with the close of the next Annual Meeting of the State Society.

Dr. Ulmer moved that the Welfare Committee request the President to appoint the members of the present Special Committee on Public Health to membership in the Welfare Committee whereby the Public Health Committee would become a Sub-Committee of the Welfare Committee. The motion was seconded by Dr. Morrison, and carried.

KEYMEN IN PUBLIC HEALTH

It was moved, seconded, and carried that the President be requested to appoint "key men" in each County Society as advisers to the Committee on Public Health similar to those now serving under the Committee on Legislation.

REPORT ON PUBLIC HEALTH

Dr. Stanley H. Nichols, Chairman of the Special Committee on Public Health, read a report, in which he emphasized not only the necessity of continuing the projects already under way, but also of making provision for increasing the scope and force of the contacts of the State Society with the County Societies and the lay health organizations. Among the subjects which he discussed were the following:

1. The appropriations expected from the Federal government by the operation of the Federal Security Act.
2. The Public Health Hour, its further development.
3. The Secretary of the Public Health Committee to promote its projects in the field.
4. Increased participation of County Societies in public health projects.

STANDARDS FOR PHYSICIANS IN BABY-KEEP-WELL STATIONS

Dr. Nichols read the following set of standards for physicians who serve in Baby-Keep-Well Stations:

STANDARDS

1. Physicians to be suggested by the Public Health Committee of the County Medical Society and recommended to the State Department of Health.
2. Appointments are to be for one year. Such appointment can be renewed if the physician is competent. Positions will be in the exempt class under Civil Service.
3. Preference should be given to physicians with special training and experience in pediatrics, or to physicians who are known to be especially interested or devoting considerable of their time to the practice of pediatrics.
4. Physicians expecting appointment shall indicate their willingness to partake in special courses arranged for training in preventive pediatrics.
5. Appointments shall be conditional on the physician taking part in special courses in preventive pediatrics.

REGULATIONS

1. Physicians shall arrive at the time set for the conduct of the Baby Station, and shall remain a sufficient time to examine each infant in reference to development, growth and nutrition, and to instruct the mothers properly in their care, feeding and management. This is usually about one hour.
2. Attendance at Baby Stations shall be limited to mothers of the low-wage group.
3. Physicians will be paid for each time they attend the station. Physicians and nurses shall sign a time book in the station, giving time of arrival and departure.
4. No sick children are to be admitted to the station.
5. Doctors are not to examine any patient for the determination of disease.
6. All children with any indication of illnesses must be referred to the family physician.
7. No prescriptions of any sort are to be written in the Baby Station and no medication for treatment is to be ordered.
8. Mothers should be advised that only those who cannot afford to go to a private physician may attend the Baby Station. After the first visit to the station, the nurse shall inquire into the economic and financial status of the family and report her findings to the doctor. The nurse shall make a tentative recommendation, but the final decision must be made, in each instance, by the physician in charge.

These standards were extensively discussed by Drs. Nichols, Alexander, Rogers, Lewis, Pollak, MacMillan, Newcomb, McGuire, Areson, Quigley and Wilkes.

Dr. Ulmer moved that copies of the Stand-

ards be sent to each county Public Health Committee and to each member of the Welfare Committee for further study. This motion was seconded and carried.

PUBLIC RELATIONS

Dr. Read, in his opening address, proposed the establishment of a Sub-Committee on Public Relations, saying:

"Public Relations is one of the specified duties of the Welfare Committee specified in the By-Laws of the State Society (Chapter VIII, Section 10). At this time especially, when the medical profession is being attacked on a broad front, we need an alert committee on this phase of our work. Of necessity, it will be required to work closely with the other sub-committees in serving as a *contact and publicity bureau* for the Medical Society. If you of the Welfare Committee approve of and wish this committee appointed, it will be done at once."

Dr. Haggerty moved that the Chairman be authorized to appoint a Sub-Committee to the Welfare Committee, to consist of six members, to be known as the *Sub-Committee on Public Relations*. This was seconded by Dr. Van Ness, and carried.

Chairman Read announced that the personnel of this committee would be:

Dr. Ward Scanlan, Atlantic City, Chairman,
Dr. Watson B. Morris, Springfield,
Dr. S. Emlin Stokes, Moorestown,
Dr. F. M. Hoffman, New Brunswick,
Dr. Wright MacMillan, Passaic.

The duties of this sub-committee are those generally defined for a publicity and contact bureau for the existing committees.

KEY MEN

It was moved, seconded and carried that the President be requested to appoint "key men" on Public Relations in each county.

SPEAKERS' BUREAU

Chairman Read, in his opening address, suggested the necessity of informing County Societies of the action of the Welfare Committee in regard to Public Relations, and advocated the formation of a Speakers' Bureau, saying:

"To further our Public Relations, it has been suggested that the Welfare Committee urge each County Society to:

"Devote one meeting a year to Medical Economics alone; and

"Have at least a ten-minute presentation of the same subject at each regular meeting.

"I would like to have your formal approval of this suggestion, if you approve, in the form of a resolution or memorial sent by the Wel-

fare Committee requesting each Society to do so, and offering it speakers to be assigned from a *Speakers' Bureau* to be set up by the Public Relations Committee after careful investigation."

It was the consensus of opinion of the members that the work of the Speakers' Bureau is an integral part of the activity of the Public Relations Committee.

JOURNAL PUBLICITY

Dr. Read also made the following suggestion regarding Public Health publicity in The Journal:

"A suggestion, coming from Dr. Nichols, relates to publicity for our members, and proposes that each Welfare Sub-Committee Chairman (legislative, public relations, medical practice, and public health) have a page in each issue of The Journal. The four pages will be set up to attract attention readily with the heading 'Preserve Medical Practice', or some other pertinent slogan. The contents of these pages would be fixed as the personal responsibility of the sub-committee chairman, and be aimed to impress upon each physician the salient points in the program of each committee."

No formal action was taken on this suggestion, it being assumed that the pages of The Journal will be open for publicity by any department of the State Society.

WORKMEN'S COMPENSATION

Dr. Kraker, Chairman of the Sub-Committee on Workmen's Compensation, gave a report on the progress which had been made in conferences with the representatives of the State Department of Labor in regard to new legislation, especially on the adjudication of disputed medical claims.

It was moved, seconded and carried that an advisory committee, composed of specialists, be appointed to give an opinion on the compensability for pneumoconiosis and silicosis to the committee to aid it in drawing up a legislative bill to cover the subject.

UNIFORM MEDICAL PRACTICE ACT

Dr. Samuel Alexander, Chairman of the Sub-Committee on a Uniform Medical Practice Act, reported that a new Uniform Medical Practice Act, and also amendments to the present act, had been drawn up, and copies sent to each member of the Welfare Committee. The two drafts are practically the same, except that the amendment does not contain the provisions of the Doctors' Title Bill, which the new bill does contain. Dr. Alexander requested the members of the Welfare Committee to

study the bills and send their suggestions to himself, or to Dr. Wilkes.

Chairman Read announced that, in conformity to the action of the Welfare Committee at its meeting on October 20, 1935 (Journal, November, p. 658), he had appointed a special committee to re-study the proposed bills and to make recommendations regarding them. The personnel of the new committee includes members of the Board of Medical Examiners and of the Board of Trustees, its list of members being:

S. Alexander, Park Ridge, Chairman,
C. B. Kelley, Jersey City,
H. H. Satchwell, Irvington,
J. J. McGuire, Trenton,
G. F. Dandois, Wildwood,
W. P. Eagleton, Newark,
F. J. Quigley, Union City,
S. E. Stokes, Moorestown.

LEGISLATION

Dr. Pollak, Chairman of the Sub-Committee on Legislation, reported that the committee is working on legislative plans for the Winter.

PUBLIC HEALTH SURVEY OF CHRONIC DISEASES

Dr. Wilkes, Executive Officer, reported on his conferences with Dr. Spencer, of the United State Public Health Service, who is in charge of the Federal survey of chronic diseases, regarding that part of the plan which involves the legality of a family doctor disclosing information regarding the condition of any patient who is visited by an investigator.

It was moved, seconded and carried that the U. S. P. H. S. be informed that the Welfare Committee has considered the question of the doctor's disclosing confidential information, and has referred it to the American Medical Association for its consideration and its recommendation.

THE NEW JERSEY SOCIAL SECURITY COMMISSION

Dr. Newcomb reported on a conference with the New Jersey Social Security Commission, held on December 4, 1935, at which the following representatives of The Medical Society of New Jersey were present: Dr. Newcomb, who is Chairman of the Commission's Sub-Committee on Health, and Drs. Lewis, Snedecor, Nichols, Read, and Wilkes. The sub-committee is now working on a tentative report which carries the suggestion that provision be made to conduct medical and allied services on a reasonable financial basis.

Dr. Lewis stated that the Federal Act falls into two divisions:

1. Classification and provision for certain types of indigents.

2. Security for the future of the working people, including old age pension and unemployment insurance.

Dr. Lewis said that the State may exercise a choice as to what features of the Federal Act it may adopt.

NEW JERSEY CONFERENCE ON SOCIAL WORK

Dr. Wilkes reported on the New Jersey Conference on Social Work held in Asbury Park on December 5, 6 and 7, 1935, stating that the discussions revealed the growth of an attitude of coöperation by the social workers with the medical profession (see page 41).

THE COPELAND PURE FOOD AND DRUGS BILL

Dr. Norman Burritt gave a brief review of the efforts of The Medical Society of New Jersey to have a Congressional investigation of the administration of the present Pure Food and Drugs Act. He moved that the Chairman of the Welfare Committee appoint two members of the Welfare Committee to meet with two members of the Board of Trustees in order to inform the New Jersey Senators and Representatives in Congress of the attitude of the medical profession of the State in regard to the Congressional investigation (p. 38).

QUESTIONNAIRE OF THE AMERICAN FOUNDATION STUDIES IN GOVERNMENT

The Welfare Committee discussed the questionnaire sent by the American Foundation Studies in Government to a selected list of about one thousand physicians of New Jersey. The Committee authorized the preparation of a circular letter to be sent to all the members of the State Society, requesting that they do not reply to the questionnaire. The whole correspondence is printed on page 35 of this Journal.

SUB-COMMITTEE ON MEDICAL PRACTICE

Dr. Thomas K. Lewis, Chairman of the Sub-Committee on Medical Practice, gave the following report:—

"During the two previous years of the existence of this Committee its activities have been confined to the study of definite subjects at the request of the President of the State Medical Society. For the present year, with no specified activities outlined, the Sub-Committee on Medical Practice will endeavor to undertake:—

"(1) The study of a number of problems of utmost importance to the profession.

"(2) A campaign of publicity to the profession

of the State on matters pertaining to Medical Economics.

"Under the first heading the following matters will be considered:—

Hospital Relationship.

Hospitalization Insurance with its relationship to anesthesia, and x-ray, and laboratory service.

Contract Practice.

Contract and understanding with labor organizations with regard to compulsory health insurance and the plans of the profession for providing medical care for the low wage earner.

Study, on a community basis, of plans for the care of the indigent in the future.

"The publicity campaign proposed will consist of two phases.

1. A page on economic matters in the State Journal.
2. Periodic bulletins to key men or economic committees of the various county societies.

"For the successful accomplishment of these projects it will be necessary to enlarge the present Sub-Committee by the addition of a key man for each county, these key men to constitute an advisory committee to the present Sub-Committee."

"I therefore move you, Mr. Chairman, that the President of the State Medical Society be requested

to appoint a key medical economics man from each County Medical Society; that these key men be requested to serve as members of an Advisory Committee to the State Sub-Committee on Medical Practice; and each key man be the Chairman of his County Medical Practice Committee where such a committee exists; or if no committee exists, the appointment be left to the President of the State Society."

This motion was seconded by Dr. Morrison, and carried.

W. P. A. WORKERS FOR COUNTY SOCIETIES

Dr. Wilkes, Executive Officer, described the conferences with the Works Progress Administration, with the object of securing workers who should act as stenographers and clerks for the Secretaries and other officers of the County Medical Societies, in order that the local organizations might function with an efficiency comparable to that of the State Society. At one time it seemed that agreements would be reached, but since the final proposition involved a guarantee of several thousand dollars by the State or local societies, and a strict supervision of the workers by the W. P. A., the project was abandoned.

THE COMMITTEE ON MATERNAL WELFARE

The semi-annual meeting of the Maternal Welfare Commission of New Jersey met on the afternoon of December 19, 1935, in the Essex House, Newark, with the Chairman, Dr. Arthur W. Bingham, East Orange, presiding. Dr. Bingham explained that the State committees are being formed under the auspices of the American committee, and that the objective is to form welfare commissions in every county. The conference was composed of members of the County Commissions. New Jersey was the first state to organize in this way.

MONTHLY ARTICLE

Dr. Bingham said that the State Committee has planned to write a brief article on some phase of maternal welfare each month, to be published in *The Journal*; and that the first article will appear in the January issue (p. 29).

STANDARDS

Dr. Bingham referred to the desirability that standards be drawn up regarding maternity homes.

He also referred to a set of recommendations sent to Atlantic and other counties for general

standards for public hospitals, dealing with the following points:

1. An organization be formed to promote better obstetrics in the public hospitals.
2. Better equipment in the hospitals.
3. Obstetrical work to be supervised by competent consultants.
4. Conferences on obstetrics to be held in the hospitals.
5. The cause of death to be determined in every fatal case.

Dr. Bingham referred to the classification of maternal deaths under three heads:

1. Purely obstetrical causes.
2. Medical causes, such as heart and kidney conditions.
3. Abortions.

STATE AID

Dr. Julius Levy, Consultant in Child Hygiene, outlined a project under which \$65,000 of public money might be available to promote better obstetrics along the following lines:

1. Ten physicians to be appointed to do field work in the several counties in order to instruct physicians in the procedures and facilities for giving standard obstetrical service.

2. Provide courses of instruction in each county.

3. Making available a limited fee for consultant for patients of low incomes.

4. Establishment of prenatal clinics for teaching purposes, the attendants to be paid a small fee.

5. Provide for nursing service during labor for patients of low incomes.

Dr. W. B. Mount moved, and it was carried, that a committee be appointed to assist Dr. Levy in the promotion of his plan.

Dr. Wilkes said that better obstetrics, like practice in other lines, involved two distinct procedures:

1. Professional instruction.

2. Business methods applied to securing and delivering better service, involving a system of instructing physicians, the nurses and the people.

Reports from the counties were given as follows:

ATLANTIC

Dr. C. J. Brown reported that a maternity survey had been started in Atlantic County. Some physicians objected to calling consultants, fearing it would be a reflection on their own skill; but the younger men welcomed the suggestion.

BERGEN

Dr. L. Burnham said that a report of the Bergen County Commission had been printed in *The Journal* of May, 1935, page 324. Three-quarters of the deliveries in the county were at the three general hospitals of the county and one-quarter in the homes of the mothers. He said that there had been 2258 deliveries in the county during the past year with eleven

deaths, in three of which the conditions might have been detected before labor.

Dr. Burnham suggested many improvements which could be instituted with benefit to the profession as well as the mothers.

BURLINGTON

Dr. F. D. Fahrenbruch reported that there had been 335 deliveries in Burlington County during the past year with two deaths, both from medical causes. Several therapeutic abortions had been done, and in each of which three consultants, including an internist, had agreed upon the procedure.

CAMDEN

Dr. A. B. Davis reviewed the figures for Camden County—2800 births with sixteen deaths, including three abortions self-inflicted.

CUMBERLAND

Dr. Mary Bacon, reporting for Cumberland County, stated that one of their problems was that of self-induced abortions. Lectures on prenatal care had been given.

ESSEX

Dr. W. B. Mount briefly reviewed conditions in Essex County. There are 704 obstetrical beds in the thirty-five hospitals of the county. A course of six lectures had been given under the auspices of the State Society.

Physicians from other counties gave confidential information regarding conditions in their counties, indicating that much work must be done quietly before standard obstetrical services will be utilized universally. The conference was enlightening regarding conditions which required the united efforts of the entire body of physicians.

QUESTIONNAIRE ON MEDICAL ECONOMICS

A letter of inquiry regarding medical economics was sent by the American Foundation Studies in Government, 565 Fifth Avenue, New York, to a chosen list of New Jersey physicians during the fortnight which included December first. It asked the doctor addressed to give his *individual* opinion and judgment regarding the trends and changes in medical practice in response to the newer system of thought regarding governmental functions. The letter was given serious consideration at a meeting of the Welfare Committee held on Sunday, December 8, 1935, in the Executive Offices of the State Society; and the Sub-Committee on

Medical Practice, of which Dr. T. K. Lewis, Camden, is Chairman, was authorized to prepare an answer which should be based on three years of intensive study by members of the committee (p. 33).

The Welfare Committee further authorized the Executive Officer to mail to every member of the Society a copy of the reply, signed by the President of the Society. It also requested that each member who receives a letter of inquiry involving special knowledge of medical economics, or a statement of the general policy of the medical profession, shall refer it to the Executive Offices of The Medical Society of

New Jersey for answering, in order that the reply shall have the weight of extensive study and thoughtful experience.

An outline of the correspondence is printed for the information of all members of The Medical Society of New Jersey.

1. LETTER OF INQUIRY FROM THE FOUNDATION, DATED DECEMBER 4, 1935

The letter of the American Foundation Studies in Government was written on stationery containing the names of the fifteen persons, presumably directors, including the following:

Hugh L. Cooper, Consulting Engineer for Soviet Russia
Thomas W. Lamont, of J. P. Morgan & Co.
Roscoe Pound, Dean of Harvard School of Law
Elihu Root, former Secretary of State
William Scarlett, Protestant Episcopal Bishop Coadjutor of Missouri
Truman G. Schnabel, M.D., University of Pennsylvania, Associate Professor of Medicine.

The list of fifteen includes two persons who are evidently employees:

Esther Everett Lape, "Member in Charge", who signed the letter.
Elizabeth F. Read, Director of Research.

The letter of Miss Lape, quoted literally but in condensed form, is as follows:

"* * * We are familiar with many * * * studies of the organization of medical care. While interesting facts have been turned up by some of these surveys, * * * perhaps more heat than light may have been developed, * * * and the essential factors are still in need of impartial presentation. * * * The first step is to summarize the views of experienced men in the medical profession. In asking your cooperation we are aware that * * * you have probably been more concerned with the exacting problems of medical science than with social theories * * *. We know also that thirty-five years of medical practice in a community must have resulted in certain impressions, if not conclusions, and we think a crystallization of the experience of qualified medical men of the country is the most likely source of illumination in any fair attempt to clarify a question that has become unprofitably controversial.

"Will you help us now by giving us your views informally, with our assurance that no public use will be made of them?

"We are not presenting to you any formal inquiries or any 'questionnaire', since we somewhat distrust the usefulness of such a method. What we should really like to have is your

free expression as to whether your years of experience have led you to feel that any essential change in the present organization of medical service is needed."

The next section of the letter consists of a very definite questionnaire containing eight points on which doctors are requested to express their opinions. The section is here reprinted word for word as it appears in Miss Lape's letter, except that it is paragraphed and the paragraphs are numbered for ease of reading and reference:

1. "If you do think some essential change is needed, in what direction do you think it should be:

2. "In any form of insurance, voluntary or compulsory?

3. "In the greater participation by the State in the provision of medical service to the people?

4. "In government subsidies without government administration?

5. "In the extension of public health services,—and which of them—Federal, State, local, or all of these?

6. "In an extension of community hospitalization, group clinics, public health nursing?

7. "In a more direct relation between medical science as represented by the leading physicians of the country and public health administrators?

8. "If you consider it desirable or imperative that the medical profession through the medical societies should control standards, public health appointments, etc., how do you think that this end could best be achieved?

"If we can collect and summarize the experience and thought of medical leaders throughout the country on questions like these, the result should clarify the situation * * *. The names of our Governing Committee will, I hope, reassure you as to our method, our ability to respect confidence, and as to the general character of our activities. * * * Our study of public health is part of a comprehensive study of the functions of government in various fields. Our general objective is to investigate the degree to which government may wisely serve its citizens within the limits of the parliamentary system.

"Our governing assumption is presumably

your own, * * * the maintenance of the highest quality in medical care. * * * In the interest of preserving this principle there is obvious need for crystallizing the competent medical judgment of the country and bringing it to

bear upon public thinking at the present time. This letter and any reply you may make are directed toward this end."

This letter was signed by Esther Everett Lape.

2. REPLY OF THE COMMITTEE ON MEDICAL PRACTICE

The letter of the Committee on Medical Practice contained the answers to the eight questions asked or implied by the Foundation. These answers were as follows:

1. QUALITY OF MEDICAL SERVICE

"The American people are now receiving an exceptionally high grade of medical service, one that is vastly superior to that available to the masses in any other country. It is the constant endeavor of the profession to improve the quality and distribution of its services; and in our opinion, medical service in ordinary illness and accident requires very little readjustment. In catastrophic illness or injury, a huge block of low wage earners have been unable to meet the costs involved.

"We would stress the fact that there has been no shortage in the medical professional services available, and that these services have in large part been rendered as a free contribution by the members of the medical profession. However, the contribution of free medical services to that group of persons who pay their own costs for every *other* necessity of life, has been proven to be an unwholesome training and tends to undermine self-reliance."

2. INSURANCE

"Voluntary insurance to provide benefits in illness or accident is sound in principle. So-called health insurance is a misnomer and is neither feasible, economic nor in the best interests of satisfactory medical service. The term has been repeatedly used to political advantage."

3. GOVERNMENTAL PARTICIPATION

"Wider participation by the State in the provision of medical service is not desirable. In fact, curtailment of many governmental services is indicated. The free use of army and navy hospitals by ex-servicemen who are well able to finance themselves is unfair to private physicians and is an unwarranted use of public funds."

4. SUBSIDIES

"Governmental subsidies to aid in the maintenance of hospitals, where such grants are not associated with political interference, would be

of great value in correcting many of our present difficulties. The dire need for additional funds has been largely instrumental in causing hospitals to enter the corporate practice of medicine in direct competition with the private doctor. In view of the fact that hospitals are largely supported by donations and public funds, this competition is most unfair to the private physician who must, unsupported, supply all of his own equipment."

5 & 7. PUBLIC HEALTH SERVICES

"Public Health Service, as a service, should be re-defined and restricted to its proper field, namely the study and correction of those factors in the community which militate against the health of the inhabitants of that community. Greater coöperation with the private doctor toward a common end should be encouraged, as in the 'Public Health Hour' now operating in New Jersey."

6. HOSPITALIZATION AND PUBLIC HEALTH NURSING

"Community hospitalization and group clinics should exist according to the needs of the community and should be supported more generously by the community. At the present time the whole burden of professional service is a frank 100 per cent donation on the part of the profession. Facilities for such free service, at least, should be borne by the community, and eventually, some compensation should accrue to the physicians who give their services.

"Public health nursing should be limited to its legitimate field. Where it has been developed upon too large a scale, there has been noted a tendency for the nurse to assume the prerogatives belonging to graduate doctors of medicine."

8. CONTROL OF STANDARDS

"In its handling of medical Emergency Relief, the organized profession in New Jersey has demonstrated its willingness and ability to control its own recalcitrant members; it has administered its functions without cost to the government; it has produced a type of service for the indigents vastly superior to that which ever existed under the old 'poor doctor' type of service; and it has produced this service at a

cost far below the per capita estimated cost of the strongest proponents of state medicine.

"Approval, at least, by organized medicine of the appointees to state and municipal medical positions would insure a better grade of officials. Too often the present holders of such positions do not possess the professional qualifications that would be demanded by organized medicine."

3. LETTER OF PRESIDENT NEWCOMB TO MEMBERS

The following letter has been sent to each member of The Medical Society of New Jersey:

December 9, 1935.

Dear Doctor:

A letter from the American Foundation Studies in Government, 565 Fifth Avenue, New York City, has been received within the last few days by many of the members of the Medical Society of New Jersey. *Individual* opinions and suggestions are requested in the letter as to possible changes in the present methods of providing medical service to the public.

After careful consideration by our Welfare Committee, the decision was *unanimously* reached that a reply to these letters should be made in the name of The Medical Society of New Jersey, to indicate our *unity of professional opinion and action*.

THE WASHINGTON, D. C., PLAN

The letter of the Committee on Medical Care closes with the following paragraph:

"As a practical working demonstration of how all these activities can be coördinated and effectively administered by the organized medical profession, we would point to the Washington, D. C., Plan."

The Welfare Committee asked Dr. Lewis' Sub-Committee on Medical Practice (who have been intensively studying this subject for over two years) to draft our reply. The Executive Officer has been instructed to send this reply, signed by President Newcomb.

The Welfare Committee urges each member of The Medical Society of New Jersey who receives *such* letters of inquiry at any time, not to answer *individually* regarding the future practice of medicine, but to refer such inquiries to the Executive Office in Trenton so that the *Society* may consider these inquiries and present to the public, in a well-considered reply drafted by our Welfare Committee and approved by our Officers, the *united opinion* of the medical profession in New Jersey.

MARCUS W. NEWCOMB, M.D.,

President.

CONTACTS WITH FEDERAL LEGISLATORS

A committee composed of Trustees and members of the Welfare Committee of The Medical Society of New Jersey, met for the purpose of planning the "contacts" which should come under the newly-formed Sub-Committee on Public Relations, and decided that a contact of major importance would be that with the United States Senators and members of the House of Representatives from

New Jersey, while they were home during the Holidays. The three subjects to be discussed were health insurance legislation, the Social Security Bill, and the Copeland Bill amending the Food and Drugs Act (pages 2 and 33).

The following memoranda were drawn up to be submitted to each legislator by a small Committee composed principally of his medical friends:—

1. FACTS CONCERNING HEALTH INSURANCE

1. It lowers the quality of medical service.
2. It makes political, rather than professional, qualifications as bases of selection of "panel" physicians.
3. Widespread distribution of mediocre medical service is *not* the goal to seek.
4. Preventive measures abroad are less developed and applied—especially *re*: Diphtheria, in spite of the promise of "Health Insurance".
5. European "State Medicine" systems have pro-

duced the following—(in spite of "better medical service")

- a. Increased malingering (22 per cent) among patients.
- b. Lower morale, and moral disintegration among physicians.
- c. Lowered quality of medical practice due to haste and lack of interest.
- d. A medical service which applies only to *workers*—the healthiest group—does not

provide for either extreme of age (infancy or old age) where the greatest mortality and morbidity occur.

6. The financial wealth of the relatively few "rich" physicians in the U. S. A. has *not* come from medical practice, but through marriage, investments, or other sources.

7. Organization and supervision costs have increased; and this, together with increased hospitalization, and pay of physicians who have not been sufficiently successful in private practice to attract sufficient prestige and patients through

their knowledge and ability, offset the "lower fees" allowed per visit.

8. Malingering has increased 22 per cent in Great Britain under the Panel System and this adds one fifth to the total cost.

9. European Government Medical Service Systems are neither affective, economical, nor especially agreeable to the public since they were introduced as a political expediency in Germany and Great Britain on the fallacy of "Health Insurance" in spite of the fact that it is simply a limited government sickness benefit.

2. SOCIAL SECURITY

The Social Security Bill makes very inadequate provision for medical services to the unemployed, the blind, the crippled, and the old age groups. This omission appears to be a deliberate attempt to force "State Medicine" on the profession, at the dictation and price of lay groups or political parties. The supposed beneficiaries of this act must continue to beg medical service, for they cannot pay for medical service out of any benefits provided in the act.

Already visitors from the Children's Bureau have attempted to dictate a program of Child Hygiene and Maternal Care which is opposed to the present program and plans developed in New Jersey by The Medical Society and the State Health Department, which already have enlisted the interest and coöperation of our leading New Jersey Health Administrators and physicians.

We know New Jersey's health hazards and health needs. The Federal Bureaus can only furnish additional funds and suggestions. We do not want a Division of Public Health Nursing in our

State Health Department because this service is organized on the basis of function and not on personnel.

To the function assigned to each division, the doctors, nurses, and other personnel contribute under the direction of a trained director who must have the entire direction and control of the persons he employs; and he cannot share this responsibility or control with another in a personnel division.

We in New Jersey can ourselves select competent people who are acquainted with our problems and resources, our sources of difficulty, and who have won sufficient legitimate personal influence to carry on their work with success.

We will coöperate in those things which we approve and want, but will not be dictated to in health matters of purely local concern, as to plans and procedure, unless we first agree as to aims and objectives, scope and plan, cost, and criteria of judging the results to be obtained.

3. THE COPELAND FOOD AND DRUG BILL, S. 5

ENFORCEMENT OF THE LAW

The most glaring defect in the Copeland Bill is the permission given to the prosecuting officer that he need not press prosecutions if "he believes that the purposes of the Act can best be accomplished by a suitable written notice or warning".

The officer need not give any reason for his belief; he can simply lay down on his job, and nothing can be done about it.

This provision should be stricken out and prosecution be made mandatory.

ENFORCE THE WILEY ACT

The physicians of New Jersey believe:

1. The present Wiley Act is efficient and sufficient if it is enforced.

2. The Wiley Act is far better than the Copeland Bill.

The physicians therefore urge that the Copeland Bill be defeated.

The physicians offer their services and advice to the New Jersey representatives to aid them in their judgments regarding the Food and Drugs legislation.

The Copeland Bill, S. 5, is the principal one of nine bills before Congress to regulate the manufacture and sale of "foods, drugs, devices and cosmetics". It is an amendment to the Food and Drug Act of 1906, commonly known as the Wiley Act. It has passed the Senate and has been the subject of hearings before the House of Representatives' Sub-Committee of the Committee on Inter-State and Foreign Commerce.

Doctors are especially interested in the provisions regarding drugs and devices for therapeutic use.

The Journal of the American Medical Association of December 21st, 1935, page 2055, analyzes the objectionable features of the Copeland Bill in a six-page article, from which the following information is abstracted:

STANDARDS

Standards of foods and drugs include three features:

1. Potency, purity, and wholesomeness.

2. Protection from fraud, even if the article is harmless.

3. Frankness and truthfulness in labeling and advertising.

For drugs, the standards are those of:

1. The United States Pharmaceutical Convention.
2. The American Institute of Homeopathy.
3. The American Pharmaceutical Association.

These three societies are reliable and of high class, but there are two weaknesses in the law.

1. Whatever these societies do in the future becomes the law of the land. Provision should be made for notice of hearings on proposed charges.

2. Many articles coming under the Food and Drug Act are not in the publications of either of the three bodies.

For foods, the Secretary of Agriculture is authorized to set up standards.

DRUGS AND DEVICES, SEC. 201

The Copeland Bill, Section 201 (b), has a curious provision reading:

"(b) The term 'drug' for the purposes of this Act, and 'not for the regulation of the legalized practice of the healing art, includes, etc.'

"(c) The term 'device' reads similarly."

The effect of this phrase would be to hinder the prosecution of a chiropractor who used anything else than his hands. The prosecutor would be enjoined from showing that what the healer used was a drug or device *under the law*. The healer might claim that a drug was merely incidental to the use of his hands

This phrase of the law should be eliminated.

MISBRANDING

Misbranding (Sec. 402) and false advertising (Sec. 601) are defined in words substantially as follows:

"A drug or device, or an advertisement of it shall be deemed to be false if its labelling is false or misleading in any particular."

But there is also added the statement:

"Any representation concerning the *effect* of a drug or device shall be deemed false under this paragraph if such representation is not supported by demonstrable scientific *facts*, or substantial and reliable medical or scientific *opinions*."

Note the balance of *facts* against *opinions*.

Now as to what is medical opinion?

The courts and the Senate Committee on Commerce recognized any *opinion* as medical if it was held by any licensed practitioner, even if he be a chiropractor, or a foot doctor, or a midwife.

In contrast with the extreme broadness of what is a *medical* opinion is the fact that the decisions recognize as *scientific* opinions only those of pharmacologists, physiologists, and toxicologists. The legal and administrative authorities do not recognize chemists or bacteriologists.

This is an example of complexity and obscurity which is both needless and harmful.

INERTNESS OR HARMFULNESS

Section 402 reads:

"A drug or device shall be deemed to be misbranded * * *

"(b) if it is dangerous to health under the conditions of use prescribed on the labelling or advertising thereof."

Any vendor can compose his label or advertisement to cover this point.

There is the additional feature that a drug in itself harmless may be dangerous if the advertisement conveys the impression that it is "good for" a cough and thereby leads a patient with tuberculosis to take it to the exclusion of other measures until his disease is too advanced to be cured; or it may lead a woman with cancer to rub on a salve advertised as good for lumps in the breast until she is in an inoperable stage of cancer.

This provision of the law is positively dangerous to health.

The key men and officials of the County Medical Societies entered heartily into the plan of making personal calls on the two Senators and twelve Representatives; and the legislators were deeply appreciative of the courtesy

and ideals of the physicians. Every legislator was seen, excepting two who were spending their vacations on a summer trip; and to each of these the committee sent a copy of the memoranda with a friendly letter.

DECEASED PHYSICIANS OF NEW JERSEY

Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Alvin T. Lippard	46	Nov. 14, 1935	General Hospital, Irvington	622 Stuyvesant Av., Irvington	Ruptured appendix. Lobar pneumonia.
Joseph F. Ackerman	65	Nov. 1, 1935	404 Asbury Av., Asbury Park	Same	Cerebral thrombosis. Cerebral sclerosis.
Alice H. Ward	70	Nov. 15, 1935	Community Hosp., Montclair	15 Spruce St., Bloomfield	Cerebral hemorrhage. Coronary embolus.
Philip H. Federman	56	Nov. 26, 1935	220 Fairmount Av., Newark	Same	Coronary occlusion.
Carl Weiland	75	Nov. 15, 1935	113 Myrtle Rd., Wildwood Crest	Same	Gunshot wound, Suicide.

NEW JERSEY CONFERENCE OF SOCIAL WORK

For the third time The Medical Society of New Jersey participated in the New Jersey Conference of Social Work, whose annual meeting was held on December 5, 6 and 7, 1935, in the Hotel Berkeley Carteret in Asbury Park. The Medical Society was directly represented by Dr. LeRoy A. Wilkes, Executive Officer, and Dr. Frank Overton, Editor.

The State Department of Health was represented by Dr. J. Lynn Mahaffey, Director, and Dr. Julius Levy, Chief of the Bureau of Child Hygiene and a member of the Program Committee of the Conference.

The New Jersey State Department of Institutions and Agencies naturally had a special interest in all phases of social work and was represented by Dr. William J. Ellis, Commissioner, and by Dr. Ellen C. Potter, Director of Medical Services of the Department and President of the Conference.

There was also a representation of associated groups, notably the New Jersey Council of Churches, the Episcopal Social Workers, the Association of Homes for the Aged of New Jersey, and the Probation Association of New Jersey.

The attendance of about 1000 individuals was evidence of the great interest in all phases of welfare work throughout the State. The Conference was eminently successful in promoting friendly contacts and acquaintanceships which lead to mutual understandings.

The general plan of the Conference was that which had been found successful in previous years, as reported in *The Journal* of January, 1935, p. 35. There was a large evening meeting on Thursday and Friday, and on the mornings of Friday and Saturday, with discussion groups three times on Friday. In addition, the special groups also held meetings.

The general theme of the Conference was "Political Action and Human Welfare". It suggested "Treatment", and was the natural

sequence of the topic of last year—Social Security—which was diagnostic.

The general tenor of the discussions last year was one of confidence and sureness, as was only natural, for defects and diseases in the social structure are plainly evident to every citizen.

The course of thought this year was one of thoughtfulness and of hesitancy between the conflicting prescriptions of large doses of governmental compulsion, on the one hand, and on the other, the formation of habits of action which will enable the community to correct and outgrow its defects spontaneously.

DISCUSSION GROUPS

The most practical feature of the Conference was its twenty-three "Discussion Groups", which were organized on the following plan:

1. The leaders were chosen last Spring; and during the year they were assembled in several sessions for training by Dr. J. S. Plant, of Newark.

2. Each leader was assigned to a particular room where three sessions, each of an hour and a half, were held on Friday.

3. Each class was limited to thirty members and admission was by ticket only. There were 690 tickets available, and every one was issued.

4. A secretary was assigned to each group for the purpose of taking notes on the presentation and discussion of the general topic of the Conference.

5. The reports of the secretaries of the sections were collected by Dr. Eduard C. Lindeman, and the summary was read on Friday noon.

The good effects of the careful preparation for the conferences and the training of the leaders were plainly evident in the close attention and the constant note-taking by the participants.

CONFERENCE OF ALLIED MEDICAL PROFESSIONS

The annual meeting of the Conference of Allied Medical Professions was held Wednesday, December 11th, 1935, in the offices of The Medical Society of New Jersey, at 137 East State Street, Trenton, New Jersey, at 2:30 p. m., with Dr. R. P. Fischelis presiding.

Those present were:

From The Medical Society, Drs. Haggerty, Lewis, Pollak and Wilkes.

From the Dental Society, Drs. Owens and Pruden.

From the Pharmaceutical Society, Dr. Fischelis and Mr. Loveland.

From the Nursing Association, Misses Ashmun, Watson, and Granger.

FINANCES

On motion of Dr. Owens, seconded by Dr. Pollak, it was decided that each component group of the Conference be requested to forward an assessment of twenty-five dollars to the Treasurer.

RELATION TO THE SOCIAL SECURITY COMMISSION

Dr. Lewis suggested that this Conference should make some communication to the Social Security Commission along general lines, which will be applicable to all four of the component societies, including especially the following points:

1. The services of the Allied Medical Professions should be taken into consideration in the carrying out of all these programs.

2. In so far as possible, the agencies already in existence should be used in carrying out the activities of the Social Security Commission.

3. There should be partial remuneration of the professions in their participation in this work, except that the nurses should get full pay because they are on full time, while doctors, dentists and pharmacists are not. The individual who is giving full time should get full compensation.

Dr. Lewis moved that the following statement of principles be submitted to the Social Security Commission; and his motion was adopted:

1. *Consultation:* In the formulation of plans for the care of the various types of indigents provided for under the Social Security Act, representatives of the Allied Medical Professions (Dental, Medical, Pharmaceutical, and Nursing) when involved, should be called

into consultation by the Social Security Commission.

2. *Participation:* In the formulation of plans for the care of the various types of indigents called for under the Social Security Act, provision should be made for the widest participation by the various professional organizations (Dental, Medical, Pharmaceutical, and Nursing) in the management and administration of such specialized services.

3. *Utilization:* In so far as possible in the development of the Social Security Program, existing agencies shall be fully utilized.

4. *Compensation:* Services provided by private practitioners of the medical professions (Dental, Medical, Pharmaceutical, and Nursing) under the Social Security Plan shall be compensated on a modified basis by mutual agreement of the respective organizations.

LICENSING BOARDS

It was regularly moved and seconded that the Conference reiterate its stand with respect to maintaining the independent status of the professional licensing and examining boards; and that the officers be authorized to state the position of the Conference on this subject when the occasion arises.

ELECTION OF OFFICERS

The following officers were chosen for the year 1936:

Chairman, Dr. John S. Owens, D.D.S.,
109 W. Fifth Street, Camden.

Vice-Chairman, Miss Grace Watson, R.N.,
114 Clifton Place, Jersey City.

Secretary-Treasurer, Dr. Stanley H. Nichols, Asbury Park.

NOTICES OF THE A. M. A. CONFERENCE OF SECRETARIES AND EDITORS

The Annual Conference of the Secretaries and Editors of the several State Medical Societies was conducted in Chicago on November 15 and 16, 1935; and was one of the most interesting and informative that has been held. The expenses of the participants were paid by the A. M. A., and the results have fully justified the outlay. However, if one searches the medical journals, one finds very little response from the representatives who were present. The Journal of the American Medical Association itself has made no mention of the Conference; but the journals of six out of the thirty State Medical Societies described it in a total of seventy-five inches, varying from ten

lines to four columns. This seems a meager recognition of the hospitality of the A. M. A.

1. FROM NEW JERSEY

The December issue of *The Journal of The Medical Society of New Jersey* carried a half-page editorial on the Conference, and a two-page appreciation of the various features of the Conference, emphasizing the peculiar value of the informal evening supper, when intimate problems of the editors were discussed.

2. FROM COLORADO

The December issue of *Colorado Medicine* in an editorial on the Conference, says:

"This annual event sponsored by the American Medical Association is considered vital to the unity of organized medicine; and developments in the field of medical service during the past few years have more than ever established the importance of this conference. The secretaries and editors occupy key positions for moulding thought and coördinating activities in organized medicine and its service to the people. Surely this splendidly attended gathering affords the greatest means of 'understanding each other'.

"The Rocky Mountain States, particularly Colorado, Wyoming, and New Mexico, are comparatively free from any of the ills which have so seriously beset the profession in other sections. Probably due to the extent of our sparsely settled areas and the absence of large metropolitan concentrations of population, our medical relief problems have been actually minor.

"It is impossible to overemphasize the utter necessity of a vigorous program in Public Health Education. All our time and effort in this field cannot be spent among ourselves. The lawmakers, the Congressmen, must know what is right. And they must know that the people whom they represent expect intelligent activity in their behalf! Many a legislator in Washington will admit that a word from the doctor at home—who may have brought his babies into the world—means more to him than all the lingo of highly paid lobbyists."

3. FROM INDIANA

The December issue of the *Journal of the Indiana State Medical Association*, in a ten-line editorial, said:

"At the secretaries'-editors' conference in Chicago, it was suggested that a survey of all medical organizations should be made, to determine their value to the profession and to the public. Organizations that are managed by an individual or a few individuals for their own profit, without particular regard for benefits to anyone, should be exposed and forced to discontinue. We believe that such a survey would be worthwhile and it might be interesting."

4. FROM IOWA

The *Journal of the Iowa State Medical Society* for December devoted nearly two pages to description of the events of the Conference, saying:

"In his discussion of the future developments of medical service, J. G. Crownhart, Secretary of the State Medical Society of Wisconsin, commended the 'Iowa' plan of county contract for the care of the indigent sick, indicating that his own Society had found the plan workable and satisfactory. Appreciating that a most difficult problem exists in attempting to supply the low income group with an adequate medical service at a cost which they can pay, the Wisconsin State Medical Society has devised a *loan plan* to meet this problem.

"A unique *post-graduate* system of education devised and conducted in the Harper Hospital, in Detroit, was discussed by Ralph H. Pino. This program calls for the assignment of a graduate physician to a definite and limited subject determining that all of the clinical material of the hospital and out-patient department bearing upon this subject be brought to his personal attention. The physician, in turn, is expected to review the literature related to his problem, and be prepared to present a full recitation upon any and all phases of his study at a Friday morning conference.

"W. F. Braasch, of Rochester, Minnesota, reported that a special section in Minnesota Medicine, the official publication of the Minnesota State Medical Society, had been created for dissemination of information on medical economics. This section, he indicated, is written by a person trained in journalism and especially informed in the problems related to the economics of medical practice.

"That each state medical journal should *reflect* medical thoughts and decisions rather than attempt to *mold* public opinion was the keynote of a discussion introduced by E. M. Shanklin, Editor of the *Journal of the Indiana State Medical Association*. He apparently arrived at this position as a result of several embarrassing situations resulting from attempts on the part of his *Journal* to mold public opinion in matters of great interest to the physicians of his own state. He advocates a liaison committee on publications between the state and national association."

The closing paragraph of the article reads:

"We hope, by giving this epitomized account of a very valuable meeting to create an active interest in the proceedings of this meeting; to prompt our readers to look forward to a more complete study of the several themes introduced; and to urge a very careful reading of the papers and addresses as they will be published from time to time in the *Bulletin of the American Medical Association*."

5. FROM OKLAHOMA

A brief editorial in the December *Journal of the Oklahoma State Medical Association* says in part:

"The Secretary-Editor attended the meeting of Secretaries and Editors held in Chicago November 15 and 16 and heard numerous subjects of particular interest discussed.

"The contacts with the officers of the American Medical Association were most pleasant, and among other things accomplished was specific arrangements with the President-Elect of the A. M. A., Dr. James Tate Mason, to attend our meeting at Enid; and he will appear on the program the morning of May 6th.

"Among many subjects discussed, the Kansas Plan for Medical Care received both favorable and unfavorable comment."

6. FROM PENNSYLVANIA

The December issue of the Pennsylvania Medical Journal in a three-column editorial says:

"The secretaries and editors are indebted to the officers of the American Medical Association for most courteous hospitality and the arranging of a very attractive program, which was most successfully consummated."

The Editor of Pennsylvania Journal quoted Dr. D. F. Harbridge, Secretary of the Arizona State Medical Association, as saying:

"There are too many medical societies. To secure better alignment, there should be six sectional meetings and an annual session of the A. M. A. With the simplification of the nation's medical organizations the A. M. A. will find itself in closer touch with the field of actual practice."

He quoted Dr. Shanklin, Editor of The

Journal of the Indiana State Medical Association, as saying:

"Dr. Shanklin stressed the coöperation that must exist between the state medical journals and the A. M. A., and the need for all members of the State Society to read its journal to be properly informed of the many activities of organized medicine."

In closing, the Pennsylvania Editor said:

"The crux of the meeting may be summarized as follows: Each member of the medical profession must realize that the many problems discussed at this meeting must be solved by the local County Medical Societies, because the County Medical Society knows best the conditions existing in the community which it serves. Therefore, the American Medical Association cannot outline any plan adaptable to the entire United States.

"The meeting was very satisfactory and afforded much information for the Secretaries of the constituent State Medical Societies and the Editors of the State Medical Journals to relay to the general membership."

FEDERAL HEALTH ACTIVITIES

At the Conference of State Secretaries and Editors held in Chicago on November 15 and 16, 1935, under the auspices of the American Medical Association, attention was called to several points of interest to physicians:

1. Physicians, as well as hospitals, may obtain loans under the Home Owners' Loan Commission, for use in purchasing up-to-date office equipment. These loans may be repaid in small installments, extended over a considerable period of time.

2. A new inter-departmental commission has been set up to coördinate the health and welfare activities of the Federal Government. This commission is composed of Josephine Roche, representing the Treasury Department; Oscar Chaplin, representing the State Department; Mr. Wilson of the Agricultural Department; Mr. A. Allmeyer, representing the Labor Department; and Dr. E. L. Bishop, Secretary of the Tennessee Valley Commission. The activities and recommendations of this commission should be kept before the physicians of our State through notices in The Journal.

3. Under the Works Progress Administration, workers on its payroll are entitled to compensation under the Federal Compensation Act for injuries received in the line of duty. These compensations will be less than those

allowed for regular employees of the government. The scale of allowances has not been made public. No allowance for W. P. A. workers is made for illness or medical services engaged for the treatment of illnesses. All injuries, wherever possible, are to be treated in governmental hospitals, and by governmentally employed doctors.

4. Complaint has been made that narcotic addicts have not been promptly disciplined by State Medical Boards. In some cases physicians who are narcotic addicts and are properly licensed in the State can get any amount of narcotic drugs. The United States Narcotic authorities cannot deny a doctor this power, or can his license be withdrawn except through State License Boards.

If State License Boards do not solve this problem, it is likely that the Federal Government will change its regulations so that it will require a Federal license for the use of narcotic drugs; and it may go on eventually to making all medical practice licenses Federal and issued only by Federal authorities. This has been suggested in case the State Medical License Boards do not properly discipline addicts among their own licentiates.

LEROY A. WILKES,
Executive Officer.

THE AMERICAN COLLEGE OF PHYSICIANS

The Twentieth Annual Session of the American College of Physicians will be held in Detroit with headquarters at the Book-Cadillac Hotel, March 2-6, 1936. Dr. James Alex. Miller, of New York City, is President of the College, and has arranged a program of general scientific sessions of great interest to those engaged in the practice of Internal Medicine and associated specialties.

Dr. Charles G. Jennings, of Detroit, is the General Chairman of the Session, and is in charge of the program of clinics and demonstrations in the hospitals, medical schools and other Detroit institutions.

Dr. James D. Bruce, Vice-President in Charge of University Relations, University of Michigan, is Vice-Chairman of the Committee on Arrangements, and has in charge the pre-

paration of an all-day program to be conducted at the University of Michigan on Wednesday, March 4.

Dr. Walter B. Cannon, Professor of Physiology at Harvard University Medical School, will deliver the annual Convocation Oration on "The Rôle of Emotion in Disease".

Dr. Miller's presidential address will be on "The Changing Order in Medicine".

About fifty eminent authorities will present papers at the general scientific sessions, while clinics and demonstrations will be conducted at the Harper, Receiving, Ford, Grace, Herman Kiefer, and Children's Hospitals, of Detroit.

E. R. Lowland, *Executive Secretary*,
133 S. 36th St., Philadelphia, Pa.

THE SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGERY

A meeting of The Society of Plastic and Reconstructive Surgery will be held on Thursday, January 30, 8:30 p. m., at The Academy of Medicine of Northern New Jersey, 91 Lincoln Park, Newark,

New Jersey. The program includes the presentation of cases. The members of the profession are invited.

JOHN M. WHEELER, *President*.

THE SOCIETY OF SURGEONS OF NEW JERSEY

The twenty-fourth annual meeting of the Society of Surgeons of New Jersey will be held on January 15, 1936, in Jersey City. Clinics will be held in the

afternoon in the Jersey City Hospital, and in the evening there will be a dinner at the Carteret Club.

WALTER B. MOUNT, *Secretary*.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE BIOLOGICALS SINCE JULY 1, 1935

DIPHTHERIA TOXOID

County	To Nov. 30	Month of Dec.	Total to Dec. 31	Average per Month
Atlantic	59	9	68	11.3
Bergen	867	121	988	164.6
Burlington	155	22	177	29.5
Camden	183	4	187	31.1
Cape May	114	4	118	19.6
Cumberland	304	1	305	50.8
Essex	1880	407	2287	381.
Gloucester	158	5	163	27.1
Hudson	9	3	12	2.
Hunterdon	8	115	123	20.5
Mercer	57	3	60	10.
Middlesex	281	67	348	58.
Monmouth	82	13	95	15.8
Morris	214	15	229	38.1
Ocean	6	3	9	1.5
Passaic	1248	337	1585	264.1
Salem	81	0	81	13.5
Somerset	71	7	78	13.
Sussex	2	0	2	.3
Union	928	48	976	162.6
Warren	116	2	118	19.6
Totals	6823	1186	8009	1334.8

SMALLPOX VACCINE

County	To Nov. 30	Month of Dec.	Total to Dec. 31	Average per Month
Atlantic	99	1	100	16.6
Bergen	491	86	577	96.1
Burlington	178	64	242	40.3
Camden	322	4	326	54.3
Cape May	142	7	149	24.8
Cumberland	354	3	357	59.5
Essex	1657	194	1851	308.5
Gloucester	399	15	414	69.
Hudson	2	1	3	.5
Hunterdon	15	1	16	2.6
Mercer	66	2	68	11.3
Middlesex	469	86	555	92.5
Monmouth	57	773	830	138.3
Morris	648	36	684	114.
Ocean	14	0	14	2.3
Passaic	1360	54	1414	235.6
Salem	125	0	125	20.8
Somerset	122	6	128	21.3
Sussex	5	0	5	.8
Union	1733	58	1791	298.5
Warren	217	0	217	36.1
Totals	8475	1391	9866	1644.3

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

JANUARY 1936

7 Camden	14 Bergen
7 Hudson	14 Cumberland
8 Mercer	15 Middlesex
8 Ocean	16 Gloucester
9 Burlington	21 Warren
9 Essex	22 Monmouth
9 Passaic	28 Hunterdon
10 Atlantic	Sussex

FEBRUARY

4 Camden	13 Passaic
4 Hudson	13 Somerset
11 Bergen	14 Atlantic
12 Mercer	14 Salem
12 Ocean	19 Middlesex
12 Union	20 Gloucester
13 Burlington	26 Monmouth
13 Essex	

ATLANTIC COUNTY

Robert A. Kilduffe, M.D., Reporter

The Annual Meeting of the *Atlantic County Medical Society* was held at the Hotel Madison December 12, 1935. Seventy-eight members were present.

A letter of thanks for flowers was received from the family of the late Dr. Lewis R. Sourder.

REPLIES TO QUESTIONNAIRES

A letter from Dr. M. W. Newcomb, President of The Medical Society of New Jersey, with reference to the recent letter from the American Foundation Studies in Government, was read and discussed briefly, as all members had received these communications.

CARE OF TUBERCULOUS CHILDREN

A letter was received from Mrs. Carl Surran, President, Women's Auxiliary, requesting this Society to petition the Board of Freeholders to grant \$5000.00 for the care of children who are tuberculosis contacts at the Farmingdale Preventorium.

Dr. Allman stated that he thought these children should be taken care of in our own county as this County at the Betty Bacharach Home.

Dr. Lucas said he felt sure the Board of Freeholders would make this grant to the B. B. Home if so petitioned.

Dr. Salasin made the following motion, which was unanimously passed: The Atlantic County Medical Society petitions the Board of Freeholders of Atlantic County to set aside \$5000.00 annually for preventorium care of the children of Atlantic County at the Betty Bacharach Home.

NEW MEMBERS

The Board of Censors approved the applications of Dr. Jean H. Gruhler and Dr. Edward H. Dyer. They were elected to active membership.

PUBLIC HEALTH COMMITTEE

Dr. E. H. Harvey stated that the Public Health Committee had completed its report for only eleven months and that the entire report would be made at the January meeting.

Dr. Harvey read a letter from Dr. Stanley Nichols, Chairman of the State Public Health Committee with reference to the vaccination and immunization of school children by the Department of Health and Schools, and requesting that this work be done by physicians in their offices instead of clinics.

A motion was made by Dr. Allman that we write Dr. Nichols that "we are opposed to the State and City Health Offices continuing this work". The motion was unanimously passed.

Dr. Salasin said that the clinic at City Hall had been closed for a year, and that he would close it again if the children would be taken care of by the physicians. The children will be referred to their own physician, who will charge a fee according to the financial ability of each individual family to pay. In the cases of the really indigent there is to be no charge.

Dr. Lucas said he was sure the Board of Education would do everything it could to get these patients into the offices of their own physicians.

E. R. A. & W. P. A.

Dr. W. E. Darnall, reporting for the Medical Advisory Committee, stated that the work of the Emergency Relief Administration was nearly ended due to the employment of these people by the Works Progress Administration. The F. E. R. A. ceased operation on December first, and the State is carrying on as long as funds hold out.

Under the W. P. A. no provision is made for the medical services, and the work will inevitably be done by the doctors as charity.

LIBRARY

Dr. W. E. Darnall, reporting for the Library Committee, said that the Library was being used more and more and that 130 volumes had been added this year. There are also some sixty journals available.

BROADCASTS

Dr. H. S. Read reported that the Broadcasting Committee had arranged broadcasts by forty-three local members; by one nurse on the anniversary of Florence Nightingale's birthday; by one pharmacist; and by twenty-three out-of-town speakers.

MATERNAL WELFARE

Dr. C. J. Brown stated that the Maternal Welfare Committee had found the maternal death rate in Atlantic County to be 9 per 1000, and that a survey was now being made with the idea that perhaps at least half of these may be saved. He stressed the careful supervision of operative obstetrics (p. 35).

ENTERTAINMENT COMMITTEE

Dr. Subin, reporting for the Entertainment Committee, said the members had endeavored to give the members as much pleasure and enjoyment as possible throughout the year. He said the monthly change of meeting place had not been favored by a number of members. A motion was passed that the meetings be held in one place throughout the year.

PUBLICATION COMMITTEE

Dr. S. Barbash reported that the Publication Committee had consisted of Dr. R. A. Kilduffe, who had taken care of the publication of the Monthly Bulletin; Dr. H. B. Timberlake acting as a newsgatherer; and Dr. Barbash, whose responsibility was to see that all newspaper reports were accurate.

Dr. Allman recalled the fact that the advertisements in the Bulletin were expiring with the December issue and new ones would be required.

WOMAN'S AUXILIARY

Dr. Cole Davis reported that the Women's Auxiliary had had a very busy and gratifying year under the capable leadership of Mrs. Carl Surran as President.

A. M. A. CONVENTION

Dr. D. B. Allman reported as Treasurer that all bills had been paid for the A. M. A. Convention without assessing the members.

Dr. Carrington said he had been informed that the A. M. A. would like to meet in Atlantic City in 1937.

Dr. Allman made a motion that this Society invite the American Medical Association to Atlantic City for their 1937 convention, and that we send a copy of this invitation to the State President. Both motions were unanimously passed.

Dr. Carrington's report of the Town Health Meeting is attached.

Dr. Charlton announced that the automobile insignia would be supplied by Mayor White for 1936.

The Committee for investigating the abuse of medical practice in this county was appointed by Dr. Charlton: Dr. H. L. Harley, Chairman; Dr. C. M. Fish, Dr. S. Barbash, Dr. E. F. Uzzell, Dr. R. M. Grier, Dr. Charles Hyman and Dr. A. W. Westney. This committee will appoint its own subcommittees to carry out this work.

FINANCIAL

Dr. D. B. Allman, Treasurer, reported that all bills for the year had been paid and a small balance remains in the Treasury.

Dr. C. H. deT. Shivers and Dr. W. J. Carrington were appointed to audit the Treasurer's accounts.

PUBLIC RELATIONS

The Public Relations Committee is formulating a plan to develop speakers from each County Society and to devote one meeting to medical economics.

A rising vote of thanks was given to Dr. Charlton for his work as President for 1935 and to Dr. Carrington as Chairman of the American Medical Association Convention Committee.

ELECTION OF OFFICERS

The Nominating Committee made its report and the following officers were elected for 1936:

President, Dr. Samuel L. Salasin
Vice-President, Dr. John S. Irvin
Secretary, Dr. Carlisle Brown
Treasurer, Dr. David B. Allman
Reporter, Dr. R. A. Kilduffe
Historian, Dr. H. L. Harley

Member of Board of Censors: Dr. C. C. Charlton.

Delegates to the State Society:

Dr. William Edgar Darnall; Alternate, Dr. C. B. Whims
Dr. C. H. deT. Shivers; Alternate, Dr. Harry Subin
Dr. C. C. Charlton; alternate, Dr. J. H. Mason

Member of the State Nominating Committee:

Dr. D. W. Scanlon

Delegates to other County Societies:

Dr. L. A. Wilson Dr. C. M. Fish
Dr. R. A. Bradley Dr. Cole Davis

PRESIDENT'S ADDRESS

Dr. Salasin then made a brief address and expressed his appreciation for the honor bestowed upon him and congratulated Dr. Charlton on his successful completion of his term of office.

The retiring President, Dr. C. C. Charlton, expressed his appreciation for the coöperation extended him by the Society in general during the year and particularly the committee members who had assisted him in carrying out the various projects accomplished. The A. M. A. Convention had thrown a heavy burden upon the Society, to which it had responded nobly in every way.

He emphasized the importance of Atlantic City as a health resort, and urged that it be kept to the fore as such by a consistent campaign, to that end.

After listing the outstanding accomplishments of the year, he bespoke for the incoming President the same measure of support and coöperation which had been extended to him with which, he was assured, the Society would go on to new and even more varied and successful accomplishments in the year to come.

After the meeting was adjourned the members of the Women's Auxiliary were the guests of the Society at a buffet supper.

POPULAR HEALTH MEETING

The health meeting for the public, announced in the December Journal, page 725, was held on November 14, with an attendance of 700 persons. The meeting was sponsored by the Chamber of Commerce, and its program was prepared and conducted by the Atlantic County Medical Society. The President of the Chamber of Commerce presided, and eight physicians gave five-minute addresses on the following health topics:

- Atlantic City as a Health Resort.
- The Health Agencies of Atlantic City.
- The Hospital Facilities of Atlantic City.
- Auto Accidents and Noise.
- The Health of the School Child.
- The Periodic Health Examination.
- Patent Medicines and Quackery.
- Socialized vs. Organized Medicine.

A thirty-minute address on "The Prevention of Disease" was given by Dr. John A. Kolmer, of Philadelphia.

The people had been invited to prepare questions on health subjects, and to put them in a box in the rear of the auditorium. The response was large and revealed the trend of thought of the large groups of people who seek information regarding vague, unpleasant feelings from which they seek relief. Among the questions were the following, chosen at random:

Is there any way of dissolving a stone in the kidney so as to allow it to pass through the bladder?

Where can I go to be told the truth if my arches are correct, as my legs ache?

Can you tell me how to keep my child from wetting the bed at night?

How old should a delicate child be before sending it to the public school?

Answers to thirty-three of these questions were published in a series of articles in the name of the Atlantic County Medical Society in the *Atlantic City Press* over a period of ten days. (See editorial comment on page 1.)

BERGEN COUNTY

Charles Littwin, M.D., Reporter

The annual banquet of the *Bergen County Medical Society* was held at the Swiss Chalet on the evening of Thursday, November 21, 1935, with one hundred members present, including Dr. Hilton S. Read, Atlantic City, Chairman of the Welfare Committee, and Dr. Frederic J. Quigley, Union City, Chairman of the Board of Trustees.

LEGISLATORS AS GUESTS

Guests of the Society were Assemblymen J. Parnell Thomas and Lawrence Cavinito, who on being introduced by Dr. Samuel Alexander, Park Ridge, explained the methods of enacting legislation. (Editorial, Journal, November 1935, p. 625.)

HONORING DR. CONOVER

The Society did special honor to one of its members. Dr. Ellsworth E. Conover, of Hasbrouck Heights, who graduated in Medicine in 1885,—fifty

years ago, and at once opened an office in Hasbrouck Heights, where he has practiced medicine ever since. A testimonial scroll signed by all present was presented to Dr. Conover by Dr. Arcangelo Liva.

Dr. William C. Vroom, of Ridgewood, a graduate of New York University, 1888, paid a glowing tribute to his colleague, closing with the toast:

"To our fellow member, Dr. Ellsworth E. Conover, who began to practice medicine fifty years ago when medical service was a keen delight, and the doctor was in very truth the family physician."

Dr. Conover replied with reminiscence, story, and prophecy, quoting Dr. Crile's prediction that by 2035 medical men will have conquered the devastating diseases, diabetes, and tuberculosis, and laymen will have been educated in what only physicians now know concerning focal infections and chronic diseases of the heart and kidneys.

Dr. Conover said in closing:

"Birthdays are happy days; anniversaries are joyous affairs; festivals and feast days are impressive; but all these good qualities are evident in your testimonial to me tonight."

REGULAR MEETING

The regular meeting of the *Bergen County Medical Society* was held at the Englewood Hospital on December 10.

NEW MEMBERS

The following were elected to membership:

From Junior to Regular—

Dr. Rubin Grossman, Garfield

Dr. Frank S. White, Teaneck

Junior—

Dr. Vincent P. Candio, Lyndhurst

Dr. Edward V. Sexton, Teaneck

Dr. G. Albin Liva, Wyckoff

Associate—

Dr. William A. Kellogg, Teaneck

The following applications for membership were read:

From Junior to Regular—

Dr. Arnold A. Zaccchino, Palisade

Dr. Charles Tudor, Bogota

Dr. Frank P. Iorio, Leonia

Dr. Elliot Fishbein, Ridgewood

Junior—

Dr. Kalam Chase, Hohokus

Dr. Edward Mancene, Lyndhurst

Dr. Richard L. Day, Ridgewood

COMMUNICATIONS

A letter from Dr. Stanley Nichols, Chairman of the State Public Health Committee, asking for the opinion of our County Society as to whether we should approve of diphtheria immunization being done by official agencies. A copy of Dr. Nichols' letter appears in the November Bulletin.

A communication from Dr. LeRoy A. Wilkes announcing that Miss Hannah J. Smith had been en-

gaged to aid the State Public Health Committee in the promotion of its work with the County Medical Societies.

A letter from the Debaters' Information Bureau of Portland, Maine, in regard to the question of State Medicine which is being debated in many high schools throughout the country.

The Executive Secretary stated that Mrs. Blenkle is taking subscriptions for the magazine *Hygeia* at \$1.25 per year. He also urged all members to be sure and sign and return public health cards so that the Public Health Committee will be prepared to go ahead with its program.

SCIENTIFIC

The meeting was then turned over to Dr. David Goldberg, Chairman of the Scientific Program, who introduced Dr. Paul C. Colonna, Associate Orthopedic Surgeon, Hospital for Ruptured and Crippled, New York City. Dr. Colonna emphasized the necessity of proper and prolonged care of infantile paralysis cases. He demonstrated the value of the under water exercises in developing weakened muscles, and mentioned many surgical orthopedic procedures to take care of crippling deformities. His subject was "After-Treatment of Poliomyelitis".

Dr. Morris Brodie, Bacteriologist, New York City Department of Health, spoke on "The Present Status of Poliomyelitis Vaccine". He traced the development of his vaccine, showing clearly that it is still in the experimental stage, though immunization had been obtained for six months and longer with two injections of his vaccine. In the discussion, Dr. Brodie stated that he did not feel that it was necessary to strictly isolate all cases of poliomyelitis, for he felt that the disease was transmitted principally by immune carriers.

BURLINGTON COUNTY

Parry M. Scott, M.D., Reporter

The December meeting of the *Burlington County Medical Society* was held at Moorestown Community House at Moorestown on Thursday, December 12th, 1935.

AMERICAN COLLEGE OF SURGEONS

Dr. Hammell P. Shipp, of Delanco, N. J., gave an interesting talk concerning his induction as a member of the American College of Surgeons at the twenty-fifth annual Clinical Congress at San Francisco, California. He gave a resumé of the important clinics held there.

DIPHTHERIA IMMUNIZATION

A discussion was brought up as to the continuation of the special office hours for immunization of children to diphtheria. A special Public Health Committee was appointed, and the matter was referred to it for further action. The Society went on record as being opposed to the free immunization by the School Doctors with material furnished by Boards of Education. It was suggested that an effort be made to contact the various Boards of Education and get them to pass a ruling making

diphtheria immunization compulsory for admission to school.

MATERNITY HOMES

There being no objections, the Society went on record as approving, for license to conduct maternity homes, the following:

Mrs. Virginia Way, Marlton, three patients.

Mrs. Mary Robbins, Riverside, four patients.

Mrs. Mary Stackhouse, Burlington, two patients.

SCIENTIFIC

Dr. B. Franklin Buzby, of Camden, N. J., gave a talk on "The Significance of Leg Aches", in which he spoke of the various causes of pain or ache in legs, classifying them under:

1. Local causes.
2. Mechanical.
3. Referred.

Refreshments were served after the meeting.

CAMDEN COUNTY

William T. Read, Jr., M.D., Reporter

The regular monthly meeting of the *Camden County Medical Society* was held in the Camden City Dispensary Building, November 5th, 1935, at 9 p. m., Dr. T. K. Lewis presiding, with eighty members and seven guests present.

Dr. J. Lynn Mahaffey, Director, State Department of Health, introduced guests of the evening from the New Jersey State Health Department: Dr. Knight, District Health Officer; W. H. McDonald, State Epidemiologist; D. C. Bowen, District Health Officer; J. V. Mulchey, State Bacteriologist, and Dr. L. L. Williams, Surgeon in Charge, United State Public Health Service, Washington, D. C.

COMMITTEE REPORTS

Reports of committees:

1. Dr. A. H. Lippincott reported that Dr. Pinneo, Chairman of the State Group Insurance, had written and given him a satisfactory explanation in the raise of premium rates for his age group. There was no further action required by the Society.

2. Dr. E. G. Hummel, Chairman of the Committee on Public Health, reported that the State Committee has appointed an Advisory Committee on Poliomyelitis, Dr. E. G. Hummel representing Camden County.

NEW MEMBERS

Applications for membership read: Dr. William Braun, Dr. Ralph Warwick and Dr. Edw. S. Magee.

Members elected: Dr. Ulysses S. Wiggins and Dr. Charles W. Miller, Jr.

DATE OF ANNUAL MEETING

After final reading, the following amendment to the Constitution was adopted by unanimous vote of the Society:

Be it resolved that Article XIV, Section 1, of the Constitution of this Society be changed from: "The Annual Meeting of the Society shall be held on the first Tuesday in October of each

year" to read "The Annual Meeting of the Society shall be held on the first Tuesday in May of each year".

SCIENTIFIC

The first guest speaker of the evening, Dr. David L. Farley, was introduced to the Society by Dr. T. K. Lewis. Dr. Farley's paper, "Fever of Undetermined Origin", was cordially received by the Society. Upon motion of Dr. Alexander MacAlister, the speaker was accorded a vote of thanks from the Society. Discussion was opened by Dr. T. M. Kain, who was followed by Dr. Ralph Hollingshed (by invitation), Drs. Alex. MacAlister, Casselman, Buzby, Favorite, Mahaffey, Collier and Lewis.

The President asked Dr. J. Lynn Mahaffey to introduce the second speaker. In the introductory remarks, Dr. Mahaffey mentioned the recent epidemic of 125 cases of malaria in this county, twenty-eight cases of which were in the City of Camden, as being one of the major health problems of the State Health Department during the past year. Dr. L. L. Williams, the guest speaker, investigated this epidemic for the United State Public Health Service in Washington. Dr. Mahaffey also spoke of the efforts of the State Department of Health of New Jersey to procure \$20,000 grant from the Public Works Administration. This money to be used in larvicide and drainage work in the infected areas about this county.

Dr. L. L. Williams then addressed the Society on "Malaria—Its Prevention and Its Treatment". This subject was exceptionally well presented and received the plaudits of the members present. Dr. Williams considered the evidence of malaria in the United States as a whole, and how this may affect this community; and how proper irrigation could destroy suitable breeding places for the anopheles quadrimaculatus.

In considering diagnosis, he emphasized the thick-smear technic for examining blood. He believes this method to be at least 100 per cent more efficient than the ordinary thin film.

In discussing treatment, he was in favor of the five-day intensive treatment, giving considerable alkali solution first, this being followed by a solution containing quinine. He was doubtful that quinine in pill form was absorbed. He also discussed the use of atabrine and plasmohcin.

At the conclusion of the paper, Dr. Williams was given a rising vote of thanks by the Society.

Discussion was opened by Dr. David L. Farley (by invitation), and he was followed by Drs. Casselman, Stone, MacAlister, and Mr. McDonald of the State Department of Health. Discussion was concluded by Dr. Williams. Dr. Knight, local Health Officer from Gloucester County, then related some experiences with malaria carriers.

The regular monthly meeting of the *Camden County Medical Society* was held in the City Dispensary Building, December 3rd, 1935, at 9 p. m. In the absence of the President, Dr. B. F. Buzby, Vice-President, assumed the chair. Eighty-nine members were present, and six guests, as follows:

Dr. Frank Overton, Editor of the State Journal; Dr. LeRoy A. Wilkes, Executive Officer of the State Society; Dr. J. B. Morrison, Secretary of the State Society; Dr. H. P. Shipps, Reporter of Burlington County; Dr. H. B. Diverty, Reporter of Gloucester County, and Dr. Chester I. Ulmer, member of the State Welfare Committee.

INSURANCE

Mr. M. Blanksteen was accorded the floor and spoke for ten minutes on the Health and Accident Insurance Policy endorsed by the State Insurance Committee.

DIPHTHERIA IMMUNIZATION

Dr. E. G. Hummel, Chairman of Public Health Committee, reported to the Society that communication had been received from the Chairman of the State Health Committee, asking if this Society desired to continue the administration of free biologicals under the Public Health Hour Plan. Dr. Lippincott moved that the Society continue the endorsement of the State Public Health Hour Plan and the administration of biologicals. This was duly seconded and carried.

NEW MEMBERS

Applications for membership were read from Dr. W. E. Burns and Dr. Martin E. Swiecicki.

Members elected: Dr. William Braun and Dr. Ralph E. Warwick.

A PROJECTOR FOR PUBLICITY

Dr. Overton, Editor of the State Journal, demonstrated a hand-projector camera designed to show slides made of 35 mm. motion picture film. This instrument is cheap and readily used to illustrate a speech by word diagrams and pictures. The State Society will loan a projector and slides on the Public Health Hour and other subjects.

President T. K. Lewis assumed the chair and introduced the guest speaker of the evening, Dr. F. E. Elliott, Chairman of the New York State Society Committee on Economics. The address concerned the work being done by the New York State Medical Society through its Economic Committee. The title of this paper was "Socialized Medicine—Its Menace and Its Solution". He felt that present political difficulties will prevent socialized medicine for the present. He mentioned certain economic dangers to the practicing physician, some of which are the present trend for hospitals to "enter practice"; dangerous forms of "contract practice" between physician and patient; but probably the most important hazard being the lack of the medical profession to establish itself as a group entity.

Later he discussed a "Gradient Plan" of caring for a community. Individuals were divided into the destitute, who would be cared for by the community; the self-reliant, who should be urged to meet their own obligations at once, and the partially self-reliant, who pay in part, the remainder up to 75 per cent being paid by the community.

Discussion of the essay was opened by Dr. A. H. Lippincott, who was followed by Dr. J. B. Morri-

son, Secretary of the State Society, who spoke of the immediate danger of a Federal Bill for Socialized Medicine due to political needs.

CHRONIC DISEASE SURVEY

Dr. J. Lynn Mahaffey and Dr. LeRoy A. Wilkes discussed the proposed survey of chronic diseases by the E. R. A., concluding such a scheme was unworkable and valueless.

Discussion was closed by Dr. Elliott.

CUMBERLAND COUNTY

E. S. Corson, M.D., Reporter

A special meeting of the *Cumberland County Medical Society* was held on December 10, 1935, the members being guests of the Newcomb Hospital, Vineland, with the President, Dr. H. P. Walker, in the chair.

PUBLIC HEALTH HOUR

A communication was read from Dr. Stanley H. Nichols, Chairman of the Public Health Committee of the State Society, in which he asked:

"Do the members of your Society prefer that the Boards of Education have the diphtheria immunization done; or the Public Health Hour method as done by the doctors in their offices?"

A frank discussion set forth that the object of the hour was to immunize the children in the most susceptible period before school age, and eventually have the babies immunized shortly after birth.

Dr. I. W. Knight, of the State Board of Health, analyzed the figures, showing the number of children immunized in Cumberland County under the Public Health Hour plan. About 39 per cent were under five years of age. A motion was carried that the members of the Society continue the Public Health Hour.

NEWSPAPER PUBLICITY

A motion was discussed and carried that a committee of the Society be appointed to discuss health subjects in the newspapers and answer questions pertinent thereto. A committee was appointed to select a physician from Vineland, Millville and Bridgeton to attend the several health clinics and cooperate in any way possible and report to the Society. A committee was also appointed to procure specialists to give public health lectures.

President Walker has invited a group of the members of the Society for Sunday dinner when plans for the various future activities of the Society which have been discussed will be formulated.

SCIENTIFIC

Dr. Fred J. Kalteyer of Philadelphia, lectured on the subject of "Studies in Abdominal Pain—Symptoms and Diagnosis". Pain is the dominant symptom that causes the patient to call the doctor. A pain in the abdomen may indicate one or many abnormal conditions. Appendicitis is now the most common one. Pain in this organ may be referable to the navel region, down the leg to the back or up under the diaphragm. This is because the nerves from the appendix may excite pains in the nerves

to those organs through branches or relay stations.

The appendix may be so impaired from previous attacks that there are no signs manifest until gangrene has set in. There is too much dependence on the many diagnostic instruments used. There are occult conditions not demonstrable in which the touch and experience of the doctor are essential.

The lecture was illustrated by lantern slides showing the various nerves and diagnostic points in the various diseases.

ESSEX COUNTY

Earl LeRoy Wood, M.D., Reporter

The *Essex County Medical Society* held its regular meeting Thursday, December 12, 1935, at the Academy of Medicine, Newark, N. J., with President A. Charles Zehnder presiding.

ENTERTAINING LEGISLATORS

The purpose of this meeting was to promote a better understanding between the members of the Essex legislative delegation and the medical profession.

The guests of the Society, in addition to the Essex legislative delegation, were Dr. Marcus W. Newcomb, President of the New Jersey Medical Society and member of the New Jersey Legislature; Dr. Frederic J. Quigley, Chairman of the Trustees, New Jersey Medical Society.

BUDGET ADVISORY

Senator-Elect Rev. Lester H. Clee pledged control of medical problems by medical men. He described some of the work of the recently created Budget Advisory Committee which he heads, which is studying the General Appropriation Bill, the State Highway Program, the State Emergency Relief and the State Social Security proposals. He appealed for the continuance of the unselfish medical cooperation for public good.

MEDICAL PRACTICE

Dr. Wells P. Eagleton, Trustee, New Jersey Medical Society, related the history of the Medical Practice Act. He urged physicians, because of their training, to partake in public service.

Dr. William H. Areson, Chairman, Welfare Committee, Essex County, pledged leadership in all community health problems. He mentioned the little-realized fact that the recent changes made by the last Legislature in the Medical Practice Act gave New Jersey the first regulation of osteopaths according to the basic science principles. These changes in the Medical Practice Law were greatly assisted by Dr. Areson's committee. He gave particular tribute to Dr. Frank Bien, who is a member of the Legislature, and to Dr. Harry H. Satchwell. Dr. Areson also recalled the formation of the Allied Professional Group for the mutual advancement of desired legislation.

State President Marcus W. Newcomb outlined his plans for the year, looked for progress with a new Medical Act and Workmen's Compensation Law. He mentioned, as an outstanding need, adequate medical representation on the hospital governing boards.

SECURITY PROGRAM

Dr. Frederic J. Quigley spoke particularly about the Security Program, which is being considered by the Society Security Commission, emphasizing that the medical profession has a capacity beyond any other to understand the medical needs and problems of the public. He pointed out that the proposed Social Security Program makes little or no provisions for medical service. As an instance, although aid is provided for needy dependent children, no provision is made for their medical care.

MEDICAL-DENTAL SERVICE BUREAU

Dr. H. H. Satchwell, Secretary of the Board of Trustees of the Medical-Dental Service Bureau of Essex County, described the opening of the Bureau December 9, 1935, at 1136-7 Raymond Commerce Building, 1180 Raymond Boulevard, Newark, N. J. He related that during the first three days of the bureau's operation, although it was working under handicap, it had assisted with six thousand dollars (\$6000.00) worth of professional bills. Fifteen of the nineteen hospitals in Essex County have joined the bureau to receive its service. The bureau's services are being extended to Montclair, West Hudson, Passaic and Union County.

NEWARK CITY HOSPITAL

Dr. Edgar A. Ill reported as chairman of the committee representing organized medicine to handle the problem of the proposed new Newark City Hospital. The committee engaged Francis Child and Theodore McCurdy Marsh to seek in the Supreme Court writs of certiorari to review the action of the Newark City Commission. The committee feels that the Commission entered upon this hospital project without any adequate survey to determine whether a new hospital was needed at this time, or whether the present hospital could be altered or modernized. The Society could not act as prosecutor, and so it accepted the offer of Gustave W. Gehin as a taxpayer to act as complainant.

NEW MEMBERS

The following new members were elected:

Regular—Louis Byke, 114 Lyons Avenue, Newark; James W. Howard, 31 The Crescent, Montclair; T. Frank Lawless, 46 North Arlington Avenue, East Orange; J. Harmon Wilson, Jr., 85 Halsted Street, East Orange.

Associate—Joseph A. Fejer, 654 Elm Street, Arlington; Melvin M. Halpern, 493 Central Avenue, Newark; Andrew T. D. Klein, 209 Littleton Avenue, Newark; Alfred Margolis, 28 West End Avenue, Newark; Euston S. Robertson, 22 Harding Terrace, Kearny; Patrick J. Romano, 203 South Essex Avenue, Orange; John Jacob Shaw, 127 Sheerer Avenue, Newark.

The Academy of Medicine of Northern New Jersey

Franklin J. Tobey, M.D., Secretary
Newark, N. J.

The stated meeting of the *Academy of Medicine*, under the auspices of the Section on Medicine and Pediatrics, was held on Thursday, November 21st, 1935. The meeting was called to order at 9 p.m. by

President Danzis. The minutes of the previous meeting were read and approved.

President Danzis introduced Dr. Polevski, Chairman of the Section, who introduced Dr. John A. Kolmer of Temple University, Philadelphia, whose paper, "Infection, Immunity and Vaccination Against Infantile Paralysis", was of great interest to the large audience. Due to the lateness of the hour, no discussion was possible and the meeting adjourned with a rising vote of thanks to Dr. Kolmer.

The January programs will be as follows:

Thursday, January 2nd., Section on Obstetrics and Gynecology, at 9 p. m. Round table discussion.

Monday, January 13th, 8:45 p. m., Section on Eye, Ear, Nose and Throat. "The Ophthalmologist and Optic Neuritis", Benjamin B. Adelman, M.D. "The Rhinologist and Optic Neuritis", Joseph A. Miller, M.D.

Thursday, January 16th, stated meeting, Academy. "Ulcerative Colitis, Diverticulitis and Cancer." Lantern demonstration. Frank C. Yeomans, M.D., New York City.

All meetings are open to the general profession and to medical students.

GLOUCESTER COUNTY

Ralph K. Hollinshed, M.D., Secretary

A stated meeting of the *Gloucester County Medical Society* was held on Thursday evening, December 19th, at the Woodbury Country Club. Dr. W. G. Burkett presided in the absence of the President and Vice-President. Twenty-six members and three guests were present.

PUBLIC HEALTH HOUR

Dr. I. W. Knight, Chairman of the Public Health Committee, gave a report of the work done in the Public Health Hour by the physicians of the county. The matter of the continuation of the Public Health Hour was discussed, and upon motion it was decided that the Gloucester County Society should go on record as being in favor of its continuation.

With the thought in mind that perhaps a greater number of children might be protected, a motion was made that diphtheria toxoid and smallpox vaccine be made available to Boards of Health free of charge for group immunizations. This motion was lost by a large majority.

E. R. A. AND W. P. A.

Dr. H. L. Sinexon, Chairman of the E. R. A. Committee, spoke about the new "Physicians' Request for Relief Order", and said that it would soon be available.

He also stated that W.P.A. clients would not receive any supplementary medical relief.

PRESIDENT'S RESIGNATION

The resignation of Dr. Edwin R. Ristine, President of the Society this year, was read and on motion accepted with regrets. Dr. Ristine has given up general work to enter Cooper Hospital as a full-time Surgical Resident.

Dr. M. F. Lummis, of Pitman, will fill the unex-

pired term of President created by the resignation of Dr. Ristine.

QUESTIONNAIRE OF AMERICAN FOUNDATION

A motion was made that the Society go on record as endorsing President Newcomb's letter to the American Foundation, and that a letter be written to the Executive Officer commending the Sub-Committee on Medical Practice for the prompt action taken in the matter. This was unanimously passed.

Dr. Garfield Duncan, of Philadelphia, addressed the Society on "Diet in the Management of Diabetes and Obesity".

Dr. Duncan is Associate in Medicine at Jefferson Medical College, Assistant Physician to the Pennsylvania Hospital and Chief of the Metabolic Clinic at the Pennsylvania Hospital.

MERCER COUNTY

A. Dunbar Hutchinson, M.D., Reporter

The Annual Meeting of the *Mercer County Medical Society* was held on December 11th at the Trenton Country Club, President Cottone presiding.

Dr. North, Treasurer, made his annual report, in which he clearly defined the present financial condition of the Society, a most substantial balance showing on the credit side of the ledger, in evidence of the loyal support of the members.

Drs. Fessler, Sica and Zimskin, auditors, reported the books of the Treasurer to be correct in every particular, and commented upon the precise nature of his accounts and commended him for the care and attention bestowed in behalf of the investments of the Society.

Dr. Connelly made a short report relative to legislation during the past year.

Dr. Scammell, Councillor from this district, gave a resumé of work accomplished.

E. R. A.

Dr. Watts explained in detail and explicitly the new set-up of the E. R. A. and appealed for earnest coöperation on the part of all members of the Society.

PUBLIC HEALTH HOUR

Dr. Phillips, Chairman of the Public Welfare Committee, gave a very interesting summary of the work accomplished by his committee; however, expressing disappointment in the lack of support to the "Public Health Hour", and calling attention to the recent letter on this subject sent out by Dr. Stanley Nichols, Chairman of the State Public Health Committee. Dr. Phillips, after commenting upon the communication from the President of the State Society, Dr. Newcomb, relative to the American Foundation Studies in Government, moved that the Society go on record as in favor of supporting the appeal of Dr. Nichols and abiding by the request of the President that the State Welfare Committee reply to the American Foundation Studies. Motion carried.

NEW MEMBERS

Drs. D. W. Anthony, M. Y. Byer, F. K. Engelhart, Rubie Epstein, P. L. Fabian, J. K. Fiorello,

G. A. Hess, S. B. Lapin, T. B. Sutnick and C. N. Witte were regularly elected to Associate Membership in the Society.

LEGISLATION

Dr. Wilkes gave a most instructive resumé of the Social Security Act, its bearing upon recent developments in E. R. A. programs with associated legislative measures.

Dr. Haggerty referred to the strenuous efforts expended in recent years in behalf of the Medical Profession on the part of the Legislative Committee, and emphasized the dire necessity that the members give their united support and coöperation to the Legislative Committee.

ELECTION OF OFFICERS

Dr. Coitone, before announcing the opening of elections, expressed regret that the year had passed so rapidly and recited the numerous scientific sessions as being of great value to him, commended the Legislative Committee upon the extraordinary accomplishment of successful legislation, especially the Lien Law, and desired to convey to his fellow members his appreciation of their coöperation during the year, which enhanced the value of the Society in its work of medical progress and advancement.

The following officers were elected:

Dr. Robert G. Stone, President;

Dr. Walter E. D'Arcy, Vice-President;

Dr. H. R. North, Treasurer;

Dr. A. D. Hutchinson, Secretary-Reporter.

MIDDLESEX COUNTY

Karl Rothschild, M.D., Reporter

The regular monthly meeting of the *Middlesex County Medical Society* was held on October 16, 1935, at "The Pines", under the chairmanship of the President, Dr. Henry Haywood.

PUBLIC HEALTH COMMITTEE

Dr. Mann, the Chairman, reminded the Society that the diphtheria immunization program is still in effect. It is his impression that Middlesex County has not done so well in this respect as other counties.

ILLNESS OF DR. NEWCOMB

In the name of the Society, Dr. Wilkes sent a bouquet of flowers to Dr. Newcomb. A letter was received from Mrs. Newcomb thanking the Society for the kind wishes expressed.

SYMPOSIUM ON ENDOCRINOLOGY

Dr. Molitch, the resident physician of the New Jersey State Home for Boys in Jamesburg, asked permission to call a meeting in Jamesburg, under the auspices of this Society, for the purpose of having speakers of reputation discuss the present status of endocrinology. The plan was approved and Dr. Molitch asked to arrange the program, which shall take the place of that of the regular November meeting of the Society. (Jour. Nov., p. 675.)

PHYSICIANS' LIEN LAW

Dr. Wilkes sent a letter informing the Society that the prescribed blanks may now be had in bulk. A motion made by Dr. Mark that the Society buy a supply and distribute it among the members at cost was unanimously carried.

WORKMEN'S COMPENSATION

The Commissioner of Labor requests that no examinations of injured workmen be made on the premises of any compensation court, as has unfortunately occasionally been done in the past.

NEW MEMBERS

The following physicians, residents of Middlesex County, were elected associate members upon recommendation of Dr. Hoffman:

Dr. Percy L. Smith, Dayton
Dr. William Robb Hofer, Metuchen
Dr. Sol Gershman, Metuchen
Dr. A. Shayevitz, South River
Dr. C. Edward Rothfuss, Woodbridge.

SCIENTIFIC SESSION

The speaker of the evening was Dr. Charles H. Clarke, senior resident physician at the State Hospital for the Insane in Trenton, N. J., in charge of the criminal ward. His subject was "Criminal Insanity". Dr. Clarke succeeded in giving a clear picture of behavior, attitude, tendencies and ultimate fate of the criminal insane. He evaluated the prognosis of the cyclic, schitzoid and epileptic types and the inherent dangers in leaving those persons at liberty. He also discussed the methods of commitment and the legal responsibilities of the committing physicians. An outline of the therapeutic measures as employed at the Trenton State Hospital was presented. Dr. Clarke stressed the fact that a change of procedure has taken place, insofar as surgical methods today are procedures of necessity rather than of choice. Statistical material was presented showing the percentage of recoveries and re-admissions. The paper, which was given in clear and simple language, was well enjoyed by the members. A lively discussion ensued, led by Drs. Molitch and Rothschild, who both stressed the necessity of early and long commitment of the criminal insane.

Social Meeting: Following the meeting, a light supper was served and the Society enjoyed the presence of the members of the Ladies' Auxiliary, who held their meeting in an adjoining room.

The annual meeting of the *Middlesex County Medical Society* took place at "The Pines" on December 18, 1935, presided over by the President, Dr. Henry Haywood. The Society was honored by the presence of Dr. Frederic E. Elliott, the chairman of the Committee on Economics, Medical Society of the State of New York and of Dr. William G. Herrman of Asbury Park, second vice-president of the New Jersey State Medical Society.

ARBITRATION COMMITTEE OF THE E. R. A.

The Chairman, Dr. Fithian, reported that in the year ending November first, the payment of \$75,000 to physicians in this county was authorized, making an average of over \$500 per doctor. Under the

so-called Middlesex plan, the clients have free choice of physicians and little or no favoritism has crept into the administration. Adequate care has been dispensed in an economical way. The referees have done a great deal of work in a creditable manner.

In the next year, the case load will be reduced from 160,000 to 60,000 patients; and 100,000 persons on work relief will receive 45 to 50 dollars per month, independently of the size of their families. These people cannot pay medical bills, and the load will again be thrown upon the medical profession. The funds for medical service will be reduced to \$25,000, and if the funds are not sufficient, we shall have to take another cut. But, Dr. Fithian believes, no reduction should be made in the fee for individual calls, which is at present about one-half of the regular charge. Dr. Fithian believes that political favoritism can best be avoided by control of relief by the State Society rather than by decentralization through the various counties.

PUBLIC HEALTH COMMITTEE

Dr. Mann reported that a letter received from Dr. Stanley H. Nichols, Chairman of the State Committee on Public Health, asking our opinion on the question if immunizations should be continued through public health hours, or turned over to the Boards of Health and the school authorities. No vote was taken at this time.

Dr. Nulty reported on conditions in the Perth Amboy schools, where 1596 children are not immunized against diphtheria. In case of an epidemic, the doctors would be blamed, although we have done our share of propaganda. But the response on any type of questionnaire and enlightenment on the part of the public is negligible. Dr. McKinstry believes that an advertising campaign should be undertaken, with paid advertisement in the newspapers.

COMMITTEE TO STUDY LEGISLATION

Dr. McKinstry emphasized that while no obnoxious bills are pending at present, a watchful eye should be kept as the old bills are being brought up again every year. Dr. Haywood expressed the thanks of the Society to Dr. McKinstry for his legislative activities in favor of the medical profession.

NEW MEMBERS

Upon recommendation of the committee, presented by Dr. Toy, the following physicians, residents of Middlesex County, were elected to associate membership:

Dr. A. Gessner, New Brunswick,
Dr. T. D. Spritzer, New Brunswick,
Dr. E. Margaretten, Perth Amboy.

ELECTION OF OFFICERS

On recommendation of the Nominating Committee, headed by Dr. Howley, the following members were elected as officers for the year 1936:

President, Dr. J. J. Mann, Perth Amboy;
Vice-President, Dr. John H. Rowland, New Brunswick;
Treasurer, Dr. Marshall Smith, New Brunswick;

Secretary, Dr. A. Urbanski, Perth Amboy;
Reporter, Dr. C. Calvin, Perth Amboy;
Delegates: Drs. Avery, Weber, Haywood;
Alternates: Drs. M. Urbanski, Sherman, Wan-
toch;
State Nominating Committee, Dr. Haywood; Al-
ternate, Dr. McKiernan.

TREASURER'S REPORT

The balance on hand, exclusive fees received for 1936, is \$339.80. Outstanding dues for 1935 are \$109.

PUBLIC HOSPITAL COMMITTEE

In anticipation of the erection of a new Middlesex County Tuberculosis Hospital, here was a long discussion about its management. It seemed to be the feeling of the Society that all purposes would best be served by the appointment of a medical superintendent, assisted by a lay manager, not only for this institution, but for all types of public hospitals. The discussion was led by Drs. Kler, Uhr, Silk, Sullivan, Klein, McKiernan, Urbanski and Molitch. The President finally appointed a special committee for the investigation of this problem, consisting of Drs. Marshall Smith, A. Urbanski, Slobodien and Edward Klein.

PRESIDENT'S ADDRESS

The retiring President, Dr. Henry Haywood, in an inspiring address, reviewed the purposes that have been pursued during his administration and admonished the profession to hold together as a group for the maintenance of our professional and economic rights. The new President, Dr. J. J. Mann, thanked the retiring officers, Drs. Haywood, Taber and Rothschild, for their interest in the Society and for the good performed during their tenure of office. He announced the formation of a committee for the study of the Washington Plan of medical service and another advisory committee, consisting of the last five ex-presidents.

SCIENTIFIC

"*Current Medical Economics*", presented by Dr. F. E. Elliott, Chairman of the Committee on Economics of the State of New York, our guest speaker, was splendid as a speech, and inspiring as a sermon. Nobody who heard it could leave the assembly untouched or could any longer profess ignorance or disinterestedness in these important factors of medical life. There are four handicaps to overcome to solve our problems—compulsory health insurance schemes, institutional encroachment on medical practice, contract practice, and lack of proper organization. Dr. Elliott showed how he and his fellow committeemen have fought for victory against apparently unsurmountable odds; and the passage of the new New York Compensation Law demonstrates what unified action can accomplish.

State Society: The President, Dr. Newcomb, was represented by our old friend, Dr. William Herrman, who brought greetings from the officers of the State Society. He expressed gratification at the applause which greeted Dr. Elliott's speech and complimented the Society for the work done by

various members in State committees, mentioning in particular Drs. Fithian, Nafey and Hoffman.

SOCIAL ASSEMBLY

The management of "The Pines" deserves credit for the beautiful arrangement prepared for the annual dinner, which was relished by all those assembled.

Your Reporter is very sorry to abandon this office, which has brought him a good deal of satisfaction, together with hard work. He expresses gratification at the splendid coöperation of all the officers during 1935.

ANNOUNCEMENT

Dr. Morris Fishbein, Editor of the Journal of the A. M. A., will be the guest speaker at our next meeting, which will be held on January 29, 1936, at 9 p. m., at "The Pines", located on Route 27 (old Lincoln Highway), halfway between New Brunswick and Metuchen.

We take pleasure in inviting all members of the State Society to be our guests and hear Dr. Fishbein.

MONMOUTH COUNTY

James P. Pregnall, M.D., Reporter

EXECUTIVE COMMITTEE

A meeting of the Executive Committee of the *Monmouth County Medical Society* was held at the Fitkin Memorial Hospital, Neptune, on Thursday, November 14, at 8:30 p. m. The following members were present: Drs. Fairbanks, Gosling, Prout, Nichols, Hunt, MacKenzie and Featherston.

Bills were reviewed and ordered paid.

Resolutions on the death of Dr. Joseph Ackerman were drafted for presentation at the next meeting.

HOSPITAL INSURANCE

It has been reported that one of the local hospitals is considering the adoption of a plan for the sale of hospital insurance. The Secretary was instructed to obtain the details of the contemplated contract in an effort to ascertain the exact position of the members of the hospital staff under such an agreement.

E. R. A.

The following letter was received by the Secretary from the Chairman of the State Executive Medical Advisory Committee:

"It has been brought to the attention of the Executive Medical Advisory Committee that the Monmouth County Medical Society approved a contribution to the Society of 10 per cent of the monthly bills of physicians doing E. R. A. work, provided such contribution did not exceed a maximum of \$10.00 a month.

"The Executive Committee feels that this procedure is neither in accord with the agreement between the Emergency Relief Administration and our State Society, nor is it fair to those physicians who are not members of your County Society. Furthermore, the fees paid to physicians for treatment of E. R. A. clients are such that we feel it unfair

, to the men to have them reduced still further by this 10 per cent contribution.

"After our discussion of this matter Friday, I feel that this action was taken in all good faith as one means of providing the necessary control of the E. R. A. program in the County. Assistance of the type needed by the committee, however, is the function of the Relief Administration to provide, and I am asking Mr. Parker to see that the suggestions you made Friday are carried out so that your committee may be able to function effectively.

"May I therefore request that you present to your County Society the recommendation that this action be rescinded."

The Executive Committee recommends to the Society that the 10 per cent contribution from the monthly E. R. A. bills remain in force until such time as the Emergency Relief Administration furnishes suitable quarters with adequate clerical help to administer the Medical Agreement.

CODE FOR SCHOOL PHYSICIANS

Dr. Stanley Nichols brought up the subject of the activities and duties of school physicians. The matter was referred back to him for further study, with the recommendation that a code for school physicians be drafted and presented at a future meeting.

FIRST AID SQUADS

The committee held a discussion on the activities of County First Aid Squads. It has been reported that in many instances the first-aid men have rendered treatment which should be given by a doctor. In other cases, patients have been transported to hospitals when they could have been treated in a doctor's office. A committee composed of Dr. O. K. Parry, Chairman; Dr. Walter Gosling and Dr. Louis Albright was appointed to make an investigation and present the doctor's side of the matter to the various first aid squads.

The November meeting of the *Monmouth County Medical Society* was held in the "Green Room" of the Berkeley-Carteret Hotel, Asbury Park, on Wednesday evening, November 27th, at 8:30 o'clock.

The speaker of the evening was Dr. Frederick C. Holden, former Professor of Gynecology at University and Bellevue Medical College.

REPORT OF THE EXECUTIVE COMMITTEE

The December meeting of the *Executive Committee of the Monmouth County Medical Society* was held at the Fitkin Memorial Hospital on Monday evening, December 9th. The following members were present: Drs. Fairbanks, Holters, Herrman, Hunt, Kazmann, Blaisdell and Featherston.

HOSPITAL CLINICS

As Chairman of the Economic Committee, Dr. Blaisdell reported that the resolutions for the regulation of hospital clinics had been signed by 75 per cent of the membership of the Monmouth County Medical Society. It was decided that the next step in this procedure would be for the Economic Com-

mittee to notify the superintendents of the Monmouth Memorial Hospital and the Fitkin Memorial Hospital of our decision in regard to clinic regulations.

PUBLIC HEALTH

The following letter from Dr. Stanley Nichols, Chairman of the State Public Health Committee:

"Will you please bring before the members of your County Medical Society this question: 'Do your members prefer to have the Department of Health and the schools do this free immunization against diphtheria and smallpox?'

"Report promptly to me as Chairman of the State Public Health Committee, at this address, the vote as taken at your meeting.

"According to the reports of the State Department of Health, less than half of the physicians in any County Medical Society are participating in the Public Health Hour actively. Less than half of these men have taken out the necessary biologicals furnished free by the State.

"If clinics are approved, we must recognize the fact that the usual amount of abuse by such people who can pay is inevitable in large 'wholesale' operations.

"If, in the opinion of the members of your County Society, we should approve of this work being done by the official agencies, then we must also sacrifice the free biologicals which we were able to obtain through legislation last year.

"We must have your official decision upon this question to present to the State Public Health Committee so that it may determine the desire of the State Medical Society with regard to this question.

"If our members indicate a desire to retain the immunizations, we must have a large majority of our members actively supporting our 'Public Health Hour'."

There then followed a discussion of the public health situation in our county and it was recommended that a committee be appointed in an effort to bring together all the *school physicians* in Monmouth County. If this group held meetings several times a year, it would afford an opportunity for the discussion of mutual problems. A list of the members should be filed in the office of the County Medical Society, and a report submitted each year of the number of immunizations made against diphtheria, smallpox, etc., by the entire group of school physicians.

It is believed that the formation of such a group would be a forceful agency for the advancement of public health matters; and also a means of keeping the Medical Society informed of the important activities of the school physician.

The President, Dr. Fairbanks, appointed Dr. Samuel Edelson permanent chairman of this committee.

STATE DUES

The Secretary presented a letter from Dr. E. J. Marsh, Treasurer of the State Society, in which he again reminded us that our 1936 dues are payable before January 1st. To date, less than half of our

membership have paid their dues! *Mail your check now!* Dues are payable to the Monmouth County Medical Society, care D. F. Featherston, Secretary-Treasurer, 506 Fourth Avenue, Asbury Park.

A. M. A. PUBLICATIONS

The following publications by the American Medical Association are on file in the Secretary's office and may be used for reference by any of our members:

Collecting Medical Fees
Workmen's Compensation Legislation Occupational Diseases
Sickness Insurance Catechism
Sickness Insurance Not the Remedy
A Critical Analysis of Sickness Insurance
Some Defects in Insurance Propaganda
An Introduction to Medical Economics
Medical Relations Under Workmen's Compensation
Contract Practice
Group Practice
Prepayment Plans for Hospital Care
Care of the Indigent Sick
Handbook of Sickness Insurance, State Medicine and the Cost of Medical Care

The December meeting of the *Monmouth County Medical Society* was held at the Garfield-Grant Hotel, Long Branch, on Wednesday evening, December 18, at 8:30 o'clock.

The minutes of the November meeting were read and approved, and the report of the Executive Committee was accepted.

PUBLIC HEALTH HOUR

In response to letter from Dr. Stanley Nichols in regard to the free immunization against diphtheria and smallpox, the Society voted in favor of the private physician doing all of this work, rather than having it done by the Department of Health or the various schools.

FIRST AID INSTRUCTION

The Committee on *First Aid* was instructed by the Society to meet with a representative group of all the First Aid Squads in this county in an effort to harmonize the work of the two groups.

At the suggestion of Dr. Featherston, it was moved and seconded that the 1936 dues of Dr. Robert E. Watkins, who is still confined to the hospital with tuberculosis of the spine, be returned to him, and that his State dues be paid out of the County Society's treasury. The motion passed unanimously. The Secretary was further instructed to purchase a Christmas present for Dr. Watkins.

E. R. A. AND P. W. A.

Dr. Samuel Edelson made a motion that the Society make an effort to have the E. R. A. set aside supplementary medical relief for workers under the P. W. A. The motion was seconded and passed.

NEW MEMBERS

Applications for membership were received from:
Dr. Frederick W. Steinback, Avon, New Jersey.
Dr. John C. Clark, Asbury Park, New Jersey.

The following members were admitted to the Society:

Dr. Theodore Schlossbach, Bradley Beach, New Jersey
Dr. John William Hardy, Farmingdale, New Jersey.

SCIENTIFIC

Dr. Walter Clark, Director New York Public Health Bureau, gave an address on the subject "Syphilis—the Next to Go".

According to Dr. Clark, who treated his subject as a communicable disease rather than in all of its phases, syphilis is present in 5 per cent of the population at any one time. Of this number, at any time, only 0.5 per cent are under treatment, leaving 4.5 per cent of the population afflicted but not treated.

The principles of preventing syphilis are the same as those in preventing all communicable diseases, namely: (1) Avoiding exposure; (2) prophylaxis after exposure; (3) isolation; and (4) treatment of infected cases.

Dr. Clark then described what New York City and State were doing to eradicate the disease, comparing our methods of approach with those used in Europe.

Dr. Clark's paper was discussed by Dr. A. J. Casselman, Director of New Jersey Bureau of Venereal Disease Control of United States Public Health Service; Dr. Frederick Jamison and Dr. David M. P. Magee.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A regular monthly meeting of the *Morris County Medical Society* was held the evening of Thursday, December 19, 1935, at the State Hospital at Greystone Park, with President Costello presiding over an attendance of some sixty members.

Routine business included reading and approval of minutes of the November meeting and the interim proceedings of the Executive Committee, the latter including:

1. A change in the By-Laws so that applications for new membership may be received by the Executive Committee for investigation and recommendation, this being a time-saving procedure.

2. Blanks for use in connection with the Physicians' Lien Law to be printed shortly and indicating their availability.

3. The importance of welfare work makes it seem advisable to have a meeting in the near future on "Medical Economics".

4. A questionnaire on medical changes from The American Foundation Studies in Government and the answer made by President Newcomb of the State Society. This matter had been handled by the State Committee on Medical Practice (page 35).

5. Approval that immunization work be left in the hands of physicians. Interest must be manifested by doctors if they are to retain control of this, and avoid its being taken over by the State Department of Health with the withdrawal of the free biologicals. This work should be retained not necessarily for its economic value, but to keep socialization of medicine from creeping in.

NEW MEMBERS

Three new members were unanimously elected, as follows: Edgar Jackson Evans, of Denville; Henry O. vonDeilen, of Morristown; and James Conway, of Madison.

REPORT OF STATE WELFARE COMMITTEE

President Costello reviewed the discussions at a meeting of the State Welfare Committee on December 8, saying that there is considerable activity in the committee along the lines of coordination between the medical fraternity and the State Board of Health "Baby Keep Well" stations.

Regarding the Copeland Bill, it might be just as well for the County Society to mark time, since we have heard only one side of the story.

There is a great deal of material and a great many important subjects coming before the Public Welfare Committee which members of the Society will not be acquainted with unless they read carefully the *State Journal*. The Executive Committee of the Society is trying to arrange for a meeting in February to be devoted fully to this work, and will secure men who have done a great deal on the subject of "Medical Economics", which is going to have a definite bearing on the practice of medicine in the future years.

SCIENTIFIC

President Costello then introduced the speaker of the evening, Dr. Charles Gordon Heyd, Surgical Director of New York Post-Graduate Hospital, whose topic was "Goitre—Diagnosis and Therapeutic Indications".

Dr. Heyd prefaced his most interesting and enlightening discourse by stating that about 1922 an active clinic was opened at the Post-Graduate Hospital. The tendency has been to simplify the knowledge of goitre, outlining the two great schools of goitre in this country—one believing irrespective of manifestations that goitre is the one disease that cannot be subdivided into groups; the other holding the opposite view, that there are characteristic groups of goitre which have their individual symptomology and treatment. Still when dealing with a large group of cases, it becomes necessary to subdivide them. Dr. Heyd indicated the several subdivisions of goitre by means of slide pictures, thereby making it possible for the audience to see a "goitre clinic".

Reverting to the time when iodine was so generally advised, the speaker said that iodine never cured goitre; its use was indicated in Graves' disease ten days before operation; that there are indications for its use in small doses in growing children, and for iodine therapy the last three months

of pregnancy of expectant mothers suffering from this disease, for the benefit of the child.

An interesting discussion followed, which was led by Dr. Pinckney, followed by Dr. McMahon, Dr. Krauss and Dr. Costello and others.

At the close of the meeting appreciation was also manifested by applause, the thanks of the Society were presented by President Costello. The meeting adjourned for refreshments.

It was announced that the January meeting would be held at the Dover General Hospital, and that a very interesting and attractive program is being arranged for later announcement.

PASSAIC COUNTY

Sigurd W. Johnsen, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held Thursday evening, December 12, at nine o'clock, at the Passaic City Club, with Dr. Wright MacMillan, President, in the chair.

NEW MEMBERS

The following applications for full membership having been favorably reported on by the Board of Censors, were unanimously elected to membership:

Harry A. Moscoe, M.D.
Stuart Bergsma, M.D.
Thomas J. Gallagher, M.D.
J. N. Shippee, M.D.
B. H. Close, M.D.

CONSTITUTION

Notice of changes in the Constitution and By-Laws was announced by Dr. MacMillan. The amended articles will be sent to all the members and voted on at the next meeting.

A motion was made by Dr. Dingman and seconded by Dr. Roemer that all the officers now in office continue in office until May, if the amendment changing the annual election is adopted. The motion was adopted unanimously.

MEDICAL-DENTAL SERVICE BUREAU

Dr. MacMillan then called for a report of the work done on the *Medical-Dental Service Bureau*. Dr. Johnsen made the following report:

"In accordance with the instructions given the Committee on the Coordination of Medical Care, the organization of the Medical-Dental Service Bureau of Passaic County has been completed. Articles of incorporation have been filed and approved. The directors of the corporation are:

President, Richard Falk, D.D.S.
First Vice-President, Sigurd W. Johnsen, M.D.
Second Vice-President, John Verduin, D.D.S.
Secretary-Treasurer, Norman Dingman, M.D.
John N. Ryan, M.D. G. H. Loehwing, D.D.S.
G. V. Boyko, D.D.S. Wright MacMillan, M.D.
John Roemer, M.D. John Carlisle, M.D.

The Executive Committee consists of the officers and Dr. MacMillan.

The office selected for the Bureau is located at 64 Hamilton Street, Paterson, opposite the Court House. The telephone number is Sherwood 2-5889.

Conferences with industrial organizations and the hospitals are now being carried on to secure their coöperation.

The completion of organization and set-up of the plan has been consummated in a little over a month. We are greatly indebted to the *Economic Security Council* of Washington, D. C., for its coöperation that has enabled us to accomplish this piece of work; as well as to all the members of the committee who have given so much of their time and advice freely.

A motion was then made by Dr. Roemer that a committee be appointed by the President to see that the Medical Staffs of all the hospitals in Passaic County are informed of the existence of the Medical-Dental Service Bureau, and that they pass resolutions endorsing it. This motion was seconded by Dr. Spickers, and unanimously adopted. Dr. MacMillan then appointed the following:

For Barnert Memorial Hospital—

Dr. Roemer and Dr. Spickers.

For St. Joseph's Hospital—

Dr. McBride and Dr. Dingman.

For Paterson General Hospital—

Dr. Marsh and Dr. Mitchell.

For Passaic General Hospital—

Dr. Carlisle and Dr. Joseph.

For St. Mary's Hospital—

Dr. MacGuffie and Dr. Okin.

For Beth Israel Hospital—

Dr. Ginsburg.

For Paterson Eye and Ear Hospital—

Dr. Whilard.

PUBLICITY

Dr. MacMillan then announced that the papers in Paterson had refused to give publicity to the Medical-Dental Service Bureau on the basis that it was a commercial organization, and should be considered as advertising. Dr. McBride then made a motion that a committee be appointed to take this matter up with the newspapers. The motion was seconded by Dr. Spickers and unanimously adopted. The following were then appointed: Dr. McBride, Chairman; Dr. Roemer, Dr. Spickers, Dr. Dingman.

WELFARE COMMITTEE

Dr. MacMillan then gave a report of the meeting of the State Welfare Committee. (See page 30.) The suggestion had been made that a layman be appointed in each County Society who is especially interested in the welfare work.

THE PASSAIC COUNTY WELFARE HOME

The Society then considered the Passaic County Welfare Home, located in Preakness, in back of the Valley View Sanatorium, is now completed and will soon be open to receive patients. This institution is for the care of the aged indigent of Passaic County, and has accommodation for about four hundred and fifty people.

There will be hospital accommodations for the sick, with a resident physician in attendance, and a staff of nurses. Accommodations for about one hundred and twenty-five patients will be available. A long-felt want will be realized when this splendid institution is operating. It will relieve the hospitals of the care of the aged indigent sick, as well as to provide for the aged indigent.

Applications for admission may be made to the Secretary of the County Welfare Board, Court House, Paterson, New Jersey.

Dr. Andrew F. McBride and Dr. William Spickers, as a committee of the County Medical Society co-operating with the County Welfare Board, reported that they had attended a hearing before the County Welfare Board and had protested against the plan of equipping a complete operating room in the home. The committee reported:

"Dr. Spickers and myself stated very emphatically that we were opposed to any major surgery being done in the home until such time when it was proven necessary; that no material, no instruments, no staff, except a resident physician, and no nurses for operating room duty, and no additional apparatus should be purchased or installed,—in fact, nothing except that which was absolutely necessary should be purchased, or any other expenditure be made,—until the time comes, if ever, when the work cannot be done satisfactorily in other hospitals in the county.

"Both Dr. Spickers and myself pointed out to the Board that all necessary x-ray work, including operative work, could be done at the Valley View Hospital and the other general hospitals in Paterson and Passaic. Mr. Greene of the Board informed our committee if this was done, the institutions doing the work could not be paid for it. We both felt that even if this were so, which we doubted, the county would save money by having it done the way we suggested."

After considerable discussion, Dr. S. Ginsburg made the following motion, with an amendment by D. Schulman:

Resolved: That we accept the report of the committee, and that we inform the various attitude of the Passaic County Medical Society county governing bodies and the press of the toward the establishment of an operating room in the Welfare Home.

This was seconded by Dr. McBride and unanimously adopted.

SCIENTIFIC

Dr. MacMillan then introduced Dr. S. Ginsburg, who has recently returned from an extensive trip through Soviet Russia. Dr. Ginsburg gave an excellent talk on the organization and medical practice in Soviet Russia. He described the various institutions and agencies devoted to the preventive and therapeutic care of all the people. His description of conditions was very lucid, and his very interesting talk was enjoyed by all.

The meeting was then adjourned, and refreshments were served.

SALEM COUNTY

L. C. Hummel, M.D., Reporter

On December 13th the regular meeting of the *Salem County Medical Society* was held in the Salem Hospital in Salem Village. Dr. C. L. Fleming presided. It was most gratifying to have an attendance of twenty-two members and guests. All felt well repaid by the very interesting program presented.

PUBLIC HEALTH HOUR

Our State Executive Officer, Dr. LeRoy Wilkes, was present and gave an inspiring talk on the real necessity of unity among physicians in combating the many dangers that beset the medical profession in this changing era. He also emphasized the need for the County Society to put across the Public Health Hour in order to keep the patient coming to the family doctor instead of going to clinics. The public has been educated to seeing preventive medicine administered principally through free clinics. This is the trend today more than ever before, Dr. Wilkes warned, and must be changed by our own efforts.

General discussion of the Health Hour ensued and after a vote the Salem County Society went on record as wishing to continue the Public Health Hour for diphtheria immunization in the doctor's office.

SCIENTIFIC

Dr. E. E. Evans and his staff from the hospital of the DuPont Dye Works were present, and three papers were presented.

The first paper was by Dr. Evans on "The Medical Examination of Industrial Workers". He explained the necessity of having physically sound employees for the work that brings them so constantly in contact with such a variety of chemicals. He presented several chest x-rays which demonstrated pathology in otherwise unsuspected cases.

The second paper was by Dr. E. A. Jirouch on "Cyanosis". He discussed the toxicity of the aniline dyes, which are mostly nitro or amido derivatives of benzol. He mentioned the symptoms and treatment of patients poisoned with these dyes, and discussed the steps the DuPont Company has taken to prevent these accidents.

The final paper was given by Dr. Wolf on "Bladder Tumors in Dye Workers". He discussed the routine cystoscopic examination of employees engaged in the manufacture of dyes and gave some

very interesting statistics on the cases examined. He also discussed the treatment by fulguration, radon seed implantation, and x-ray therapy. An important point he stressed was the fact that a very high percentage of tumors found were without any symptoms.

The papers were so interesting they are being forwarded to the Journal for publication.

UNION COUNTY

Russell A. Shirrefs, M.D., Reporter

A largely attended meeting of the *Union County Medical Society* was held December 11th at St. Elizabeth's Hospital, Elizabeth. Dr. Thomas J. Walsh, President, was in the chair.

NEW MEMBERS

The following physicians were elected to membership: Dr. Clarence H. Berry, Summit; Dr. William C. Meincke, Roselle; Dr. Norman T. Crane, Dr. Harry Hansen and Dr. Douglas W. Kramer, all of Plainfield.

Nine applications for membership were received and will be voted on at the next meeting.

LECTURES WITH FILM-SLIDES

Dr. Frank Overton, Editor of the *The Journal of The Medical Society of New Jersey*, described a plan for a lecture on the Public Health Hour, accompanied with stereopticon slides of the subjects of the paragraphs of the lecture. He showed a small hand projector which had been purchased by the State Committee on Public Health, and demonstrated the method of lecturing by speaking upon each topic as it was shown upon the screen.

Dr. Overton stated that the lecture on the Public Health Hour was designed especially for audiences of laymen, and especially Parent-Teacher Associations and groups interested in public health nursing. The outline and projector will be loaned to members who addressed the lay organizations.

SCIENTIFIC

Dr. S. J. Goldfarb, Roentgenologist at Mt. Sinai Hospital, New York, gave a lecture, illustrated by many lantern slides, on "The X-ray Examinations of Lesions of the Small Intestine". A discussion of the topic was opened by Dr. Julius Gerendasy.

At the end of the meeting refreshments were served and a social hour enjoyed.

THE WOMAN'S AUXILIARY

Atlantic County

Mrs. Carl A. Surran, President

The meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* was held at the Madison Hotel on Thursday, December 12, 1935.

It was decided to give \$10.00 each to six organizations for charity—Visiting Nurses' Association, American Red Cross, Betty Bacharach Home for Crippled Children, Atlantic City Hospital, Municipal Hospital and Welfare Association—total \$60.00. It was also decided to hold a public card party on Wednesday, January 29, 1936, the proceeds for charity, the place not designated.

We were presented with a very interesting lecture on tuberculosis by Dr. Myrtille Frank, of Egg Harbor, N. J.

There were vocal selections by Dr. Robert A. Bradley, accompanied by Mrs. Alfred Westney, namely, "Ah! Sweet Mystery of Life", "Trees" and "Sylvia". Then Mrs. Cole Davis, a member of our organization, gave a travelogue of a European tour. The ship on which she was a passenger was the "Laconia".

After the meeting, the Auxiliary members were guests of the Medical Society at a buffet supper.

The members present were as follows: Mrs. Samuel Salasin, Mrs. Morton Major, Mrs. Alfred Westney, Mrs. Clarence Garrabrant, Mrs. Abraham Krechmer, Mrs. Lou's Feinstein, Mrs. Bernard Crane, Mrs. Charles Hyman, Mrs. Edward Guion, Mrs. David F. Weeks, Mrs. Ily R. Beir, Mrs. Percy Clark Joy, Mrs. David B. Allman, Mrs. Samuel F. Gorson, Mrs. Herman Kline, Mrs. E. H. Harvey, Mrs. C. C. Charlton, Mrs. Cole Davis, Mrs. Larence A. Wilson, Mrs. James MacFarland, Mrs. Clarence B. Whims, Mrs. Baxter H. Timberlake, Mrs. John F. Massey, Mrs. C. G. Shreve, Mrs. Myrtille Frank, Yvonne Frank, Mrs. James H. Mason, Nellie McGurran, Elsie M. Casperson, Kathryn deS. Corcoran, Mrs. W. J. Carrington, Florence E. Goodenough, Mrs. Hilton S. Read, Mrs. Andrew Smith, Mrs. Carl Surran, Mrs. Robert A. Bradley, Mrs. Manuel J. Mally, Mrs. Daniel C. Reyner, Mrs. Edward Dyer, Mrs. Ruffin Stamps, Mrs. Samuel Winn.

Reported by Mrs. Samuel L. Salasin

Mrs. Clarence Whims entertained at a musicale-tea Friday afternoon for members of the *Woman's Auxiliary to the Atlantic County Medical Society*, the Beta Delphians, and their friends. The affair was held at her home in Ventnor.

Rudolph Hildemann, pianist; William Stokking, violinist, and Leo Sachs, cellist, were the musicians. The program began with a trio for the piano, violin and cello in D Minor by Mendelssohn.

Mr. Sachs played "The Berceuse", from Jocelyn, by Godard; "Out of My Heart", by Mr. Hildemann; and "inspirations", composed by Mr. Stokking.

Mr. Hildemann played "The Concert Etude", by MacDowell; and "Clair De Lune", by DeBussey. Mr. Stokking played "Ave Maria", by Schubert-Wilhelmi, and "Le Canary", by Poliakin.

Attending were: Mrs. Elwood Kirkman, Mrs. James Butler, Mrs. Lyle Knowles, Mrs. Emory Keiss, Mrs. W. Elmer Brown, Mrs. James Mason 3rd, Mrs. Eli R. Beir, Mrs. A. G. Malamut, Mrs. Manuel J. Mally, Mrs. Morgan Thomas, Mrs. Monro Mendelsohn, Mrs. John D. Augustino, Mrs. William Stokking, Mrs. Wistar Evans, Mrs. Wilbut T. Bishop, Mrs. Joseph Kee, Mrs. Harry Leiby, Mrs. Harry Wolf, Mrs. Joseph S. Lilly, Mrs. Baxter Timberlake, Mrs. J. Carlisle Brown, Mrs. Harry Moore, Mrs. Fred Cliff, Miss Maria Palmer, Mrs. Homer I. Silvers, Mrs. William Pollard, Mrs. Carl Yeager, Mrs. A. L. Rosenberg, Mrs. D. C. Rayner, Mrs. Jack Paul Bacharach, Mrs. Frederick Hickman, Mrs. Samuel Salasin, Mrs. Mae Dawson Smith, Mrs. Carl Surran, Mrs. Floyd Potter, Mrs. Hilton Read, Mrs. Harry Godshall, Mrs. Arthur Von Deilen, Mrs. Ruffin Stamps, Mrs. John Irvin, Mrs. F. L. Clark, Miss Elizabeth Hallman, Miss Rose Ehrenfeld, Mrs. A. Burton Wright, Mrs. Joseph C. Marshall, Mrs. P. F. Woodhouse.

Hudson County

Mrs. A. E. Jaffin, President

A Christmas party took the place of the regular December meeting of the *Woman's Auxiliary to the Hudson County Medical Society*. The party was held on Monday afternoon, December 2nd, at the Y. W. C. A. in Jersey City. There were fifty-five members and forty-two guests present. Many of the guests were doctors' wives who are not members of the Auxiliary; and we are hoping that after being guests at our lovely party they will want to become members of our Auxiliary.

Our President, Mrs. A. E. Jaffin, was in charge and she was assisted by Mrs. Peter Maras as Chairman of Entertainment and Mrs. Arthur Largay as Chairmen of the Program.

The large room in which the party took place was beautifully decorated with Christmas greens and candles and in the huge fireplace a log fire glowed and crackled. Gay red candles adorned the tea table.

The program began with an interesting group of pictures entitled "A Cycle of Service", which was presented by Mr. Harvey and Mr. Thomas of the Public Service of Jersey City. The pictures showed what goes on behind the scenes when we press an electric button or turn on the gas.

One of our members, Mrs. H. Tataryan, sang a group of Christmas carols. Her selections gave the history of the Christmas carols as she began with the earliest and came down to those of modern times. She was accompanied on the piano by Mrs. Harry Perlberg, also a member of our Auxiliary.

Another of our members, Mrs. John Nevin, a

former President of our Auxiliary and also a former State President, told very beautifully the story of Henry Van Dyke's "The Other Wise Man".

This was followed with selections by two guest artists, Mr. Cy Bofird, a seventeen-year-old radio soloist, with Mrs. Harry Perlberg as accompanist; and Madame Phyllis De Rosa, of Hoboken, a dramatic soprano, with Miss Doree Menz as accompanist.

To end the program, the whole group sang several songs with Mrs. Tataryan leading and Miss Viola Reed at the piano. As the group sang "Jingle Bells" Santa appeared with a huge sack filled with gifts for everyone.

Announcement was made of a luncheon, card party and bridge to be held in Newark on January 22nd, after which tea was served by Mrs. Peter Maras and a group of hostesses.

Middlesex County

Reported by Mrs. William H. McCormick,
Publicity Chairman

The *Woman's Auxiliary to the Middlesex County Medical Society* held a business meeting and tea on Friday, November 15th, at the Hotel Woodrow Wilson in New Brunswick. The President, Mrs. Howley, of New Brunswick, presided.

The Auxiliary met again on Wednesday evening, November 20th, at the Jamesburg State Home for Boys, where they were cordially greeted and delightfully entertained by Mrs. Molilch and the other women of the institution.

The next meeting will be on December 18th, at which meeting the new President, Mrs. John J. Mann, of Perth Amboy, will be installed and other officers for the coming year will be elected.

Monmouth County

Reported by Mrs. W. K. Campbell

A meeting of the *Woman's Auxiliary to the Monmouth County Medical Society* was held in Freehold Monday, December 2nd, 1935. Following a luncheon, which was served at the Christopher House, the meeting was held at the home of Dr. and Mrs. J. C. Clayton. Mrs. W. K. Campbell, of Long Branch, the President, presided.

Reports of officers and committee chairmen were given. The members voted to send a Christmas basket to a devoted doctor's wife and daughter.

An editorial written by Dr. E. J. Ill, of Newark, for the November issue of the *State Medical Journal* on "The Society for the Relief of Widows and Orphans of Medical Men of New Jersey" was distributed among the members.

The Auxiliary was honored in having their State President, Mrs. F. A. Kinch, of Westfield, as guest speaker. Mrs. Kinch spoke of the state work and

also of the National Auxiliary work. Her address was very interesting and helpful.

The Auxiliary was also honored in having Dr. W. H. Fairbanks, of Freehold, President of the Monmouth County Medical Society, speak on "Socialized Medicine". He explained the subject very carefully. Many questions were asked which Dr. Fairbanks generously answered.

The next meeting will be held in April, in Keyport, at the home of Dr. and Mrs. Murray Woronoff.

Those attending the meeting were: From Freehold, Mrs. J. C. Clayton, Mrs. H. H. Freedman, Mrs. Harvey Brown, Mrs. H. W. Ingling and Mrs. H. B. Mason; from Keyport, Mrs. M. Woronoff and Mrs. Francis Holman; from Asbury Park, Mrs. R. A. MacKenzie; from Long Branch, Mrs. S. H. Nichols, Mrs. S. Neiderhoffer, Mrs. H. B. Slocum and Mrs. W. K. Campbell.

Union County

Reported by Mrs. H. S. Murphy

The *Woman's Auxiliary of the Union County Medical Society* met Wednesday, December 11th, at the Nurses' Home of St. Elizabeth Hospital, in Elizabeth. Mrs. F. B. Gilpin, President of the organization, presided.

After a short business meeting, Mrs. H. V. Hubbard, of Plainfield, showed several interesting reels of moving pictures which she had taken. One was of Vermont, showing the house where Calvin Coolidge was born, and the one where he took the oath of office when he became President of the United States. It concluded with his tombstone, showing the seal of the President of the United States. The next group of pictures was of the campus of William and Mary College and the quaint village of Williamsburg where it is located. Following this, Mrs. Hubbard showed pictures, in color, taken at Atlantic City at the time of the Medical Convention.

Mrs. G. S. Laird, of Westfield, then gave a very instructive and interesting talk on the conservation of wild flowers, a movement promoted by the Garden Clubs of New Jersey. She illustrated it with a poster, showing (1) the flowers not to pick; (2) those to pick every one in ten; and (3) those to pick as many as wanted.

The evening's entertainment was then concluded with a picture, taken by Fletcher Gilpin when he was a student at Princeton, of a geological trip through the Canadian Rockies, Jasper Park and Yellowstone National Park. Refreshments were then served.

The *Woman's Auxiliary to the Union County Medical Society* held a dessert bridge Wednesday, December 4th, at the home of Dr. and Mrs. H. H. Bowles, of Summit. The proceeds will go toward the scholarship fund of the organization. Mrs. F. B. Gilpin, Mrs. G. S. Laird and Mrs. H. V. Hubbard assisted the hostess.

BOOK REVIEWS

THE COMPLETE PEDIATRICIAN, by Wilburt C. Davison, M.A., D.Sc., M.D. Printed by Seeman Printery for Duke University Press, Durham, S. C. \$3.00. 1934. Professor of Pediatrics in the Duke University School of Medicine.

This book might well be called a "memory-jogger". It is brief, but all the essential ingredients have been concentrated. Its greatest value is in cutting the red tape to diagnosis on the basis of symptoms and signs. There is a need for a book of this kind which the pediatrician can carry in his bag or in the side pocket of his car for immediate review of symptoms, signs, diagnosis and treatment. The paragraphs are numbered and cross-references are facilitated.

In addition to the chapters on diagnosis by signs and symptoms, there are equally important ones on preventive measures, drugs and prescriptions, and laboratory methods. These chapters are arranged in the logical sequence in which a physician interviews, examines and treats a patient.

The author describes 307 diseases of children. He states the incidence and prognosis in each case based on practice and not guesswork. The figures are accurately compiled from 150,000 cases among 80,000 children admitted to the Children's Department of the Johns Hopkins Hospital from 1912 to 1932.—D. E. O.

DAVIS APPLIED ANATOMY, by Gwilym G. Davis. Ninth edition by George P. Muller, M.D., Professor of Clinical Surgery, Graduate School of Medicine, University of Pennsylvania; Surgeon to the Misericordia and Lankenau Hospitals. Cloth. Pp. 717. J. B. Lippincott Co., 1934.

The purpose for which a textbook on anatomy is written must be our guide to its contents and their usefulness. This book is intended for the advanced student of anatomy who seeks the basic principles on which to build surgical technic. It is also a convenient and resourceful reference book for either the general or specialized surgeon.

To search for the various anatomical considerations of the shoulder, for example, one turns to the chapter on upper extremity—shoulder. Here we find a complete homogenous description of the bones, muscles, arteries, veins, nerves, joints and ligaments all woven in together to render a complete portrayal of the part. In our elementary anatomy the various structures of the body are taken up independently. Gray gives us first of all the bony skeleton, then the muscles, followed by blood vessels and nerves. That method of description is necessary for the instruction of medical students; but it is a handicap to surgeons who are seeking a composite picture of all the anatomical relationships of a definite part of the body.

This ninth edition has been edited by George P. Muller, Professor of Clinical Surgery at the University of Pennsylvania. A great deal of the ma-

terial has been reset including the sections on surgical specialties, which have been prepared by prominent collaborators.

Every surgeon could well afford to have this type of anatomy book at hand for ready reference. It will serve him admirably.—S. T. S.

SPINAL ANAESTHESIA; TECHNIC AND CLINICAL APPLICATION, George Rudolph Vehrs. St. Louis, C. V. Mosby Co. Pages 269.

This work gives a brief and good outline of the anatomy and physiology of the cerebro spinal system as related to spinal anaesthesia. The author details his own method of inducing the anaesthesia and the regulation of the height of the sensory and motor paralyses. The discussion is limited entirely to the use of novocain and other drugs are excluded from consideration; there is only passing mention of the methods of other authors. The advantages of the lateral method of spinal tap appear to the author to outweigh those of the central tap more than is the opinion of the reviewer, who with others has had satisfactory experience with the other method. The section on indications and contraindications is good, although the extent of the former is certainly greater than is general practice. There is a good discussion of care before, during, and after operation.

The author also details his method of regional and total spinal anaesthesia and, as in the earlier sections, accompanies the discussion with case histories illustrating the results he has been able to attain. One agrees that total anaesthesia will not have a great field. There is only passing mention of the use of spinal anaesthesia in obstetrics and of paracervical anaesthesia. The style of the work is labored and interferes with the ready grasp of the author's intent. The book appears to be an exposition of a considerable personal experience with these methods of anaesthesia, which forms the basis of the discussion.—G. N. J. S.

SURGERY OF A GENERAL PRACTICE, Arthur E. Hertzler, M.D. St. Louis. The C. V. Mosby Co. Pages 602.

This work on the surgery of general practice furnishes an outline of the conditions that are to be met. The work suffers from being too brief and adequate descriptions of disease and more than hints as to the treatment are often lacking, although the general principles laid down are sound, especially in the excellent section on wounds and their treatment.

The author makes no mention of the use of avertin in the control of the convulsions of tetanus; the use of the roentgen ray in the treatment of erysipelas, infections about the face, and tuberculous adenitis; and of the rôle of lymphogranulomatosis in the etiology of rectal stricture. The section on the infections of the hands is entirely too brief and

is not sufficient for this important field so often a problem in practice. In the section on vascular diseases of the lower extremities no mention is made of the rôles of vascular spasm and occlusion and the modern methods of their evaluation. It is rather difficult to understand the inclusion of a technic for tonsilleotomy with no mention of the diagnosis or treatment for acute otitis media. The author is to be commended on his warning regarding the difficulties in the removal of foreign bodies. He sounds a solid piece of advice regarding the too free and thoughtless criticism of fellow physician specifically here regarding the causation of Volkmann's contracture by the injury as well as from tight bandaging. The book is well printed and is illustrated profusely with clear pictures.—G. N. J. S.

OBSTETRICAL PRACTICE, by Alfred C. Beck, M.D., Professor of Obstetrics and Gynecology, Long Island College of Medicine; Obstetrician and Gynecologist-in-Chief, Long Island College Hospital, Brooklyn. With 1043 illustrations, 686 pages. The Williams & Wilkins Company, Baltimore, 1935.

The stated purpose of this new book "is to present the essentials of obstetric practice to undergraduate students and young practitioners as concisely as is consistent with the requirements of a textbook. Disproven theories and the conflicting factors which have led to controversy accordingly are not discussed. For the sake of clearness also, historical data and the names of those who have made important contributions to obstetric progress have been omitted from the text." The purpose is well fulfilled and the subject matter is excellently reviewed for the student, the interne, the nurse and the young general practitioner. Repeatedly the advice is given to turn to experts and not venture too much. Some of the chapters are almost too brief. The numerous illustrations usually demonstrate the subject matter very well; many of them are original. The sections on the mechanism and management of labor, on abortion, on complications of pregnancy, on the pathology of labor, and on contracted pelvis are among those especially well written. It is regretted that mention was not made of such things as the use of long rubber gloves for internal podalic version and of the place of the extraperitoneal Cesarean section. It would seem as though the author's food requirements during labor were rather more than many patients can take care of. In general, this is a carefully and clearly expressed volume on modern obstetrics and a safe authority. It should be in every hospital library and is an excellent reference book.—W. B. M.

OBSERVATIONS OF A GENERAL PRACTITIONER, by William N. Macartney, M.D. Richard G. Badger, publisher. The Gorham Press, Bostoh, Mass.

Four hundred sixty-eight pages of medical common sense interspersed with enough amusing case histories and slap-stick comedy to make pleasant light reading; most valuable to specialist or city practitioner as a stabilizer and funny-bone tickler. Your wife will enjoy it, too!—E. P. C.

SCULPTURE IN THE LIVING: REBUILDING THE FACE AND FORM BY PLASTIC SURGERY, by Jacques W. Maliniak, M.D., Attending Plastic and Reconstructive Surgeon at Sydenham Hospital, New York City; St. Peter's Hospital, New Brunswick, N. J.; Beth Israel Hospital, Newark, N. J. Cloth, price \$3.00, pp. 203 with 70 illustrations. New York. The Lancet Press, 1934.

The stimulus provided by the World War has aided the advance of plastic surgery as a comparatively new specialty.

Naturally the general public is interested, a point which Dr. Maliniak keeps in mind throughout his entire book. It is well written and gives in simple and eloquent language a rapid review of the whole subject, yet it is quite thorough and complete.

The first chapter gives an interesting historical account of the development of this branch of surgery. The importance of the methods as employed by early Hindu and Italian surgeons in relation to modern practice provides fascinating reading.

The succeeding chapters take up successively the consideration of the subject from the psychic and social aspect; the roll of the skin; reconstruction of the nose, lips and chin; breast repair; deformities about the eyes and ears; cosmetic surgery; orthopedic reconstruction and finally a brief exposition of the legal aspects of the subject.

The space given to each of these topics varies according to the special interest that each demands. The chapter on rebuilding the mouth and chin might have included more than just passing mention about orthodontia. So, too, the subject of facial paralysis contains no word of the recent works of Ballance and Duell. Instead, the older practice of anastomosing the facial nerve with other cranial nerves is presented.

The author rightly points out that plastic surgery exacts not only a thorough technical skill but also a certain esthetic sense. Such artistry cannot be acquired from text books but emanates from an innate and cultivated talent.

The care and painstaking labor involved in the preparation of this book are apparent. The illustrations are interesting as well as informative. Altogether, the book must be considered a most useful volume for the general reader largely because of the simplicity and directness of the presentation and also because it is written with a definite idea that the practice of this specialty belongs to the doctor and not to the beauty parlor.—J. A. M.

STAMMERING AND ALLIED DISORDERS, by C. S. Bluemel, M.A., M.D., F.A.C.P., M.R.C.S. (Eng.). Published by The Macmillan Company. Price \$2.00.

This book was read with a great deal of interest and explains stammering on the basis of a conditioned reflex as interpreted by Pavlov in his enlightening experiments. The treatment as universally applied in the past is probably harmful, at least futile. Cures may be affected by positive conditioning for the reflex of speech where secondary stammering or conditioned inhibitions have not arisen. This information should be had by every general practitioner, and it is especially interesting to neurologists and laryngologists.—E. P. C.

PREVENT KETOSIS OF PREGNANCY WITH KARO IN THE PRENATAL DIET

“Enlarging of the uterus often causes reflex vomiting. Unless carbohydrate is taken throughout the day to maintain the blood sugar at high levels, Ketosis results. This disturbance aggravates the vomiting, frequently beyond control because of the inability of the damaged liver in pregnancy to resist Ketosis.”

—Kugelmass, *Clinical Nutrition in Infancy and Childhood* (p. 53)

KARO is an ideal carbohydrate to combat Ketosis. Karo consists of palatable maltose and dextrose (with a small percentage of sucrose added for flavor) quickly absorbed and the non-fermentable dextrans that are gradually transformed into simple monosaccharides. Karo can, therefore, be fed in larger amounts than simple sugars without danger of digestive disorders—fermentation, distention, diarrhea...Karo may be added as Syrup or Powder to milk, cereals, gruels, fruits, vegetables, desserts and refreshments. Whatever the prenatal dietary indicated, Karo will furnish the mixed sugars necessary to combat Ketosis. And the earlier in pregnancy the addition is made the less the danger of Ketosis.



ORTHOPEDIC SHOES

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY

Trade Mark
Registered

STORM

Trade Mark
Registered

Binder and Abdominal Supporter



Gives perfect uplift. Is worn with comfort and satisfaction. Made of Cotton, Linen, or Silk. Washable as underwear. Three distinct types, many variations of each.

The Picture Shows "Type N"

Storm belts adaptable to all conditions, Pto-sis, Hernia, Pregnancy, Obesity, Sacro-Iliac Relaxation, High and Low Operations, etc.

Ask for Literature

KATHERINE L. STORM, M.D.

Originator, Owner and Maker

1701 Diamond Street

PHILADELPHIA

The Medical Profession Can Rely Upon Us to Render ACCURATE OPTICAL SERVICE

No Glasses Are Supplied Except on Prescription—

WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is the oldest optical house in New Jersey, having been established in 1892. Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

J. C. Reiss
Optician

Hill Street

Is on the West side of
Broad St.

Opposite City Hall
Where parking is possible.

Member of the Guild of Prescription Opticians of America



Surgical Appliances

• by *Pomeroy*

"Master" Elastic Stockings

- for varicose veins, swollen limbs, sprained muscles, or weak or enlarged joints. They are hand knit--shaped to fit and wear longer.

Supports and Braces

- for every condition. Skilfully incorporate the physician's directions.

Wire Frame Trusses

- for hernia. May be worn with the utmost security and comfort.

Supporting Belts and Corsets

- for all forms of ptosis, post-operative cases, and pregnancy. Made in our own work-room, to the patient's measure.

POMEROY

New York
Bronx
Brooklyn

Detroit

Boston
Springfield
Wilkes-Barre

901 Broad Street
Newark, N. J.

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
EAST ORANGE, N. J.	Mosler, Thomas A., Ph. G., 144 Harrison St.	ORange 5-7430
SO. ORANGE, N. J.	Taft's Pharmacy, 2 So. Orange Ave.	S. O. 2-0063
NEWARK, N. J.	Liss, Michael, 794 Mt. Prospect Ave.	HU. 3-4794

Important to Your Babies!



Larsen "Freshlike" Strained Vegetables are first quality garden fresh vegetables cooked, strained and sealed under vacuum to protect vitamins and mineral salts. For further protection we seal in special enamel lined cans.

All Varieties
10c
Per Can

LARSEN'S
"Freshlike"
Strained Vegetables



THE LARSEN COMPANY, Green Bay, Wis.

MARQUIER'S PHARMACY

THE REXALL STORE

SANFORD and SO. ORANGE AVENUE

Newark, N. J.

NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

At a meeting of the Clinical Society of the New York Polyclinic Medical School and Hospital held on November 4th, the following program was presented: (1) "Contributory Causes of Coronary Thrombosis", by Cadis Phipps, M.D., of Tufts University. The discussion was opened by T. Stuart Hart, M.D., and Louis Gross, M.D. (2) "Endothelial Tumors", by Dean Lewis, M.D., of Johns Hopkins University. The discussion was opened by Fred Waldorf Stewart, M.D.; Nathan Chandler Foot, M.D., and David M. Bosworth, M.D.

At the December 2nd meeting, the two contributions were: (1) "Changing Methods in Radiation Therapy in Malignant Diseases of the Uterus", by William P. Healy, M.D., of Memorial Hospital. The

discussion was opened by Maurice Lenz, M.D.; William Cameron, M.D., and Malcolm Campbell, M.D. (2) "Surgery of the Pancreas", by Allen O. Whipple, M.D., of Presbyterian Hospital. Discussion was opened by William Barclay Parsons, M.D.; Ralph Colp, M.D., and Edward L. Kellogg, M.D.

Dr. Russell L. Cecil gave an afternoon lecture on Wednesday, November 20th, on "The Types of Pneumonia".—Advt.

DEBATING SOCIALIZED MEDICINE

A librarian in a neighboring city has asked for literature on the subject of the socialization of medicine. He stated that he had had several inquiries for such data from high school students in his city. A bit later another such request was received, then another. The climax was reached when we were asked to take part in coaching a team which had the negative side (that of the medical profession) in a debate that was soon to be held in one of our high schools. In each of these instances the information sought was supplied, and we trust the negatives may win in each instance.

We do not know where this subject originated as a proper one for high school debating teams, but it is here and it becomes our duty to see to it that the proper sort of information is available for these debaters. We should not wait until we are asked to supply such information; this thing is "going the rounds" and sooner or later your high school will be getting into it. It would not be amiss for you to make inquiries as to whether the subject is being considered in your schools, and if it is, offer to supply intelligent information on the subject.—*The Journal, Indiana State Medical Association.*

A story runs that Dr. William Tecumseh Lusk, erstwhile famous New York obstetrician and teacher, once said to his class: "Gentlemen, of course you will marry soon after you have located. Let me advise you that when you are going out for an evening with your wife, do not stand at the staircase and say, 'My dear, are you ready, are you ready?' But just pick up a book and read. You will be astounded at the amount of information you will accrue in a lifetime."—*Nebraska State Medical Journal*, October, 1935, p. 407.

MEDICAL PRACTITIONERS RECOGNIZE US AS

DEPENDABLE OPTICIANS

Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions

MAINTAINING

Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Est. Since

1895

Personal
Supervision
Eugene J.
Anspach

ANSPACH BROS.

Prescription
Opticians

838 BROAD ST., NEWARK

556 Main St., East Orange, N. J.

382 Springfield Ave., Summit, N. J.

626 Cookman Ave., Asbury Park, N. J.

MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

1920

1936

Careful Compounding of the Eye Physician's
Prescription for Perfect Glasses



Guildcraft Opticians

At the Centre
Tel. Montclair 2-6128

Member of the Guild of Prescription
Opticians of America

Eye Physicians Prescriptions Exclusively

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

Member of the Guild of Prescription
Opticians of America

THE SCHOOL-CHILD'S BREAKFAST

Many a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental" breakfast of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school. A happy solution to the problem is Pabulum, Mead's Cereal cooked and dried. Six times richer than fluid milk in calcium, ten times higher than spinach in iron, and abundant in vitamins B and G, Pabulum furnished protective factors especially needed by the school-child. The ease

with which Pabulum can be prepared enlists the mother's cooperation in serving a nutritious breakfast. This palatable cereal requires no further cooking and can be prepared simply by adding milk or water of any desired temperature. Its nutritional value is attested in studies by Crimm *et al.*, who found that tuberculous children receiving supplements of Pabulum showed greater weight gain, greater increase in hemoglobin, and higher serum-calcium values than a control group fed farina.

Mead Johnson & Company, Evansville, Indiana, will supply reprints on requests of physicians.—Advt.

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

HENRY C. BARKHORN M.D., 45 Johnson Ave., Newark, N. J.

Change my address on mailing list

From.....

To.....

Journal is not being received

My correct address is.....

Date

Signed..... M. D

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

**Personal and Dependable Service, Day and Night. Special Attention Given
to Hospital Calls, Train and Express Shipments**

PLACE	NAME AND ADDRESS	TELEPHONE
NEWARK, N. J.....	Smith and Smith, 160 Clinton Ave.....	Bigelow 3-2123
NEWARK, N. J.....	John H. Broemel, 347 Lafayette St.....	Market 2-5034-5024
ELIZABETH, N. J....	Aug. F. Schmidt & Son., 139 Westfield Ave.....	ELizabeth 2-2268
ORANGE, N. J.....	Weatherhead Funeral Home, 126 Main St.....	ORange 3-5278-9

RIGHT OF THE DEAF CHILD

The White House Conference formulated the following Bill of Rights for the Deaf Child:

1. To as vigorous a body as human skill can give him.
2. To an education so adapted to his handicap that he can be economically independent and have the chance for the fullest life of which he is capable.
3. To be brought up and educated by those who understand the nature of the burden he has to bear and who consider it a privilege to help him bear it.

4. To grow up in a world which does not set him apart, which looks at him, not with scorn or pity or ridicule—but which welcomes him, exactly as it welcomes every child, which offers him identical privileges and identical responsibilities.

5. To a life on which his handicap casts no shadow, but which is full day by day with those things which make it worth while, with comradeship, love, work, play, laughter, and tears—a life in which these things bring continually increasing growth, richness, release of energies, joy in achievement.—*Rhode Island Medical Journal*.

*Keep your
JOURNALS
where you can
find them. . . .*

Ask your County Secretary about the filing box that will hold The Journals of a whole year.

A box will be sent from the Executive Offices on receipt of the price—thirty cents.



THE MEDICAL SOCIETY OF NEW JERSEY
137 EAST STATE STREET
TRENTON NEW JERSEY

The NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

PLASTIC REPARATIVE SURGERY

This course includes diagnosis and determination of treatment; pre-operative preparation; anesthesia; operative technique; dressings; post-operative care; with special reference to utilization of the skin and other tissues in correction of disfigurement and replacement of loss, congenital or acquired. Operations on the cadaver. Particular attention is given to lectures, studies and demonstrations of advances in surgical anatomy, pathology, etc., with special reference to the problem actually under consideration.

THORACIC SURGERY

An intensive course. Surgical treatment of chronic suppuration of the lung (pulmonary tuberculosis, abscess of the lung, bronchiectasis) and tumors of the lung. Surgical lesions of the esophagus, heart and diaphragm. Empyemas. Witnessing of operations, cadaver operations, pathologic physiology, experimental surgery and bedside rounds. Indication for surgical treatment, pre-operative care and post-operative management.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City

PRINTERS SINCE 1908

Specializing in

CATALOGUES STATIONERY
COMMERCIAL FORMS BOOKLETS

MEDICAL SOCIETY BULLETINS

ENGRAVED PROFESSIONAL STATIONERY
MODERATELY PRICED

The Orange Publishing Company

12 SOUTH DAY STREET
ORANGE, N. J.

—Printers to the State Medical Society—

COMPLETE PRINTING SERVICE

Belle Mead Sanatorium and Farm

BELLE MEAD, NEW JERSEY

Long established and licensed. On the approved hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy. With a separate, attractive department for Convalescents and Elderly Persons. Five attractive buildings for thorough classification.* Physicians are invited to visit and coöperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a four hundred acre stock farm at the foot of the Watchung Mountains. Easily accessible by rail, bus and auto. Scientific treatment and nursing. Hydrotherapy, electrotherapy, suitable diversion. Occupational therapy. Arts and craft shop. RATES VERY REASONABLE for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phone Belle Mead 21. New York City Office, 667 Madison Avenue; hours 3 to 4 Tues., Thurs., Sat. Tel. Regent 4-2160.

AURORA INSTITUTE

A RESORT FOR HEALTH

Morristown, New Jersey

Telephone: 4-3260

COMPLETELY equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroid, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. NO CONTAGIOUS OR MENTAL CASES.

Write for further information

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

ADOLPH WEIZENHOFFER, M.D., Assoc.

WILLIAM S. COLLENS, M.D., Director of Metabolism

FAIR OAKS

SUMMIT N. J.

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous dis-

eases, exhaustion states and cases requiring rest, hygienic, dietetic and occupational therapy. Insane and tubercular cases are not accepted.

D R. T. P. PROUT
Summit, N. J.

Telephone 6-0143

Mountain View Rest

Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651-1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism. Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike



VIEW OF THE GROUNDS

sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.



APPROACH

BOOKLET AND TERMS ON REQUEST

Visiting Resident Physician

DR. GEO. DAVIES

15 Fairview Avenue

Verona, N. J.

CHARLES B. TOWNS HOSPITAL

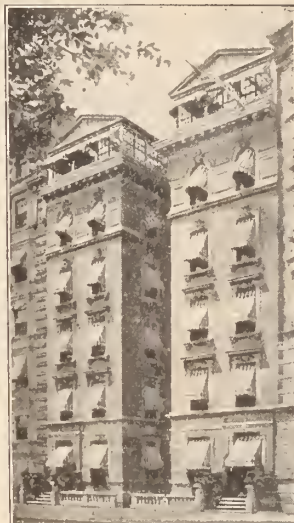
293 Central Park West New York, N. Y.

For ALCOHOLISM and DRUG ADDICTION

This institution has specialized in addictions for over 30 years. Its method of treatment has been fully described in THE JOURNAL A. M. A.; in The Handbook of Therapy, from the A. M. A. Press; and in other scientific literature. The treatment is a regular hospital procedure, and provides a definite means for eliminating the toxic products of alcohol and drugs from the tissues. A complete Department of Physical

Therapy, with gymnasium and other facilities for physical rebuilding, is maintained. Operated as an "open" institution. Physicians are not only invited but urged to accompany and stay with their patients.

ANY
PHYSICIAN
having an ad-
dict problem is
invited to write
for Hospital lit-
erature.



Located Directly
Across from Central Park

BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY



"Interpines"

GOSHEN, N. Y.

Phone 117

Ethical - Reliable - Scientific

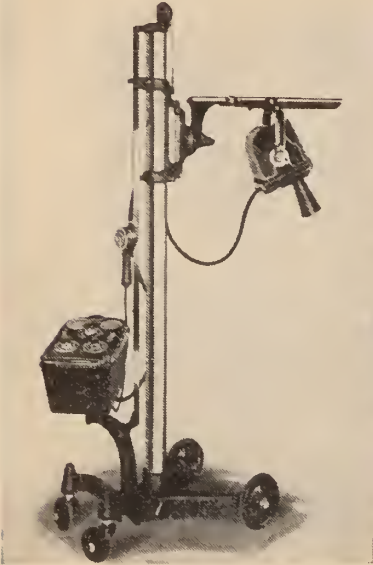
Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

Frederick W. Seward, M.D., Director
Frederick T. Seward, M.D., Res. Physician Clarence A. Potter, M.D., Res. Physician



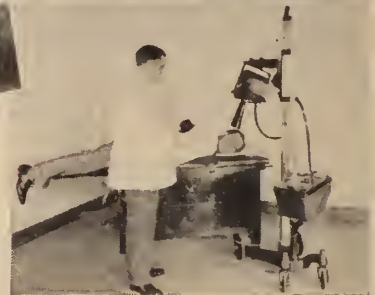
WHAT OIL-IMMERSED X-RAY APPARATUS HAS CONTRIBUTED TO OFFICE PRACTICE



Model "D" Mobile — compact, conserves floor space, and can be operated in any part of the building by plugging in to the nearest electric service outlet.



Model "DRF" in which the "D" unit is incorporated in a combination radiographic-fluoroscopic table.



Fluoroscopic and radiographic applications of the Mobile "D", showing how the office examination couch can be utilized to advantage.

● The principle of G-E shock proof x-ray apparatus differs radically from all other principles ever applied to x-ray design, in that the entire high voltage system, including the x-ray tube itself, is immersed in oil.

So successful has this type of apparatus proved itself over a period of twelve years, that today finds the same principle applied to G-E x-ray apparatus of capacities as high as 300,000 volts. It has made operation of diagnostic x-ray equipment 100% electrically safe, unaffected by atmospheric conditions, comparatively simple to operate, and convenient to apply. Thus a physician may consider the use of such a diagnostic x-ray unit in his office as thoroughly practicable.

The "D" Series of G-E shock proof x-ray units is popular not only among general practitioners but also in some of the specialty practices, where the range of diagnostic service here provided finds wide adaptability. For example, a radiograph of the average size pelvis is obtained with a one-second exposure, using the Potter-Bucky diaphragm at 30-inch distance; exposure

values of other parts of the body as short as $\frac{1}{8}$ second. The quality of the resulting radiographs leaves nothing to be desired.

If you have been foregoing the advantages of x-ray diagnosis in your practice in the belief that it involves electrical hazards and other complications in application, the possibilities offered you in the G-E Model "D" series will prove a revelation. We'll be glad to send you descriptive literature without obligation—on receipt of the coupon below:

You may send me your catalog on the G-E Model "D" Series Diagnostic X-Ray Units, provided no obligation is implied. A5

Dr.

Address.....

City..... State.....

**GENERAL ELECTRIC
X-RAY CORPORATION**

2012 JACKSON BLVD.

CHICAGO, ILLINOIS

A Poor Scholar . . . because of a Poor Breakfast

MANY a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental" breakfast of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school.

Pablum offers a happy solution to the problem of the school-child's breakfast. Mothers who learn about Pablum from their physicians are delighted to serve it for it needs no cooking and can be prepared in a minute at the table—more quickly than many less nourishing foods. Pablum not only ends the bane of long cooking of cereals but in addition furnishes a variety of minerals (calcium, phosphorus, iron, and copper) and vitamins (A, B, G, and E) not found so abundantly in any other cereal.



PABLUM is rich in calcium and iron, minerals likely to be deficient in the school-child's diet yet needed in more than average amounts during childhood. Pablum is 6 times richer than fluid milk in calcium and contains 10 times more iron than does spinach. It also furnishes generous amounts of vitamins B and G, essential for normal appetite. Unlike other cereals, Pablum is base-forming, important because the growing child needs to store alkali. The nutritional value of Pablum is attested in studies by Crumm *et al*

"TOMMY, that's the third time this week you haven't learned your lesson. Why don't you listen to me when I tell you how to work this problems?"



who found that tuberculous children receiving supplements of Pablum showed greater weight-gain, greater increase in hemoglobin, and higher serum-calcium values than a control group fed farina. Reprint sent on request of physicians. Mead Johnson & Company, Evansville, Ind., U.S.A.

Pablum (Mead's Cereal thoroughly cooked) is a palatable cereal enriched with vitamins and mineral-containing foods, consisting of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef lone, brewers' yeast, iron salt, and sodium chloride.

As Time Rolls 'Round . . .

more and more physicians find Calcreose a safe and dependable aid in their treatment of chronic and persistent coughs.

Are you familiar with these two forms?

TABLET CALCREOSE 4 GRAINS—Each tablet equivalent to two minims of pure creosote combined with calcium oxide.

COMPOUND SYRUP CALCREOSE—An expectorant cough syrup that tastes good, is effective and does not nauseate.

Each fluid ounce represents:

Calcreose Solution (N.N.R.)	160 Minims
Alcohol	24 Minims
Chloroform (approximately)	3 Minims
Wild Cherry Bark	20 Grains
Aromatics and Syrup	q. s.

*You are welcome
to a clinical trial supply.*

Write us today

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY

ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.

Dependable Gland Products

2-24 Mt. Pleasant Ave.

Newark, New Jersey

ANNUAL MEETING, JUNE 2-4, 1936, IN HADDON HALL, ATLANTIC CITY

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330

VOL. XXXIII, No. 2

FEBRUARY, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 65-126

EDITORIALS—

	Page
EXECUTIVE COMMITTEE OF A COUNTY SOCIETY	65
DATE OF TAKING OFFICE IN COUNTY SOCIETIES	66
REPROACHES OR APPROACHES	67
THE DEPARTMENT OF STATE SOCIETY ACTIVITIES	68
INSURANCE AGAINST MALPRACTICE	69
SURVEYING THE DOCTOR'S OWN CALLING LIST	70
INTERESTING THE YOUNGER MEMBERS	70

ORIGINAL ARTICLES—

CLINICAL MANIFESTATIONS OF EARLY CHILDHOOD TUBERCULOSIS—By S. B. English, M.D., and Max Gross, M.D., Glen Gardner, N. J.	71
PATHOLOGY OF CHILDHOOD TUBERCULOSIS—By Chester R. Brown, M.D., Arlington, N. J.	77
THE INSTITUTIONAL TREATMENT OF THE EPILEPTIC CHILD—By Banks S. Baker, M.D., Skillman, N. J.	78
THE EFFECT OF URBAN CONDITIONS UPON THE TEMPERAMENT OF THE CHILD—By James S. Plant, M.D., Newark, N. J.	83
ENDOCRINOLOGY AND THE CONVULSIVE STATE—By Albert W. Pigott, M.D., Skillman, N. J.	86
ADDISON'S DISEASE—REPORT OF A CASE—By Joseph M. Coppoletta, M.D., Cliffside Park, N. J., and William J. Monaghan, M.D., Laurel Hill, N. J.	90
MATERNAL WELFARE, ARTICLE NUMBER TWO	92

STATE SOCIETY ACTIVITIES—

Contacts of Physicians—Wilkes and Overton	93
Community Responsibility for Medical Service	95
Welfare Committee	97
Sub-Committee on Public Health	102

STATE SOCIETY ACTIVITIES—

	Page
Public Relations of the Physician	103
Gloucester County Medical Society Entertains Legislators	104
The American Association for Social Security	106
Scope of Physicians' Lien	108
Family Physicians and the Survey of Chronic Illness	108
Scientific Exhibits for the Annual Meeting	109
Honoring Fifty Years of Service	110
Legislative Bulletins	111
IMMUNIZATIONS IN PUBLIC HEALTH HOUR	122

OBITUARIES

Dr. Charles D. Pedrick	112
Dr. Louis B. Hoagland	112
Dr. George F. Sullivan	112
Dr. Joseph Poland	112
Dr. James S. Green	113
Dr. John F. Massey	113

COUNTY SOCIETY REPORTS—

Atlantic, Bergen	114
Burlington	115
Cape May, Essex	116
Gloucester, Hudson	118
Mercer, Monmouth	119
Morris	120
Ocean, Passaic	121
Somerset	122

WOMAN'S AUXILIARY—

State Executive Board Meeting	123
Atlantic	124
Bergen, Essex	125
Hudson, Middlesex, Warren	126

Roster of Officers and Committees, Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)
12 South Day Street, Orange, N. J.

Copyright 1936 by
The Medical Society of New Jersey



Entered as second-class matter, Sept. 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

MAPHARSEN

A REFINEMENT OF THE ARSENICAL THERAPY OF SYPHILIS

Parke, Davis & Company introduces to the medical profession a new antisyphilitic arsenical, the result of co-operative research conducted by two university groups and the Research Staff of Parke, Davis & Company.

Mapharsen is the hydrochloride of meta-amino-para-hydroxy-phenylarsine oxide. Extensive clinical data demonstrate that it is an efficient antisyphilitic agent. Reactions following its administration have on the whole been less severe than those observed after the injection of other commonly used arsenicals.

The Parke-Davis Research Laboratories have subjected Mapharsen to rigid chemical and pharmacological testing, including tests for trypanocidal and spirocheticidal potency. A review of this work, together with a complete discussion of the clinical evaluation of Mapharsen and its use in the treatment of syphilis, has been included in our new booklet; a copy will be sent to any physician on request.

Mapharsen has been accepted by the Council on Pharmacy
and Chemistry of the American Medical Association.

PARKE, DAVIS & COMPANY • DETROIT, MICHIGAN

THE MEDICAL SOCIETY OF NEW JERSEY

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

<i>President</i> , MARCUS W. NEWCOMB	Brown's Mills	<i>Second Vice-President</i> , WILLIAM G. HERRMAN	Asbury Park
<i>President-Elect</i> , FRANCIS R. HAUSSLING	Newark	<i>Secretary</i> , J. BENNETT MORRISON	Newark
<i>First Vice-President</i> , SPENCER T. SNEDECOR	Hackensack	<i>Treasurer</i> , ELIAS J. MARSH	Paterson

TRUSTEES

FREDERIC J. QUIGLEY, <i>Chairman</i>	Union City	WALT P. CONAWAY (1936), Atlantic City	Nominated by and
H. W. NAFEY, <i>Secretary</i> (1938)	New Brunswick	JAMES S. GREEN (1938), Elizabeth	electd from Fellows
MARCUS W. NEWCOMB	Brown's Mills	HARRY R. NORTH (1936)	Trenton
FRANCIS R. HAUSSLING	Newark	THOMAS K. LEWIS (1936)	Camden
SPENCER T. SNEDECOR	Hackensack	WELLS P. EAGLETON (1937)	Newark
WILLIAM G. HERRMAN	Asbury Park	HAROLD B. DISBROW (1937)	Lakewood
J. BENNETT MORRISON	Newark	ANDREW F. MCBRIDE (1937)	Paterson
ELIAS J. MARSH	Paterson	BLASE COLE (1938)	Newton
*Deceased.		*R. M. A. DAVIS (1938)	Salem

COUNCILORS

First District (Union, Warren, Morris and Essex Counties)	CHRISTOPHER C. BELING, Newark (1936)
Second District (Sussex, Bergen, Hudson and Passaic Counties)	W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties)	F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties)	JAMES A. FISHER, Asbury Park (1936)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties)	ALDRICH C. CROWE, Ocean City (1938)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates		Alternate Delegates	
WALT P. CONAWAY, Atlantic City	Term expires 1936	LUCIUS F. DONOHUE, Bayonne	Term expires 1936
JOHN F. HAGERTY, Newark	" " 1936	HILTON S. READ, Atlantic City	" " 1936
BLASE COLE, Newton	" " 1937	S. B. ENGLISH, Glen Gardner	" " 1937
E. R. MULFORD, Burlington	" " 1937	ELMER PETER WEIGEL, Plainfield	" " 1937

STANDING COMMITTEES

Scientific Work		Insurance	
CLARENCE L. ANDREWS, <i>Chm.</i> , Atlantic City	Term expires 1936	FRANK W. PINNEO, <i>Chairman</i>	Newark
LOUIS C. LANGE, Weehawken	" " 1937	BARCLAY S. FUHRMANN	Flemington
ROBERT S. GANON, Camden	" " 1938	EDMUND N. HUFF	Englewood
Program and Arrangements		A. DENBAR HUTCHINSON	Trenton
WILLIAM J. CARRINGTON, <i>Chm.</i> , Atl. City	Term expires 1938	CHESTER I. ULMER	Gibbstown
D. WARD SCANLAN, Atlantic City	" " 1936	GEORGE T. TRACY	Beverly
JOHN W. GRAY, Newark	" " 1937	Welfare Committee	
MARCUS W. NEWCOMB, Brown's Mills	Ex-officio	HILTON S. READ, <i>Chairman</i>	Atlantic City
J. BENNETT MORRISON, Newark	Ex-officio	MARCUS W. NEWCOMB (ex-officio)	Brown's Mills
Publication		J. BENNETT MORRISON (ex-officio)	Newark
HENRY C. BARKHORN, <i>Chm.</i> , Newark	Term expires 1936	HUGO ALEXANDER	Hoboken
EDWARD J. ILL, Newark	" " 1937	SAMUEL ALEXANDER	Park Ridge
FRANK J. McLOUGHLIN, Jersey City	" " 1938	WILLIAM H. ARESON	Montclair
MARCUS W. NEWCOMB, Brown's Mills	Ex-officio	NORMAN BURRITT	Summit
J. BENNETT MORRISON, Newark	Ex-officio	JOHN C. CLAYTON	Freehold
Finance and Budget		A. H. COLEMAN	Clinton
HARRY R. NORTH, <i>Chm.</i> , Trenton	Term expires 1939	W. F. COSTELLO	Dover
HERSCHEL PETTIT, Ocean City	" " 1936	FRANK W. CURTIS	Stewartsville
WELLS P. EAGLETON, Newark	" " 1937	GEORGE F. DANDONIS	Wildwood
WILLIAM J. SWEENEY, Weehawken	" " 1938	FRANK L. FIELD	Far Hills
ALFRED STAHL, Newark	" " 1940	HOWARD S. FORMAN	Jersey City
JAMES S. GREEN, Elizabeth	" " 1941	J. IRVING FORT	Newark
Honorary Membership		INGLIS F. FROST	Morristown
EPHRAIM R. MULFORD, Burlington	Term expires 1936	DAVID W. GREEN	Salem
FREDERIC J. QUIGLEY, Union City	" " 1937	D. L. HAGGERTY	Trenton
LANCELOT ELY, Somerville	" " 1938	EUGENE G. HERBENER	Lakewood
Hospitals and Medical Education		FLORENTINE M. HOFFMAN	New Brunswick
HARRY H. SATCHWELL, <i>Chm.</i> , Irvington	Term expires 1936	ERNEST G. HUMMEL	Camden
LOUIS A. PYLE, Jersey City	" " 1938	ALLEN G. IRELAND	Trenton
ARCANGELO LIVA, Rutherford	" " 1937	I. W. KNIGHT	Pittman
DAVID B. ALLMAN	Atlantic City	DAVID A. KRAKER	Newark
RICHARD D. ANDERSON	Burlington	THOMAS B. LEE	Camden
C. COULTER CHARLTON	Atlantic City	JULIUS LEVY	Trenton
CHARLES B. KELLEY	Jersey City	THOMAS K. LEWIS	Camden
EARL H. SNAVELY	Newark	WRIGHT MACMILLAN	Passaic
THOMAS J. SUMMEY	Mt. Holly	CHARLES H. MITCHELL	Trenton
H. H. TYNDALL	Weehawken	WATSON B. MORRIS	Springfield
Medical Defense		STANLEY H. NICHOLS	Long Branch
CHRISTOPHER C. BELING, <i>Chairman</i>	Newark	B. S. POLLAK	Secaucus
E. REISSMAN	Newark	LOUIS A. PYLE	Jersey City
EDGAR A. ILL	Newark	HARRY L. ROGERS	Riverton
WILLIAM J. ARLITZ	Hoboken	D. WARD SCANLAN	Atlantic City
T. S. THOMAS	Morristown	MILLARD F. SEWALL	Bridgeton
		JAMES H. SPENCER, JR.	Newton
		S. EMLIN STOKES	Moorestown
		THEODORE TEIMER	Newark
		CHESTER I. ULMER	Gibbstown
		H. ROY VAN NESS	Newark
		H. B. WILSON	Hackensack

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Relations

D. WARD SCANLAN, *Chairman*Atlantic City
 WATSON B. MORRISSpringfield
 S. EMLEN STOKESMoorestown
 FLORENTINE M. HOFFMANNew Brunswick
 WRIGHT MACMILLANPassaic

Legislation

B. S. POLLAK, *Chairman*Secaucus
 SAMUEL ALEXANDERPark Ridge
 WILLIAM H. ARESONUpper Montclair
 CHARLES H. MITCHELLTrenton
 INGLIS F. FROSTMorristown

Public Health

STANLEY NICHOLS, *Chairman*Asbury Park
 THEODORE TEIMERNewark
 JULIUS LEVYTrenton
 HOWARD S. FORMANJersey City
 ALLEN G. IRELANDTrenton
 ERNEST G. HUMMELCamden
 I. W. KNIGHTPitman

Medical Practice

THOMAS K. LEWIS, *Chairman*Camden
 H. B. WILSONHackensack
 J. IRVING FORTNewark
 CHESTER I. ULMERGibbstown
 D. LEO HAGGERTYTrenton

Workmen's Compensation

DAVID A. KRAKER, *Chairman*Newark
 WILLIAM H. ARESONUpper Montclair
 H. ROY VAN NESSNewark
 J. IRVING FORTNewark

To Study Report on the Uniform Medical
Practice Act

SAMUEL ALEXANDER, *Chairman*Park Ridge
 CHARLES B. KELLEYJersey City
 HARRY H. SATCHWELLIrvington
 JAMES J. MCGUIRETrenton
 GEORGE F. DANDOISWildwood
 WELLS P. EAGLETONNewark
 FREDERIC J. QUIGLEYUnion City
 S. EMLEN STOKESMoorestown

SPECIAL COMMITTEES

Constitution and By-Laws

CHARLES J. MURN, *Chairman*Paterson
 I. R. BOOTHBYClinton
 E. J. CHAPMANJersey City
 ROBERT L. MCKIERNANNew Brunswick
 EDWARD W. SPRAGUENewark
 FREDERICK P. WILBUR (Died Sept. 9, 1935).....Franklin

Committee on the Control of Cancer

HENRY B. ORTON, *Chairman*Newark
 J. CARLISLE BROWNAtlantic City
 E. E. DOWNSWoodbury
 ROBERT HALBACKToms River
 GEORGE SOMMERTrenton
 *JOHN W. GRAYNewark
 *EDWARD J. ILLNewark
 *HARRISON S. MARTLANDNewark
 *Advisory members.

Nursing and Nursing Education

HARRY H. SATCHWELL, *Chairman*Irvington
 RICHARD D. ANDERSONBurlington
 JOHN F. CONDONNewark
 GEORGE M. KNOWLESHackensack

Advisory Committee on Tuberculosis

B. S. POLLAK, *Chairman*Secaucus
 R. DOUGLASEnglewood
 SAMUEL ENGLISHGlen Gardner
 MARTIN COLLIERCamden
 JOSEPH MORROWRidgewood

Advisory Committee on Mental Hygiene

DAN S. RENNER, *Chairman*Skillman
 MARCUS CURRYGreystone Park
 J. BERKELEY GORDONMarlboro
 MATTHEW MOLITCHJamesburg
 JAMES S. PLANTNewark
 ROBERT G. STONETrenton

Care of Crippled Children

ELMER P. WEIGEL, *Chairman*Plainfield
 B. FRANKLIN BUZBYCamden
 HENRY H. KESSLERNewark
 F. G. DILGERHackensack
 THOMAS K. LEWISCamden

Medical Bills Committee

DAVID A. KRAKER, *Chairman*Newark
 HOMER I. SILVERSVentnor
 SAMUEL SICATrenton
 LOUIS A. PYLEJersey City
 B. FRANKLIN BUZBYCamden

State Medical Advisory Committee to E. R. A.

*E. ZEH HAWKES, *Chairman*Newark
 *CHRISTOPHER C. BELINGNewark
 *GEORGE W. FITHIANPerth Amboy
 *CHARLES H. SCHLICHTERElizabeth
 *BYRON G. SHERMANMorristown
 ALDRICH C. CROWEOcean City
 JAMES A. FISHERAsbury Park
 WILLIAM J. SWEENEYWeehawken
 FRANK G. SCAMMELLTrenton
 MARCUS W. NEWCOMB (ex-officio)Brown's Mills
 ALSO THE CHAIRMEN OF THE COUNTY E. R. A. COMMITTEES
 *Executive Committee.

Committee on Scientific Exhibits

ASHER YAGUDA, *Chairman*Newark
 ELWOOD E. DOWNSWoodbury
 JOHN W. GRAYNewark
 ROBERT A. KILDUFFEVentnor
 WILLIAM J. MARQUISNewark
 HARRISON S. MARTLANDNewark

Maternal Welfare

ARTHUR W. BINGHAM, *Chairman*East Orange
 MARY BACONBridgeton
 J. CARLISLE BROWNAtlantic City
 P. DUBOIS BUNTINGElizabeth
 SAMUEL A. COSGROVEJersey City
 ALBERT B. DAVISCamden
 F. D. FAHRENBRUCHMt. Holly
 CARL ILLNewark
 R. A. MACKENZIEAsbury Park
 WALTER B. MOUNTMontclair
 T. F. THOMPSONLakewood

Advisory Committee to the Woman's Auxillary

EDWARD W. SPRAGUE, *Chairman*Newark
 B. FRANKLIN BUZBYCamden
 WILLIAM K. CAMPBELLLong Branch

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

C. COULTER CHARLTON, *Chairman*Atlantic City
H. L. HARLEY, *Secretary*Atlantic City

Pediatrics

F. I. KRAUSS, *Chairman*Cbatbam
CHESTER R. BROWN, *Secretary*Arlington

Radiology

WILLIAM G. HERRMAN, *Chairman*Asbury Park
P. S. AVERY, *Secretary*New Brunswick

Gastro-Enterology

SIGURD W. JOHNSEN, *Chairman*Passaic
LOUIS L. PERKEL, *Secretary*Jersey City

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

ARTHUR W. BELTING, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	Carlisle J. Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	David Corn, Ridgefield Park....	George M. Knowles, Hackensack..	Charles Littwin, Englewood
BURLINGTON..	J. Howard Hornberger, Roebling..	George T. Tracy, Beverly	Parry M. Scott, Beverly
CAMDEN	Thomas K. Lewis, Camden	R. S. Gamon, Camden	William T. Read, Jr., Camden
CAPE MAY	John B. Townsend, Ocean City....	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND..	Burton H. Walker, Vineland.....	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	A. Charles Zehnder, Newark	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER..	*E. R. Ristine, Westville	Ralph K. Hollinsbed, Westville...	Henry B. Diverty, Woodbury
HUDSON	Traugott J. Schuck, Hoboken....	Thomas McG. Brennock, Jer. City	John N. Connell, Jersey City
HUNTERDON ..	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner ...	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX ..	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH ..	Warren K. Fairbanks, Freebold..	Dan'l F. Featherston, Asbury Park	James P. Pregnall, Asbury Park
MORRIS	William F. Costello, Dover.....	Attilio Galasso, Morristown.....	Marcus A. Curry, Greystone P'k
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Norman M. Dingman, Paterson...	Wayne W. Hall, Paterson	Sigurd W. Johnsen, Passaic
SALEM	C. L. Fleming, Pennsgrove	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	R. F. Hegeman, Somerville	A. F. W. Sferra, Bound Brook...	J. L. Young, Somerville
SUSSEX	F. J. Scott, Franklin	L. S. Voorhees, Newton	Frederick H. Morrison, Newton
UNION	Thomas J. Walsh, Elizabeth.....	Lorrimer B. Armstrong, Westfield.	Russell A. Shirreffs, Elizabeth
WARREN	William Varney, Washington	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.

* Resigned, Dr. M. F. Lummis, Pitman, Acting President, to fill unexpired term.

ABBOTTS ICE CREAM HAS ALWAYS BEEN PROTECTED BY

Rigid Laboratory Control

We are the FIRST large ice cream manufacturers to establish *Sanitary Control* of their cream supply from the cow to the consumer.

The Abbotts System of Laboratory Control has been in daily operation for 22 years.

ABBOTTS

YOU CAN RECOMMEND OUR ICE CREAM WITH THE UTMOST CONFIDENCE

the **STANDARD** of Fine Quality in **ICE CREAM**

ABBOTTS DAIRIES, Inc. - Phila., Newark, Trenton Camden, South Jersey, Seashore, Elkrton, Allentown, Reading

CARBONATED ALKALINE WATER

NOT A LAXATIVE

UNIFORM STRENGTH—PURITY

KALAK WATER CO. OF NEW YORK, INC.

6 Church Street

New York City

Kalak

TRADE MARK REG. U.S. PAT. OFF.

Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

for twenty years

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....

Benzedrine Inhaler

A V O L A T I L E V A S O C O N S T R I C T O R

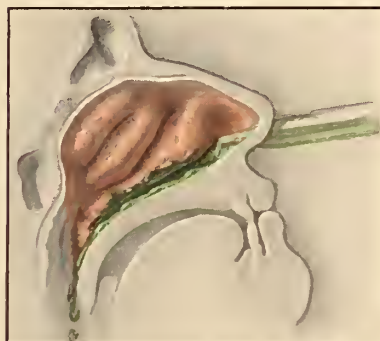


Fig. 1. The distribution of a liquid inhalant when applied by a dropper.

The solution does not reach beyond the lower border of the inferior turbinate, the bulk of the liquid gravitating to the pharynx. The spaces between the turbinates, where the congestion is greatest, have not been reached.

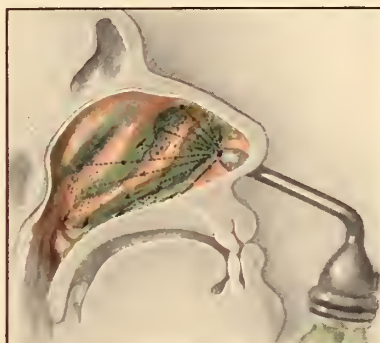


Fig. 2. The distribution of a liquid inhalant when applied by a spray or atomizer.

The inferior turbinate intercepts the bulk of the liquid intended for the middle and upper meati, sites of greatest congestion. The excess liquid is deflected to the roof of the hard palate, whence it reaches the pharynx.



Fig. 3. The distribution of a vapor when sniffed up the nose by means of an inhaler.

The vapor diffuses throughout the entire upper respiratory tract, reaching and reducing congestion wherever it exists.

Benzedrine Inhaler* combines VOLATILITY with a potency equal to or greater than that of ephedrine. Yet ephedrine-like reactions such as atony and returgescence are "so slight as to be virtually negligible." (Scarano: Med. Record, Dec. 5, 1934.)

*Each tube is packed with benzyl methyl carbinamine, .325 gm.; oil of lavender, .097 gm.; menthol, .032 gm.

SMITH, KLINE & FRENCH LABORATORIES • PHILADELPHIA





CONVENIENCE...

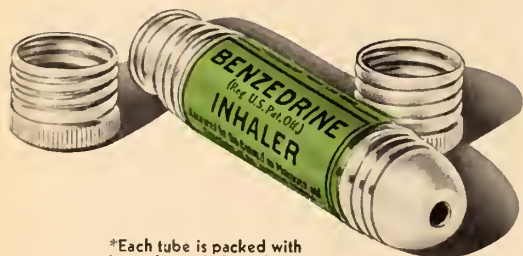
Your patients will appreciate its convenience when you prescribe Benzedrine Inhaler in common nasal conditions. No atomizers, sprays or drops are necessary, and the little aluminum tube can be carried in pocket or handbag.

Because it can be used inconspicuously at any indicated time to bring relief in the midst of business or social activities, Benzedrine Inhaler encourages the full co-operation of your patients.

SMITH, KLINE & FRENCH LABORATORIES
PHILADELPHIA, PA.



ESTABLISHED 1841



*Each tube is packed with benzyl methyl carbina-
mine, .325 gm.; oil of
lavender, .097 gm.; men-
thol, .032 gm.

BENZEDRINE INHALER*

A VOLATILE VASOCONSTRICTOR

ALPHABETIC LIST OF ADVERTISERS

Abbotts Dairies, Inc.	V
American Can Company	XV
Anspach Bros.	XXV
Aurora Institute	XXVII
Bancroft School	XXVI
Baum, W. A., Co., Inc.	XXIV
Belle Mead Sanatorium and Farm	XXIV
Bethlehem Laboratories, Inc.	XX
Camp, S. H., & Company	XXIII
Carnrick, G. W.	XX
Classified Advertisements	XXIII
Coca Cola	IX
Corn Products Refining Co.	XIII
Davis, R. B., Co.	VII
Deuchler, H. C.	XXV
Fairchild Bros. & Foster	IX
Fair Oaks Sanatorium	XXVII
Firemen's Pharmacy	XXV
General Electric X-Ray Corp.	XXIX
Hynson, Westcott & Dunning	XX
Interpines	XXVI
Kalak Water Co., Inc.	V
Larsen Company, The	VII
Lederle Laboratories, Inc.	XI
Lilly, Eli, and Company	XVI
Maltbie Chemical Company, The	XXX
Marquier's Pharmacy	XXIII
Marshall, Ralph E.	XXV
Mead, Johnson & Company	X
Medical Service Company	XXII
Merck & Co.	XIV
Mountain View Rest	XXVII
Murdoch, Inc., J. T.	XXII
N. Y. Polyclinic Med. School & Hosp., The	XXVIII
Orange Publishing Co.	XXIII
Parke, Davis & Co.	II
Pomeroy Company	XXI
Philadelphia County Medical Society	XVII
Prescription Pharmacists of N. J.	XXII
Radium Emanation Corporation, The	XXVIII
Reiss, J. C.	XXX
Representative Funeral Directors of N. J.	XXV
Ritter, F. A., Co.	XXII
Smith, Kline & French	Insert
Squibb, E. R.	VIII
Stearns, Frederick & Co.	XIX
Towns Hospital, Charles B.	XXVI
United States Fidelity & Guaranty Co.	VI
Walker-Gordon Laboratory Company	XII
Way Underwriting Agency, Inc., The	XVIII

FOOD-DRINK ADDS AVAILABLE IRON TO THE DIET!

ALSO RICHLY PROVIDES CALCIUM, PHOSPHORUS AND VITAMIN D

COCOMALT, the delicious chocolate flavor food-drink, is a rich source of available iron. An ounce of Cocomalt (which is the amount used to make one cup or glass) supplies 5 milligrams of iron in easily assimilated form.

Thus three cups or glasses of Cocomalt a day supply 15 milligrams — which is the amount of iron recognized as the normal daily requirement.

Used as a delicious food-drink, Cocomalt provides a simple, palatable means of furnishing iron to growing children, convalescents, expectant and nursing mothers.

... and for bones and teeth

In addition to iron, Cocomalt is rich in Vitamin D — containing at least 81 U.S.P. units per ounce. Cocomalt is fortified with Vitamin D under license granted by the Wisconsin Alumni Research Foundation.

Cocomalt also has a rich Calcium and Phosphorus content. Each cup or glass of this tempting food-drink provides .32 gram of Calcium and .28 gram of Phosphorus. Thus Cocomalt supplies in good biological ratio three food essentials required for proper growth and development of bones and teeth: Calcium, Phosphorus and Vitamin D.

Easily digested — quickly assimilated

Not the least of Cocomalt's many virtues as a food-drink is its *palatability*. It is so refreshing, so delicious, it appeals even to the very sick. And though it provides exceptionally high nutritional fortification, it is easily digested, quickly assimilated, imposes no digestive strain.

Recommended by you and taken regularly, Cocomalt will no doubt prove of great value to many of your patients.



FREE TO DOCTORS

We will be glad to send a professional sample of Cocomalt to any doctor requesting it. Simply mail this coupon with your name and address.

Cocomalt is the registered trade-mark of the R. B. Davis Co. Hoboken, New Jersey.

R. B. Davis Co., Dept. 2-E, Hoboken, N. J.

Please send me a trial-size can of Cocomalt without charge.

Dr. _____

Address _____

City _____ State _____

Important to Your Babies!



Larsen "Freshlike" Strained Vegetables are first quality garden fresh vegetables cooked, strained and sealed under vacuum to protect vitamins and mineral salts. For further protection we seal in special enamel lined cans.

All
Varieties
10c
Per Can

LARSEN'S
"Freshlike"
Strained Vegetables

THE LARSEN COMPANY, Green Bay, Wis.

More satisfactory results with *an arsphenamine* plus *a heavy metal*

ADEQUATE ARSPHENAMINE THERAPY, supplemented with a heavy metal preparation, offers the surest means of arresting and curing syphilis. Continuous treatment is important if neuro-recurrences are to be prevented and maximum curative results obtained. This treatment should consist of a sufficient number of doses of the arsenical plus an adequate number of injections of the heavy metal.

Neoarsphenamine and Iodobismitol with Saligenin—two products by Squibb—are of distinct advantage in the treatment of syphilis. Iodobismitol with Saligenin is a propylene glycol solution containing 6% sodium iodobismuthite, 12% sodium iodide and 4% saligenin (a local anesthetic). It provides bismuth in anionic (electro-negative) form.

Iodobismitol with Saligenin is rapidly and completely absorbed and slowly excreted, thus providing a relatively prolonged bismuth effect. Repeated injections are well tolerated in both early and late syphilis.

Neoarsphenamine Squibb is readily and rapidly soluble and possesses uniformly high spirocheticidal power and low toxicity. Arsphenamine and Sulpharsphenamine are also available under the Squibb label.



For literature write
the Professional
Service Department
745 Fifth Avenue
New York

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

Makers of INSULIN SQUIBB

Pure..Wholesome..Refreshing



COCA-COLA CO., ATLANTA, GA

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

"Owing to the fact of their ready secretion by the liver cells bile salts are the most reliable chologogues with which we are acquainted." Starling.

Powder, in $\frac{1}{4}$ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

FAIRCHILD BROS. & FOSTER

NEW YORK



“Kiss me goodbye,
darling—

and eat
your apple
on the way
to school”

MOTHERLY kisses are all right, and so are apples, *but—* Thousands of little boys and girls are rushed off to school hungry every morning—with a kiss and/or an apple or bun—because insufficient time was allowed for the child’s morning meal.



BREAKFAST, which should form an important foundation for the growing child’s eager activities, frequently is a mere snack, hurriedly gulped, so that many a child goes to school half-starved. How can a hungry child learn his lessons?

In behalf of tired mothers, it must be said that the long cooking of ordinary cereals is a drudgery, especially if there also be smaller children who break her rest during the night and clamor for attention before dawn. In most cases, the older members of the family lose out at breakfast time not because the mother is lazy or inconsiderate, but simply because she is exhausted and requires extra rest.

A happy solution of the breakfast problem, one that may even hold the home together during such troublous times, who knows, is PABLUM.

PABLUM banishes over-night and early-morning cereal drudgery, so that mothers can get their deserved rest. At the same time, all members of the family, including the school children, are assured of a quick *nourishing* breakfast.

To prepare PABLUM, simply add milk or water of any temperature, and serve with cream, salt and sugar. If preceded by orange or tomato juice and followed by a glass of milk, and a capsule of Mead’s Viosterol in Halibut Liver Oil, such a breakfast fulfills every nutritional requirement: Protein✓ Fat✓ Carbohydrate✓ Vitamins: A, B, C, D, E, G✓✓ Minerals: Calcium, Phosphorus, Iron, Copper, Etc., Etc.✓✓ Calories✓

Pablum (Mead’s Cereal cooked) is a palatable cereal consisting of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef bone, brewers yeast, iron, salt, and sodium chloride.

MEAD JOHNSON & COMPANY, EVANSVILLE, IND.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

40% less bulk—clear in color

ANTITOXINS

GLOBULIN *Lederle* MODIFIED

IN EACH PAIR OF SYRINGES shown in the illustration below, the left-hand one is the antitoxin as sold before October 19, 1935. The companion is the style now sold—20 to 40% volume reduction, lower viscosity, the major percentage of troublesome proteins discarded and the remainder modified.

Radical reduction of serum sickness follows as demonstrated by months of experience, with, for instance, the 1500-unit dosage of Tetanus Antitoxin in four surgical clinics.



Now being supplied—*Lederle's* GLOBULIN MODIFIED ANTITOXINS for Diphtheria, Erysipelas, Gas Gangrene, Scarlet Fever, Tetanus and Tetanus Gas Gangrene, all Council-Accepted.

Send for Literature

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.



Every Day the Same High Nutritional Value

•

Our ideal is to have every bottle of Walker-Gordon Certified Milk exactly like every other bottle, in terms of cleanliness, safety and nutritional value.

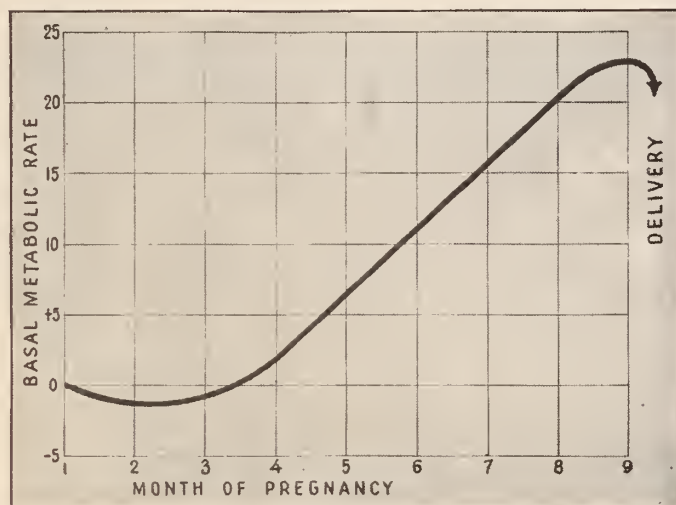
Allowing for an inconsiderable margin of error, this ideal is a practical reality. The most difficult phase of it is to keep the nutritional value level throughout the seasons, and this has been accomplished by scientific and uniform feeding.

The uniformity in Walker-Gordon Certified Milk may be of great benefit in difficult cases, pediatricians report.

•

Walker-Gordon Laboratory Company
Plainsboro, New Jersey

PROTECTING THE EXPECTANT MOTHER



NORMAL PREGNANCY has its disturbances. During the first half of pregnancy the woman's metabolic rate is not changed. After the fourth month it gradually increases to 23% above her norm. Caloric increase in the diet is thus necessary after the fourth month.

But vomiting of pregnancy interferes! The condition is looked upon today as a disturbance in carbohydrate metabolism. Upon this assumption is based the present-day treatment by carbohydrate diet. The early introduction of small carbohydrate meals at 3 hour intervals helps prevent this disturbance. Karo added to foods and fluids prevents glycogen depletion and ketosis.

The enlarging of the uterus further produces reflex vomiting and unless carbohydrate is taken throughout the day to maintain the blood sugar at a high level, ketosis results. This aggravates the vomiting, frequently beyond control, because of the inability of the damaged liver in pregnancy to resist ketosis. Karo helps provide the expectant mother with readily assimilated sugars preventive of ketosis. Karo consists of dextrans, maltose and dextrose (with a small percentage of sucrose added for flavor), not readily fermentable, rapidly absorbed and effectively utilized.

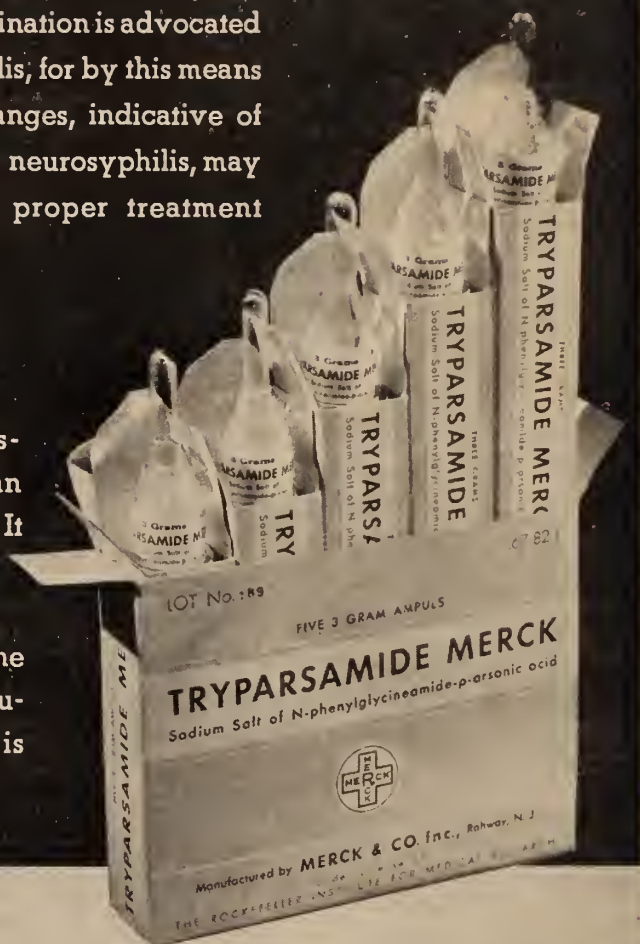


Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. SJ2 17 Battery Place, New York City.

NEUROSYPHILIS

A spinal fluid examination is advocated in all cases of syphilis, for by this means early serologic changes, indicative of a pre-disposition to neurosyphilis, may be detected, and proper treatment instituted.

The use of Tryparsamide Merck is an office procedure. It is administered intravenously, does not disrupt the patient's daily routine of life, and is inexpensive.



★ RETURN THIS COUPON OR WRITE FOR CLINICAL REPORTS AND TREATMENT METHODS ON ★

TRYPARSAMIDE MERCK IN NEUROSYPHILIS

Name _____ M. D. Street _____

City _____ State _____

MERCK & CO. Inc.

• Manufacturing Chemists •

RAHWAY, N. J.

CANNED FOODS AND THE PUBLIC HEALTH

I. The "Ptomaines"

• Many requests received for further information on canned foods have inquired as to some of the public health aspects of this class of foods. We appreciate the frank interest of our readers in this subject about which so much misinformation exists. We are glad, therefore, to devote this discussion, as well as subsequent ones, to the most popular of the lay misconceptions concerning the wholesomeness of commercially canned foods.

Some laymen hold the belief that canned foods, in some mysterious manner, develop "deadly ptomaines" within the can and hence the consumer of such foods stands in danger of "ptomaine poisoning". In the light of modern knowledge, this belief is ludicrous; it probably had its origin in the old "ptomaine theory" of food poisoning, now so thoroughly discredited by modern medical authorities (1).

Between the years 1870 and 1880, a large number of substances were obtained from protein material which had undergone bacterial putrefaction. These substances were aptly called "ptomaines", from the Greek "ptoma" or "dead body". Toxicologists of the day ascribed marked toxic properties to the new found ptomaines, chiefly by injection studies rather than by feeding tests.

The science of bacteriology was then in

its infancy—the true causes of food infection or intoxications were not known. Consequently, the discovery of ptomaines, with their alleged toxic properties, permitted the convenient diagnosis of "ptomaine poisoning" for all illnesses following the ingestion of foods. Today, we know that such illnesses usually result from the ingestion of food which had been infected by certain bacterial groups, and not from protein degeneration products such as ptomaines (2, 3).

One authority has stated that "ptomaine poisoning is a good term to forget" (4).

To this we might add that it would also be well to discard the old, unfounded belief that foods in the tin can develop substances hazardous to health.

Canned foods are merely selected foods which, after proper preparation, are sealed in hermetic tin containers and given a heat process calculated to destroy pathogenic and spoilage organisms which might be present on the raw foodstuff. The hermetic seal prevents future infection of the food by such organisms and insures its preservation and wholesomeness.

Such are the simple facts. The cooperation of the medical profession is earnestly solicited in combating the ludicrous, yet widespread, lay prejudice against commercially canned foods.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

(1) Journal American Medical Ass'n, 90, 459 and 1573 (1928).

(2) Food-Borne Infections and Intoxications, F. W. Tanner, Twin City Pub. Co., Champaign, Ill., 1933.

(3) Food Poisoning and Food-Borne Infections, E. G. Jordan, University of Chicago Press, 2nd Ed., 1930.

(4) Preventive Medicine and Hygiene, M. J. Rosenau, Appleton-Century, New York, 5th Ed. 1927, p. 668.

This is the ninth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.



ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products



Widespread clinical application has demonstrated the effectiveness of Merthiolate as a first-aid antiseptic. It is admirably suited for use in many surgical fields.† Merthiolate (sodium ethyl mercuri thiosalicylate, Lilly) is an organic mercurial compound. For special application in medicine and surgery, Merthiolate is incorporated in a colored alcohol-acetone-aqueous tincture, in an ointment base, in a water-soluble jelly, and in a modified greaseless cream. Salient points:

1. *High germicidal activity.* 2. *Rapidity of disinfection.* 3. *Sustained action.* 4. *Tissue compatibility*

Prompt Attention Given to Professional Inquiries

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK OVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 2

FEBRUARY, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

Executive Committee of a County Society

Every County Medical Society needs an *Executive Committee* for the purpose of speeding up the transaction of business at its regular meetings. The function of the committee is to give a preliminary consideration to those matters which are to be brought before the Society meeting, except those which are contained in the reports of the committees of the Society. These matters naturally fall into three classes:

1. Communications and correspondence.
2. New proposals for action.
3. Progress reports of committees.

An actual example of a matter which comes within the province of the Executive Committee is the resignation of a chairman of a committee. When a resignation is presented to a meeting without previous notice, a quarter of an hour is likely to be consumed in ascertaining the reasons for the resignation and in seeking a member to take the vacant position. But if the resignation is placed in the hands of the Executive Committee before the meeting, the committee can consult the member and ascertain his reasons for resigning, and can canvass the membership for someone to take his place.

The members of a County Society whose Executive Committee functions actively will be in their places at the hour set for opening; and they will listen to the report of the committee with rapt attention, and will usually support the committee's recommendations without prolonged debate. In this way less than a quarter of an hour will be required for the transaction of routine business, and the members will feel that the affairs of the Society are receiving proper attention.

The membership of the Executive Committee of a County Society will naturally consist of the elected officers, with the addition of two or three additional members chosen for their experience and knowledge. Their meetings will be informal, and when a debatable subject is considered, representatives of both sides of the question will be heard without restraint. Acrimonious arguments over trivial points will be confined to the committee room, and the time of the general meeting of the Society may be conducted with dignity and thoughtfulness.

The meetings of the Monmouth County Medical Society may be cited as examples of promptness and efficiency resulting from attention to details by an Executive Committee.

Date of Taking Office in County Societies

The suggestion that the terms of the officers elected by the County Medical Societies shall coincide with those of the State Society was discussed in the editorial department of this Journal in the issues of December 1934, page 673, and October 1935, page 566. This subject had been favorably considered in the Conference of the County Secretaries and Reporters on November 7, 1934 (Jour., Nov. 1934, p. 645). Its desirability had also been informally recognized by the Trustees at their meeting on October 28, 1934; but no action had been taken because each County Society determines the dates when the terms of its newly elected officers shall begin and end.

The response of the County Societies to the editorial suggestion was favorable in each case where any action was taken by a County Society. However, in certain cases, there was misunderstanding regarding the objectives to be attained by the change.

The essential point suggested in the editorials was not primarily concerned with the *time of the election* of officers but with the *date of assuming office* by the newly elected county officers. This date should be the same as that on which the officials of the State Society take office,—that is, at the close of the Annual Meeting of the State Society,—so that the fiscal year in both the County and the State Societies shall be concurrent.

Several County Societies which took action simply placed the date of *electing* their officers in the Spring, and continued to install them at once, thereby overlooking the *principal purpose* of the proposed change.

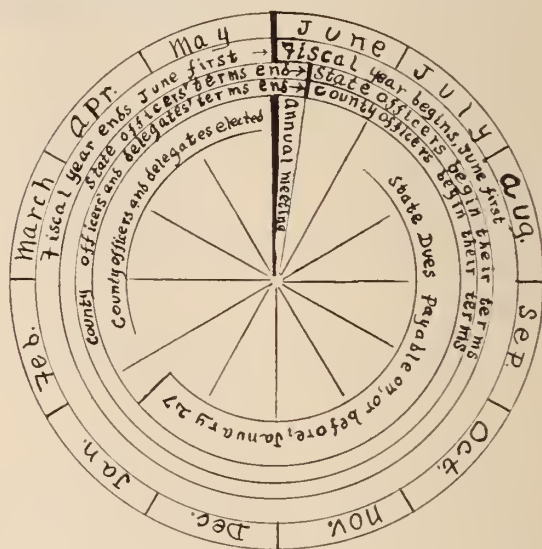
The year's work of The Medical Society of New Jersey reaches its climax in the Annual Meeting. At this time the members of the House of Delegates pass official judgment not only on the *acts* done during the past year, but also on *plans* for the coming year. In order that a delegate may perform these *two* functions thoughtfully and efficiently, he should have that background of experience and the personal contacts which only a succession of opportunities to function throughout the year can give. By taking office at the close of the

Annual Meeting, he can observe closely the development of policies and activities in at least one meeting of the State Society before officially assuming his new office, and can test them in his own County Society during the year in which he serves. He will then come officially to the *next* House of Delegates prepared to act with a maximum of knowledge and efficiency.

The actual delivery of services by County Medical Societies and their members is the final act which insures success in any statewide project. The officers of a County Medical Society will have the maximum opportunity of accomplishing their objectives if they are associated with the State officers throughout a whole year of service.

TIME RELATIONS

In every discussion of a change of the date of assuming office, the dates and periods of



other activities are likely to be injected. The chart which accompanies this article is intended to remove the confusion of some members over the time element in the relations between the State Society and its component County Societies.

The *fiscal year* of the State Society is the year for which plans are devised and appropriations of funds are made. It is fixed by the By-Laws of the State Medical Society (Chap-

ter IX, Sec. 3) as beginning on the first day of June of each year.

The *date and hour* when the State officers and committees shall assume office is that of the adjournment of the Annual Meeting of the State Society (By-Laws, Chapter V, Sec. 6).

The *date* of the Annual Meeting is set by the Board of Trustees for each year (Constitution, Article VIII, Sec. 3). It is usually called for some time during the first week of the fiscal year, but any other date *may* be named.

The budget for the fiscal year is tentatively made up by the Finance Committee and becomes official when it is finally approved and adopted by the House of Delegates. (By-Laws, Chapter IX, Sec. 2, par. b.)

The amount of dues necessary to be levied upon each member to meet the expenses of the budget is fixed by the House of Delegates. (Chapter IX, Sec. 2, par. a.)

Dues for the fiscal year are collected for the payment of expenses incurred under the budget of that year. (By-Laws, Chapter IX, Sections 2 and 3.)

The period set for the payment of the State dues is the month of January up to the 27th day. (By-Laws, Chapter IX, Sec. 2, par. a.)

The *official list* of members of the State Society, which is published annually, contains the names of those who have paid their dues on or before January 27th in each fiscal year. (By-Laws, Chapter I, Sec. 2.)

Reproaches or Approaches

New social movements begin with controversy and propaganda, and with misunderstandings and recriminations.

Then comes a period of studious thought with the recognition of fundamental principles involved in the movement.

The final step is the development of methods by which the principles may be expressed in concerted action along some of the lines proposed by the contending parties.

The acute controversy over "State Medicine" has now passed through its initial stage, and its proponents and opponents have expressed their points of view at great length and with mutual censures.

We are now in the midst of the period of studious thought with a diminishing hang-over of emotional expressions of likes and dislikes. The Emergency Relief Administration has brought to the physicians of New Jersey an appreciation of the benefits of their limited participation in that form of "State Medicine",—for State Medicine it is to the extent that the government pays the family doctor for his services to those of low incomes.

There is a large group of sociologists and economists, including some having the degree M.D., who are promoting the continuance and

the extension of governmental aid by a nationwide system of propaganda for compulsory sickness insurance such as that suggested by the American Association for Social Security, whose recent meeting in New York City is reported on page 106 of this Journal. While some of the old accusations were rehearsed in that meeting, there were evidences of the recognition of the justice of the physicians' point of view, and even a tentative recognition of the desirability that the system of compulsory insurance should be modified and adapted to the needs of the individual States. This is intangible evidence that the propagandists are susceptible to reason, especially since they recognize,—and incidentally deplore,—the power of the expressed opinion of organized physicians. This recognition of the medical profession is a most auspicious omen of what the Medical Societies may accomplish after a studious consideration of the proposals of the supporters of Health Insurance and State Medicine.

The Medical Society of New Jersey has already entered upon the third stage of the development of an equitable distribution of medical services,—not by taking anything away from the well-to-do as is sometimes proposed in

dealing with economic matters,—but by giving those of low incomes the same medical advantages that are enjoyed by the wealthy.

It has long been a common saying that only the very rich and the very poor have always had a complete medical service. The propagandists attempt to set an economic income at which governmental assistance shall be given to those with meager finances. The limit usually proposed has been an annual income of \$1200. The American Association for Social Security proposed \$3000 as the dividing line

between the rich and the poor; but the speakers at its conference also proposed that a lower figure might be sufficient in some states. This is one evidence that the propagandists are entering upon the second stage of the controversy regarding State Medicine. It also suggests the possibility of the third stage of the controversy,—that of agreements,—may become an actuality. The open-minded attitude of The Medical Society of New Jersey will speed the adoption of methods that are mutually acceptable to all parties in the controversy over sickness insurance.

The Department of State Society Activities

A major reason for the existence of a State Medical Journal is its record of progress by the State Society in developing and carrying on its projects.

The Department of Original Articles is properly devoted to a record of scientific papers that have been presented before the Medical Societies of the State and its component County Societies. The authors of papers on diseases are most responsive to editorial suggestions for adapting their articles to the needs of general practitioners of medicine who compose the majority of the membership of the societies. What is today the practice of a specialist is tomorrow adapted as the common practice of family physicians. The Department of Original Scientific Articles is now, and always has been, the most widely read of all the sections of The Journal.

But an equally important department of The Journal is the Department of *State Society Activities*, which is in reality a department of *medical economics*, devoted to methods of *distributing* medical services. It contains, in fact, a record of the *practice of medicine by Medical Societies*.

A difficulty in carrying on a Department of Society Activities has hitherto been that articles on medical economics have been records of *aspirations* rather than *accomplishments*. But the projects of The Medical Society of New Jersey have been developed so widely that an abundance of material is available for studies of Medical Society practice and the

preparation of "clinical" reports similar to those of a series of cases of diseases. These studies and reports properly belong in the Department of State Society Activities.

A consideration of the broad field of the public relations of medical practice is assigned to the *Welfare Committee*. (By-Laws, Chapter VIII, Section 10.) This committee has duties correlative and supplementary to those of the Trustees; and a record of its activities constitutes a large part of the contents of the Department of State Society Activities. The recent extensive development of these activities emphasizes and dignifies the Department of *State Society Activities*.

Another factor in the development of the Department of State Society Activities is the newer custom of the officers of the State Society to address County Societies on the policies and activities of the State Society. These speakers have become proficient in their knowledge of the relations of the plans of the State Society to the proposals of other agencies engaged in the distribution of medical services. These officers are, in fact, specialists in Medical Society practice, who discern with prophetic eyes the inevitable trends of the times, and develop adaptations of methods of medical practice suited to modern social conditions. Their addresses are distinct contributions to the science of medical economics and are worthy of perpetuation and wide distribution through the Department of State Society Activities.

Supplementing the Department of State Society Activities is that of *County Society Reports*, which reflect the acceptance of State Society projects by the County Societies and their members. Special attention is given to reports of the actions of County Societies on

these projects and to their inclusion in the annual index of *The Journal*. A reference to the index will enable an investigator to ascertain what progress has been made by County Societies and family doctors in carrying out the projects of the State Society.

Insurance Against Malpractice Suits

A malpractice suit is a pathological condition peculiar to physicians and dentists. Its causes are well known, and the signs of its impending onset are plainly evident. The treatment of the fully developed disease is insurance under the plan of The Medical Society of New Jersey.

CAUSES OF MALPRACTICE SUITS

Malpractice suits are especially prevalent in congested areas, such as the great cities of the East and their surrounding metropolitan areas, where professional competition is keen and intimate personal contacts among physicians occur the least often.

Every physician is a potential carrier of the germ of the malpractice disease, whose virus may be transmitted to the mind of a patient through the thoughtless remark of a critical colleague of the victim. Often the transmission of the virus takes place in a great hospital when inexperienced internes talk too freely in the presence of the patient. Hind-sight diagnoses are easy to make in a great hospital where all the facilities of complete laboratory tests are at hand and skilled consultants are available; but they are also potent for evil in the hands of thoughtless attendants who have no personal interest in either the patient or the unknown family doctor. The transmission of the virus is extremely rare in smaller communities where the physicians know one another, and are on terms of friendly intimacy.

SUSCEPTIBILITY

The impecunious physician is immune to the malpractice disease no matter how great his exposure to it may have been; but the honest, conscientious physician with a bank account is likely to be attacked unless he takes special precautions against it.

The exciting cause is often the vindictiveness of the patient against whom the physician brings suit for the collection of a just bill. So potent is this cause that some insurance companies will not defend a physician who has brought a collection suit against a patient within the previous year. The connivance of a member of the legal profession is a necessary factor in a malpractice suit just as it is in the sullied disease of ambulance chasing.

PREVENTION

The most potent preventive against a malpractice suit is the practice of scientific medicine according to modern standards. The people generally have an exaggerated opinion of the necessity of the x-ray; and the doctor's failure to, at least, suggest its use in even the most simple fracture, is an invitation for a future malpractice suit.

Neither can a doctor afford to neglect to call a consultant in a case in which he might suspect dissatisfaction with his treatment. A physician is always willing to protect another with his advice when dissatisfaction is suspected.

MEDICAL ETHICS

It is a commonplace truism that very few malpractice suits would be brought if all physicians gave more thought to the practice of *medical ethics*, of whose promotion the *fraternism of the County Medical Society* is the most effective means. The attendance of a doctor at meetings of his County Society, and his contacts with its members on friendly terms are of the greatest value in preventing malpractice suits against a member.

TREATMENT

The most effective treatment of the malpractice disease is insurance for malpractice defense through the State Medical Society.

Surveying the Doctor's Own Calling List

Almost every form of survey of families in relation to their medical needs has been undertaken except that of the families on the doctor's calling list by the doctor himself. A brief tentative survey of this kind has revealed a surprising amount of information of a most practical nature.

The United States Public Health Service, through W. P. A. workers, is seeking this information independently of the medical profession. It might be obtained more readily and more economically from the family physicians themselves. (Page 108.)

A METHOD OF SURVEY

1. Let a considerable fund be contributed to The Medical Society of New Jersey for the purpose of making a survey of the families on the lists of family doctors.

2. Let the Society choose four typical districts for the field of the survey, as the U. S. P. H. S. is doing,—a large city, a small city, a village, and a rural district.

3. Let the Society employ young physicians in whom it has confidence, to make the

survey, paying also the family doctor, if necessary, for the time which he spends in giving information to the investigator.

4. Let a representative committee of experienced physicians in each district study and classify the records.

5. Let a committee of the State Society formulate a diagnosis of the conditions found, and devise a method of providing the needed services.

This method would be an approach to a survey of the entire field of medical practice throughout the State, for every family is known to some doctor. It would reveal a larger number of families, than is generally supposed, who are already coöperating with their family physicians to the best of their abilities.

It would reveal those who would not coöperate with their physicians under any plan.

It would lead to the development of a more practical plan of relief than is possible by any other form of investigation.

Finally, it would be more economical and practical than the present survey will probably be.

Interesting the Younger Members

Young men now begin the practice of medicine at an age when they would have been family doctors of years of practice and experience a few decades ago. The older system was that a doctor learned medical economics, or how to deal with the sick of a community, from a preceptor who took the student into his office and to the bedside of his patients, and there taught him how to deal with the *family* and the *community* as well as how to treat the "case" itself.

The medical school, the hospital, and the dispensary now teach the student how to diagnose and treat *disease*; but at present the

County Medical Society is almost the only available school in which the young practitioner may learn the practice of *medical economics*, including team work with his medical colleagues. Courses of instruction in these subjects are available to the younger practitioners in the form of opportunities to serve on the committees of the county societies, especially those requiring an amount of time which the older and more busy practitioners are not inclined to give. There is sound psychology in giving the younger members some detailed work to do at a time when they are anxious to secure recognition from their colleagues and the public.

ORIGINAL ARTICLES

CLINICAL MANIFESTATIONS OF EARLY CHILDHOOD TUBERCULOSIS

By S. B. ENGLISH, M.D., and MAX GROSS, M.D., Glen Gardner, N. J.

Read before the Section on Radiology at the Annual Meeting of The Medical Society of New Jersey at Atlantic City, May 2, 1935

It is rather pertinent from the very beginning of this symposium to clearly distinguish the childhood type of tuberculosis from that of adult disease present in children. These two clinical types are distinctly separate entities. We make this distinction here because the former is usually a benign infection and the latter a destructive disease. The symptoms, signs, prognosis and therapy are entirely different.

By childhood type of tuberculosis is meant "the diffuse or circumscribed lesions in the lungs and associated tracheobronchial lymph nodes that result from a first infection of the pulmonary tissue with the tubercle bacillus".¹ These manifest themselves as single or multiple foci of infection and specifically allude to the tuberculous involvement of the intrathoracic nodes. It is usually seen in children and to some small extent in adults who have been infected for the first time. Healing of such an infection is usually by the resorption of the exudate and subsequent deposition of calcium salts and rarely by fibrosis. It very seldom leads to cavitation.

On the other hand, the adult type usually starts in the subapices of the lungs, generally, in those already harboring a first infection. It is not accompanied as a rule by caseation or calcification of the draining lymphatic glands. This adult lesion is the result of a reinfection with the tubercle bacillus from an exogenous or endogenous source.

It is not our purpose to entangle ourselves in a discussion about the good or bad effects of a first infection on the subsequent history of an individual previously rendered allergic by the first infection. This phase² has been adequately argued pro and con in the recent literature. We are rather inclined to the belief that a person with such an infection is prob-

ably handicapped and would be better off if no such infection existed altogether.

Whether we can successfully avoid a first infection and thus prevent reinfection is something that even our great prophets would not dare dream. That the opportunity for infection, especially in large communities, are numerous, no one can deny. How to prevent such infections is certainly a complicated and laborious task. Here, human conduct, economic circumstances, as well as the psychology of a people must be dealt with. However, if open cases of tuberculosis are removed from an environment which is prone to produce infection as well as intensive public health campaigns, initiated not so much by the laity but by the medical profession, can we hold out any hope in minimizing such exposures? Even at best one can hope to eradicate tuberculosis when the tubercle bacillus is exterminated.

ALLERGIC TEST

The infection of the human body by the tubercle bacillus produces in the host a series of phenomena which finally renders the soil allergic to the tuberculo-protein. The phenomena taking place is that of a tissue as well as cellular reaction. This phase is not within the domain of our part in this symposium. The method of detecting this allergy is by means of a tuberculin reaction. The Mantoux test is the most used in this field of endeavor and by this method children are detected as having the childhood type of tuberculosis. Previously it was reported by such authorities as Pirquet³ and Hamburger⁴ an incidence of 5 per cent in infancy which increased to 90 per cent after the child reached the age of ten. The prevalent belief was that when the child reached maturity, about 95 per cent of them were infected by the tubercle bacillus. Recent exhaus-

tive investigations have shown this incidence to vary from 10 per cent in the rural communities to 90 per cent⁵ in the large cities. That the latter still was high has been shown by other authorities. Rathburn⁶ has found only 41 per cent of the children were infected. Chadwick and his co-workers⁷ have found that 28 per cent reacted to the tuberculin test. It has been further shown that the incidence of infection to vary in the same city depending upon the fact as to whether a poorer or better class of children were tested.⁸

We have been using this method of investigation throughout the State of New Jersey, and as a means of comparison will cite a few figures to illustrate the incidence of infection in some sections of this State.

In a group of 998 grammar school children tested in the rural sections of Northern New Jersey we found that 18 per cent showed positive skin tests. In another group of 2031 high school students comprising fifteen high schools, a little over 35 per cent reacted positively to the tuberculin test. The cities where these high schools are located have an average population ranging from 1500 to 15,000 inhabitants. Now, in a group of 1256 college students comprising three colleges a little over 40 per cent gave positive Mantoux reactions. Hence, of a total of 3287 high school and college students between the ages of 14 and 21, 37.7 per cent showed evidence of infection with the tubercle bacillus.

After the x-ray study had been made of those giving positive reactions, it was of great interest to learn that one single open case of tuberculosis was found and one closed case of pulmonary tuberculosis who were not aware of the existence of this disease. There were no more than about half a dozen of these students who were classified as suspicious or as having an adult latent type of tuberculosis. On the other hand, the remainder of the children were classified as the childhood type, of whom the majority were in an inactive stage. Were it not for the Mantoux test or the x-ray none of these children would have gone to a physician, nor would they have been picked up in any other manner.

As stated previously, a positive skin test represents an allergic reaction to the tuberculo-protein. Many authorities are in agreement that the greater the degree of allergy, the greater the chance of superinfection or reinfection. We have for many years considered that a 3 plus, or a 4 plus, reaction means more allergy present in the body; and consequently such children need more thorough investigations, and supervision, as well as frequent roentgenographic examinations. We feel justified in our belief that such children need more care, perhaps sanatorium care, than those only showing a lower degree of allergy. This phase is well illustrated by our admissions to the sanatorium of such children. Needless to say, many cases of adult disease have been discovered who give no history of contact, or having a history of exposure have no clinical signs or symptoms but merely show a high degree of allergy. The x-ray in such cases are of inestimable value. We have, however, seen no relationship between the degree of reaction to the roentgenographic findings, sedimentation rate, or vital capacity in those children harboring a first infection, unless the involvement was seen in its early acute phase.

Since infection manifests itself in about 40 per cent of the adolescents, no doubt a good percentage of these children must have been seen by their physicians in the acute or early stages, and were not recognized as such but labelled as bronchitis, chest cold, pneumonia, or pleurisy. Fortunately, being a benign affair in the large majority of the cases, it is well taken care of by the natural resistance and the little immunity offered by the infection. On the other hand, a number of these children have shown no outward manifestation of disease or illness at all, as the acute or subacute stages may go on to healing, and finally the x-ray may show calcified tracheo-bronchial adenopathy and a positive tuberculin reaction will be obtained. The responsibility of detecting such children must lie with the family physician. We see very few cases in the early stages. What we usually see is the end result of this first infection.

SYMPTOMS OF CHILDHOOD LESIONS

We have noted that the adult disease occurs in those having had a first infection. Our aim, then, is to prevent this reinfection. If we are to do that, we must of necessity discover the early childhood lesions, and if possible prevent them from being further exposed. Hence the following factors should be considered:

1. The *clinical history* is of utmost importance. A family history of open tuberculosis can be obtained in a large percentage of the cases, yet one must not depend too much on that as there are cases where a history of exposure cannot be obtained. The infection may have occurred outside the immediate family. It is common knowledge that tuberculosis is not an inherited disease although cases of congenital tuberculosis have been reported. The latter are indeed rare. A child who is unfortunately born in a tuberculous environment will no doubt contract the disease if unduly exposed to a tuberculous mother or father right after birth. The outlook of these infants is very grave. We accept children more readily if it is known that there is a case of pulmonary tuberculosis in the household. However, about 15 per cent of the children admitted give no known history of exposure. This must not be accepted as a criterion in comparing figures from the outside with that of a sanatorium, as most children examined have been sent to us because of the discovery of an open case in the family.

2. The *symptoms* presented by these children may vary from an expression of an acute manifestation to those that have no complaints whatsoever. The latter, of course, is seen in more than 60 per cent of the cases and the figures would be much higher were we to consider the children found positive to the tuberculin reaction and x-ray in the routine work done in schools and communities. Unfortunately the history as well as the symptoms obtained from the children at the sanatorium are very unreliable as the parents do not accompany them at the time of admission. In a large percentage of cases, contact is the only factor obtained and the children have no complaints and yet x-ray findings may astonish us. However, the outstanding symptoms in less than

half of the cases are frequent colds, a cough with little or no expectoration, a feeling of tiredness, especially toward the end of the day, and occasionally a fever of 100° F. How much these symptoms can be attributed to the tuberculous infection is problematical, as acute or subacute upper respiratory infections may be the cause unless the x-ray reveals massive caseous glands or a primary infiltrative process. There is no reason why children with the childhood type of tuberculosis cannot independently harbor complicating upper respiratory infections. The incidence of the latter infections are no greater than generally seen in non-tuberculous children. As a matter of fact, the children observed at the sanatorium are less prone to upper respiratory infections than elsewhere because contact with other people having such infections are reduced to a minimum.

3. A history of repeated *bronchitis or influenza* previous to the onset of the present illness is important. Also the story of having had a recent attack of measles or whooping cough in a child not doing well for a prolonged period of time may point suspiciously towards a childhood infection. Occasionally we obtain a history of pneumonia, whereby the illness confined the child to bed for a month or so and followed by a slow convalescence and inability to return to normalcy. This is presumptive evidence of the childhood infection with the tubercle bacillus. Who can tell whether that pneumonia or bronchopneumonia may not have been tuberculous in origin? On the other hand, every case giving such a history may not necessarily be tuberculous as we see more and more cases of bronchiectasis in such children. Certainly, bronchiectasis is more seen in children than we have been lead to appreciate.

4. However frequent cough of unexplainable basis, fever of so-called unknown origin over 99° F., undue fatigue, loss in weight and gastric upsets frequently point to a tuberculous infection. Weight is a very variable factor, as children are seen quite ill who are overweight. There may be no disturbance in weight at all. Dyspnoea is rarely seen. It probably is due to pressure phenomena of the caseous intrathoracic lymph nodes and is observed more in

colored children. Night sweats in such children is a rare observation.

The physical findings in children showing intrathoracic adenopathy are entirely lacking in the majority of cases, unless the glands are so enlarged as to encroach on the pulmonary tissue and cause lobular atelectasis, do we frequently get medium to coarse râles. Malnutrition is a very frequent finding in our cases. The pulse and temperature is so labile in children that we frequently have to disregard them unless there is a definite and prolonged elevation for weeks or months. The laboratory examinations are entirely negative.

On the other hand, children with definite early primary infection of the lung may show all the classical findings seen in diffuse infiltrations, tuberculous pneumonias or pleurisy with effusion. These will be discussed shortly. In such children the laboratory findings may be positive, such as positive sputum in those that can expectorate or the findings of the tubercle bacilli in the gastric contents or feces in those that sputum cannot be obtained. Even here it is rare to obtain such positive confirmatory evidence. The sedimentation rate may be accelerated and the Schilling differential may be confirmatory by showing a septic count. If positive bacilli are obtained for any length of time, we doubt very much if that should be considered a primary infection but rather the adult disease.

CLINICAL FORMS

The following clinical manifestations of early childhood type of tuberculosis have been observed by us. These will be briefly described as the time allotted will not permit of detailed discussion.

1. *Pleurisy with effusion* is occasionally seen as the early manifestation of the first infection. There will be complaints of cough with or without expectoration. Pain in the chest usually confined to one side increased on coughing. Loss in weight, fatigue, fever and even prostration is observed. Headache, gastric disturbances and night sweats occur probably due to the toxemia. There may be mild cases of pleurisy with effusion which do not disturb the child at all with exception of some

fatigue and inability to gain weight or some loss in weight. There may be some dyspnoea, depending upon the amount of fluid in the chest.

The physical findings are those that vary from a child that looks fairly well to that of an extremely ill youngster. Pulse may be way up and temperature ranging between 99° F. to 104° F. Emaciation and malnutrition are very evident, depending upon the duration of the illness. There may be retraction of the affected side with limited excursion. Dullness to flatness is present with absent breath sounds. Râles can be present above the fluid or various kinds of râles as the fluid begins to absorb. We have seen many films showing thickened pleura or thickened interlobar fissures which definitely points to a previous existence of pleurisy or pleurisy with effusion and yet no history of such an illness can be obtained. Hence such infections must have existed without producing disturbance in the child.

The siege of pleurisy with effusion may last from weeks to months. If the fluid is removed it may be positive for the tubercle bacillus by direct stain or by guinea-pig inoculation. There is usually a leukocytosis and if the child is young, a relative lymphocytosis may be found. The sedimentation rate is accelerated and a differential Schilling septic count is present.

2. *Tuberculous pneumonia* is probably the mode of onset in a large percentage of the children but is generally missed and considered as an ordinary pneumonia. However, the child does not show the usual critical drop and the illness drags on from weeks to many months. One must bear in mind that not infrequently a pneumonia of such a nature may exist without the very evident signs and symptoms. Thus a good proportion of such cases may not even consult a physician. Such children showing an early pneumonia or bronchopneumonia may give all the classical signs and symptoms as are known to all of us. It is at times very difficult to distinguish them from the pneumonias caused by the other microorganisms. A positive sputum may be obtained in the early stages or later a gastric lavage or examination of the feces may show tubercle bacilli. Discovering a case of frank pulmonary tuberculosis in a mem-

ber of the household will help considerably in differentiating the type of pneumonia present.

The benign type of tuberculous pneumonia usually absorbs and may only leave a small area of calcification in the lung accompanied by calcification of the tracheo-bronchial lymph glands. A caseous pneumonia of the adult type may be confused with the above but instead of going on to complete healing, results in cavitation and persistent positive sputum is obtained. The laboratory findings may not help much in the differential diagnosis.

3. A diffuse type of *infiltration* in a first infection has been infrequently observed by us. It may appear as an acute infection accompanied by an accelerated pulse, elevated temperature, marked fatigue, loss in weight, cough, night sweats and an anemia. There may be no disturbance in the general well-being of the child. The physical findings may present no abnormal signs in the lungs or there can be diffuse râles heard throughout the chest. The x-ray may be the only means of discovering such a case. Even such an involvement of the lungs may absorb completely and the x-ray be entirely negative. If it occurs as an acute infection, it may easily be confused with typhoid fever, undulant fever, pneumonitis, acute bronchitis or rheumatic fever, especially if the latter present erythema nodosum. The tuberculin test plus the x-ray may be of help in distinguishing this infection from the others.

4. The intrathoracic type of *tuberculous adenopathy* is the commonest one seen. It is usually the end result of any of the above types and is present in over 90 per cent of the cases admitted to our institution. As a general rule, there are no symptoms or signs by physical examination. However, the children give a history of cough for a certain period of time, loss in weight, some fatigue, and although most of them do not give any physical signs in the chest, yet show varying grades of malnutrition and some anemia of the normocytic hypochromic type. One must bear in mind that we are rather prejudiced in this respect, that if these youngsters show a strong tuberculin reaction, give a history of contact and show some symptoms, they are accepted. Of course many of them will not have a story of being

exposed to a known contact but showing signs of illness, they too are admitted. Some of them may be overweight, others are up to their normal weight and over half of them will be underweight, but as long as they show the other criteria of a childhood type of infection they require care and treatment and are accepted to Glen Gardner.

The type of a child seen in our institution is not the one generally seen on the outside, and must not be used for the purpose of comparison. Usually the children on the outside having such an infection are not even aware that they are ill. Such children are accidentally discovered in the routine Mantoux testing in the various communities. As a matter of fact, the greatest majority have no complaints. On investigation, only a small percentage will give a history of tuberculosis in the family, while the majority are not aware of any known exposure. Were it not for the fact that we have the tuberculin test and the x-ray, the diagnosis could easily be missed.

GRAVITY OF FIRST INFECTION

Since the first infection is a benign disease, the prognosis in most of the cases is excellent. It is, generally, agreed that this is a relatively harmless disease. The view held by some, that this first infection can be discarded because of its low mortality, is too extreme a view to hold. These children should be carefully watched so that further exposure could be immediately removed. Were we able to prevent further contact with known cases of pulmonary tuberculosis, one could be justified with such a viewpoint.

The prognosis will also depend upon the social status of the child and the environment. Children of a financially better class of people will certainly do better than those of a poorer class. The chance of younger children to get well is just as good, providing we remove the source of re-infection. However, the younger the child and the greater the allergy present in the body, the poorer the outlook.

The children seen in Glen Gardner are usually between five and fourteen years of age, and we have not had a single death in the past five years from this first infection. The deaths

seen were those caused by complications. A soft caseous gland may rupture into a bronchus and cause a massive bronchogenic spread or a focus may rupture into the lymph and blood stream and cause a generalized miliary tuberculosis or tuberculous meningitis. These complications are rare, as we have only seen four cases within a period of five years. In two it followed pleurisy with effusion and in the other two it was the result of rupture of a caseous gland.

Diseases like whooping-cough, measles, influenza and repeated attacks of acute bronchitis or complicating asthma may activate a dormant tuberculosis focus in a gland, and rupture of such a focus will produce the fatal type of tuberculosis. Nevertheless thousands of children known to harbor such a focus have successfully come through the siege of one or more of the exanthemata without breaking down.

ADULT TYPE IN CHILDREN

We cannot close this part of the symposium without discussing briefly the adult disease in children. This type is a destructive disease and responsible for most of the deaths encountered in early or late childhood. It is insidious in onset and at times more than an entire lobe is involved before that child is presented for

examination showing signs or symptoms. It is a well-known fact that quite a few children are discovered by the tuberculin test and the x-ray, yet neither the child nor the family are aware of it. Fortunately the disease is not common before the age of ten but certainly much more common than text books would lead us to believe. We know of a number of small children removed from school having tubercle bacilli in their sputum and yet had no complaints.

The symptoms and signs when present are usually those that are seen in adults. The symptoms are: cough with or without expectoration, loss in weight (although there may be no loss in weight), fatigue, dyspnoea, night sweats and pain in the chest. The physical findings may vary from those that are negative, to stethoscope, to marked involvement with cavitation. Fever is usually present and the pulse is accelerated. The sputum may or may not show tubercle bacilli, although generally they are found and the sedimentation rate as well as the blood count may point to destruction of the pulmonary tissue. It is of paramount importance to discover such children as early as possible because the present-day therapeutics in pulmonary tuberculosis can save the majority of them.

LITERATURE

1. Aronson, A. D.; Opie, E. L.; McPhedran, F. M.; Chadwick, H. D.: *Childhood Type of Tuberculosis* (Diagnostic Aids), National Tuberc. Assoc., 1931.
2. (a) Opie, E. L.: *Phthisiogenesis and Latent Tuberc. Inf.*, *Am. Rev. Tuberc.*, 6-525, 1922.
- (b) Krause, A. K.: *The Prevention of Tuberculosis Based on the Relation of Childhood Infection to Tuberculosis in Adult Life*, *Am. Rev. Tuberc.*, 5-994, 1922.
- (c) Krause, A. K.: *Human Resistance to Tuberculosis at Various Ages of Life*, *Am. Rev. Tuberc.*, 11-303, 1925.
- (d) Stewart, C. A.: *Tuberculosis Immunity*, *Journal-Lancet*, 52-250, 1932.
- (e) Myers, J. A.: *Drastic Changes in Our Conception of Tuberculosis*, *Journal-Lancet*, 53-457 (Sept.), 1933.
- (f) Myers, J. A.: *First Infection and Re-infection Types of Tbc.*, *Am. Rev. Tuberc.*, 28-793 (Dec.), 1933.
3. (a) Hamburger, H.; Monti, R.: *Die Tuberkulosehaufigkeit im Kindesalter*, *Munch. Med. Wochenschr.*, 56-449, 1909.
- (b) Hamburger, F.: *The Frequency of Tuberculosis in Childhood*, *Am. J. Dis. Child.*, 23-481, 1922.
4. Pirquet, C.: *Frequency of Tuberculosis in Childhood*, *Journal Am. Med. Assoc.*, 52-675, 1909.
5. (a) Slater, S. A.: *The Results of Pirquet Tuberculin Tests on 1654 Children in a Rural Community in Minnesota*, *Am. Rev. Tuberc.*, 10-299, 1924.
- (b) Hetherington, W. H.; McPhedran, F. M.; Landis, H. R., and Opie, E. L.: *A Survey to Determine the Prevalence of Tuberculous Infection in School Children*, *Ibid.*, 20-241 (Oct.), 1929.
6. Rathburn, W.: *Tuberculosis Among High School Students*, *Journal of the Outdoor Life*, 24-9, 1927.
7. Chadwick, H. D., and Zacks, D.: *The Incidence of Tuberculous Infection in School Children*, *Am. Rev. Tuberc.*, 22-6, 1930.
8. Chadwick, H. D., and Zacks, D.: *The Incidence of Tuberculous Infection in School Children*, *New England Journal of Med.*, 200-332, 1929.

PATHOLOGY OF CHILDHOOD TUBERCULOSIS

By CHESTER R. BROWN, M.D., Arlington, N. J.

Read at the Annual Meeting of The Medical Society of New Jersey in Atlantic City on May 2, 1935, before the Section on Radiology

It is only in recent years that pediatrics has justified itself as a special branch of medicine. Hence, tuberculosis as a disease of infancy and childhood has been studied for barely a decade. The death rate in this age group is not high, and so for our pathology we have to look to the roentgenologist, the branch of medicine where the work is concerned even more with living pathology than pathology itself, the branch that is responsible for the greater part of our knowledge of the pathology of the disease under consideration.

The most common source of infection is by way of the respiratory tract. The bacillus is carried by the inspired air to the wall of the alveoli. There is usually only one primary focus, located near a surface of the lung. This may be an interlobar surface which puts all the burden of detection on the x-ray. The right lung gets a little more than its share of the primary infections. In contrast to the adult, they are found about the hilus level. At this point the destructive process begins and may develop in several different ways or combinations.

The primary lesions either heals or becomes disseminated. If it heals, there are no symptoms and a highly developed x-ray technic fails utterly or only on a comparative study with future exposures. If it is disseminated, inflammatory processes are set up and caseation takes place which may progress to cavitation. Here physical signs are usually found, but it is astounding the extent of pathology in this and other forms without any change in auscultation and percussion. Nature is not infrequently successful in surrounding this small area of caseation with a cicatrix. And in the period of a year or two calcification or even ossification takes place. As long as there are any virulent bacilli, the lime will not be absorbed. With caseation there is always a scar.

Perifocal inflammation may be extensive, giving a definite shadow on exposure, future pictures showing little but the primary lesion.

This has been termed *epi-tuberculosis*, one of the many synonymous names which confuses the literature. When this inflammation reaches the pleura, fluid will collect. If this happens to be an interlobar space, only the radiologist can demonstrate the pathology. The physical signs of perifocal inflammation are those of pneumonia, which unfortunately the x-ray is not capable of differentiating. This compels us to resort to the skin test and other means, which it is not the province of this paper to discuss.

It has been demonstrated to us by the x-ray pathologist that the tubercle bacillus has been transmitted to the efferent lymph vessels and glands before caseation has taken place. The intensity of the lymph gland infection is more severe than that of the primary infection. It travels by way of the tracheobronchial and paratracheal glands, through additional links of the lymphatic chain, to the superior lymphatic trunk and the thoracic duct, respectively, and thence into the venous angle (between jugular and subclavian veins). Here it may be controlled, or it may extend, producing foci in various organs. This extension causes a scar around the bronchus, which is the *indurative cord* of the radiologist's report. The glands tend to caseate; if this process reaches the capsule, the infection will extend to other glands, enter a bronchus, and thus extend to the lungs or alimentary tract or a blood vessel which may carry it to any point in the body. Much depends on the dosage of the infection. The x-ray shows this pathology as scars along the bronchi, isolated shadows of glands, or a widening of the supra-cardial shadow. When the involvement has not been extensive and calcification has not taken place, it may be entirely lost against the shadow of the sternum and vertebra. The x-ray plate is not infallible, nor is it labeled tuberculosis, pneumonia, or bronchiectasis when it comes out of the dark room. Therefore, the roentgenologist who is experienced in reading T.B. films is justified in report-

ing some readings thus: "The films show lesions which may be tuberculous, or caused by an upper respiratory infection." It is the problem of the clinician to add this information to the other knowledge of the case he has and make the diagnosis.

The above outline of pathology covers the so-called *childhood* type of tuberculosis. This is an indefinite term which seems to mean different things to different people. As the title on the program is "Pathology of Childhood Tuberculosis", it would not be complete without mentioning pathological lesions which the x-ray shows in other tissues.

If we concede that but 20 per cent of positive Mantoux show x-ray lesions in the thorax and that this is the most common portal of entry, there must be many lesions here that are not discernable by this means. We do know that there can be other points of entrance, such as the intestines, carried there either by the food or swallowed material from the respiratory tract. Here again clinical diagnoses may be difficult. Calcified areas on the film of the abdominal region are of great help. The same be shown in the spleen. The importance of the x-ray in bone tuberculosis is so definite that it need only be mentioned.

Not only is the radiologist indispensable in making the diagnoses, but also in recording the

progress of the disease. There are other methods of judging this as the sedimentation test, but clinicians want to know the pathology which can only be shown by x-ray.

An error too often made is to expect the radiologist to make the diagnosis and prognosis, and also suggest the treatment. We should not forget that we are treating the whole child. Conference with his physicians is always gladly given and not without profit. His interpretation of the film is more accurate than ours. It is our responsibility to draw the final conclusion from what we have learned in the clinical course, physical signs, and the pathological findings which the radiologist has given us.

In conclusion, I will say that the problem of tuberculosis in children can be successfully met only by close coöperation of the clinician,—who must find the cases, get the history, make the physical examination, do and read the Mantoux, and direct the treatment,—and the radiologist who does not want to be responsible for more than the taking and reading of the x-ray. It does not concern the clinician whether the x-ray is taken on paper or celuloid.

Finally, may I ask your careful consideration of the recommendations made to your department for the scientific control of tuberculosis in children by a committee of roentgenologists, public health workers, and pediatricians.

THE INSTITUTIONAL TREATMENT OF THE EPILEPTIC CHILD

By BANKS S. BAKER, M.D.,

New Jersey State Village for Epileptics at Skillman, New Jersey

Read before the Section on Pediatrics at the 169th Annual Meeting of The Medical Society of New Jersey,
May 2, 1935, in Atlantic City

He who pins his faith entirely on drugs in treating epilepsy in children does not see nor do his whole duty. Hygienic, mental and moral control are of first importance. Attention to the gastro-intestinal tract, regulation of sleeping hours, control of the school, outdoor life, utmost liberty, and wise discipline are all nec-

essary. Treat the patient early and make some attempt to avoid mental deterioration and feeble-mindedness which is sure to come. By so doing, seizures will cease in many patients to the extent that they will be suitable for situations outside, or capable of being employed at home by friends and relatives.

It was generally accepted by the early workers in America that epilepsy was almost always

hereditary, and that a proper segregation and isolation of epileptics would stamp out the dis-

ease. Although the theory that epilepsy is always hereditary has been shown to be wrong, yet the knowledge that a good majority are of hereditary origin, together with the desire to separate the epileptic from the insane so that he would become self-sustaining, has resulted in the establishment of many excellent institutions for these unhappy children.

During recent years in this country, where epilepsy is treated as a serious national problem, great efforts have been made to insure that incipient cases be properly treated. The profession has long realized that, if tuberculosis is to be treated successfully, it must be treated as early as possible. In epilepsy we have not to fight an infection; we have merely to regulate, if one may so put it, an organism where the normal reflexes have gone astray. Both the profession and the laity have long regarded epilepsy as a hopeless disease. The old dictum, "Epileptic fits which have once occurred always recur. The condition is incurable," is still the fixed belief of too many in the profession. It is against this erroneous conception of epilepsy that we are now striving.

In speaking of the general management of the epileptic child, we refer more particularly to the treatment of the *epileptic himself* than to the treatment of his *disease*. Up to the time of colonizing the patients, medical treatment of the disease was held to be of paramount importance, since indeed it was the only one then known to be at the physician's command. But now, while drugs play a conspicuous and valuable part, they fall short of fully meeting the requirements in all cases so that the aid of other agencies must be evoked.

The physician in general practice is often handicapped by his inability to control the patient in the manner desired. The more absolutely the physician is permitted to control the patient, the more promising the hope of helping or possibly cure. This is fully possible only in a special institution. Since epilepsy is essentially a disease of early life and so often causes mental impairment in a few years' time, the child should be given early consideration.

NEED OF INSTITUTIONAL CARE

The most difficult cases to handle successfully are those of children who bear marked evidence of the effects of this disease, such as mental enfeeblement, impaired will-power, deficient judgment, incapacity for reasoning, and moral depravity of various kinds; who have no vocation and little or no education; who have no power of applying themselves for the accomplishment of any definite purpose. Success will come only by placing the patient in an environment where his habits will be regulated to the utmost detail. In many cases the family can give the attention required although the patient is a constant source of anxiety, especially if there are other children in the family. The influence of the invalid child on its immediate associates, the danger of assault, and the explosive nature of the disease make him a constant menace to the home. The child is no longer permitted to go to public school; he senses a constant watch over him; he is no longer permitted to play with the other children; his former playmates are stricken with fear at the sight of him; strangers jeer at him; he sees the other little children playing and romping about having a good time, while he has to stay in the house under constant watch. The child's brothers and sisters avoid him; he is put to bed when visitors arrive; the father and mother become stern; and he notices the worried and hopeless look on their faces. He senses the change in all his associates and realizes that they do not care for him as they once did. He eventually loses all hope, and life becomes more and more miserable. In an institution this unfavorable environment is avoided. Here he is attended by kind attendant nurses who explain his condition and try to raise his morale. Once again he goes to school and plays with the other children with all the vigor and noise of a healthy child. He tastes again the delight of freedom and companionship. His spirit rises, and his intelligence becomes revived.

In the institution the child is provided with a simple and elemental home. He is free, that is if he has enough mind to permit him to exercise self-care to a safe extent. His individuality is preserved and vocations ranging

from the simplest to the most complex are provided.

USEFUL EMPLOYMENT

It is our endeavor to keep the patient employed in regular work which will reawaken his affection and call forth all those qualities in men and women which make for higher life. We try to have the patient feel and understand that he is expected to work to the full extent of his ability, not to create a revenue for the institution but for therapeutic reasons. There is a variety of work and after having carefully studied the child both mentally and physically, he is properly classified at some type of employment. Nothing tends to build up the epileptic so rapidly as congenial, healthy employment which inspires within him a mental activity and helpfulness in place of his natural gloom. Any activity, no matter how slight, is helping nature to convert the child from a helpless, unclean, care-demanding being to an orderly, industrious, well-behaved, useful patient.

A reasonable exercise of all organs is necessary to promote a symmetrical development of the body. This is accomplished through the use of various games. The games have a positive educational value and influence. Through them the epileptic develops a sociability and inhibition. The timid learn to take part with others. The child who is slow to see, hear, think and do is sometimes completely transformed in these respects by the playing of games.

EDUCATION.

In the institution the children receive as much training as they are capable of retaining. The details of education depend, of course, upon the age and mentality. So far as possible, the epileptic child is given instructions comparative to that of a normal child. When admitted, he is sent to school and given a preliminary school knowledge test from which he is classified as sense training, kindergarten, primary, intermediate or advanced grades. Each individual is advanced just as rapidly as his mentality will permit. This education ranges from learning his name to the fine arts of printing and music. The object of sense train-

ing is to open the eyes of the child to the world around him and to cultivate the power of observation and develop self-expression. This is brought about by auditory, olfactory and tactile training together with the discrimination of objects and practical exercises. In teaching the epileptic, great patience is taken, for we must be satisfied in many cases with a minimum of results under a maximum of effort. Since epilepsy may affect a single faculty or part of the body, education must neither be wholly intellectual nor wholly physical, but a definite combination of the two in a way that enhances the value of each. In teaching the child who has developed epilepsy in early childhood the most elementary means must be applied, while the more advanced methods similar to those of ordinary schools are called for in the child who has had some education before becoming epileptic. It is our effort to educate the child intellectually, morally and industrially along two lines,—one to give him a common school education; the other to put a means in his possession whereby he can become a producer as well as a consumer.

To offset the effects of his regular occupation and the monotony of daily routine, recreation and amusements such as motion pictures, birthday parties, plays, dances, band concerts, baseball, basketball, et cetera, are provided by the institution in striving to make the child happy and contented so that he may look upon our institution not as a place of confinement but as a true home.

Many opportunities are given for devotional exercises according to the belief of the individual. One to two services are held every Sunday conducted by pastors of different denominations. One general assembly is held each Sunday.

MEDICAL CARE

The medical care of the epileptic is extremely important, and without it the greater portion would be doomed. The treatment of any disease in which the etiology and pathology are so obscure as they are in epilepsy is essentially symptomatic, and consists of efforts to prevent the occurrence of the convulsions or at least to reduce their frequency. Every child who enters the institution is considered as

symptomatic until proven otherwise. When all possible means of etiology have been exhausted, he is then considered as *idiopathic*. Unfortunately, the latter forms the greater portion of our cases.

On admission the child is carefully studied and goes without medical treatment referable to epilepsy for five to ten days. His peculiar traits, the nature of his convulsions—whether nocturnal or diurnal, grand mal or petit mal,—and the number are recorded. From this the patient is treated accordingly. There is a wide variation in the treatment since the course of epilepsy varies in different patients. Some have only one or two convulsions a year or in several years; others may have them as often as one or two daily. Some may have status and be free of convulsions for several months; others have series of ten to one hundred convulsions and then be free of attacks for an indefinite time. The same treatment may fail in one case, reduce the convulsions in another, and control them in the third despite the fact that they all appear the same clinically. Occasionally it is necessary to substitute one treatment for another, or employ a combination when either alone has failed. Therefore, considering the various reactions and course of convulsions in different individuals, it is impossible to lay down any general rule to be applied to all patients.

As a rule no treatment is necessary during an attack; however, all efforts are made to avoid injury by falling. The patient should be put on his back and all clothing around his neck loosened to prevent suffocation. If the attack occurs at night, the patient is always in danger of *suffocation*. A fair percentage of all patients turn on their faces during a convulsion and if not returned from this position many would suffocate; hence this should be borne in mind by all those who care for the patients.

In controlling the convulsions it is extremely important that we first consider the intestinal tract. Our experience in the Village shows that approximately 25 per cent of all the children are habitually constipated, and that these children are more subject to convulsions. The adjustment of the diet, and the use of certain

laxatives and cathartics usually provide sufficient control. In the vagotonic cases tincture of belladonna should be given in large doses. Mineral oil is a popular mild laxative.

Magnesium sulphate is indispensable. These epileptic children are so aware that magnesium sulphate is beneficial that when they feel they are going to have an attack, some of them will immediately ask for salts while at other times you would have to force them to take it.

High colonic irrigations are found to be very helpful in some cases. I have in mind a little girl in the Village who is ten years old. She was having from one to three convulsions daily, and at that same time was receiving one and one-half grains of luminal, and one dram of triple bromide daily. She was also getting a soapsuds enema twice weekly. The patient was put on high colonic irrigations twice weekly. Her convulsions immediately checked, and at the present time she has from two to four convulsions a month.

DIET

Irregular meals and overeating are certainly things to be avoided. This is demonstrated in the Village when the parents visit their children. They bring them various tasty things to eat and naturally the child helps himself. The consequence is that almost invariably his convulsions increase and in some cases status epilepticus develops. This is so outstanding that the management of the Village realizes that after the regular holiday meals the attacks increase in frequency and severity.

The diet of the epileptic in recent years has been the chief discussion by both the written and spoken word. It is generally recognized that an abundant meat diet is injurious to epileptics; therefore, the food should contain a minimum amount of protein. The total amount of all food should be reduced. A popular diet is the ketogenic, in which the carbohydrates are severely restricted, the proteins moderately so, while most of the calories are provided by fat. This was first introduced by Peterman; and since his report of favorable results it has been followed by many. The object is to produce a ketosis, the acetone in turn acting as an anesthetic agent to the nervous tissues. Re-

cently, however, it has become the opinion of many that the effectiveness is due to the change in the quantity of fluid present in the body tissue. It has long been recognized by most physicians that a diet with a minimum amount of salt is beneficial to the epileptic. Therefore, since a low carbohydrate diet, as in a ketogenic diet, tends to produce a negative water balance, and the salt-free diet decreases the retention of water, light is thrown upon the mechanical theory of dehydration, chiefly by Dr. Temple Fay, and it is the writer's belief that it is the most logical theory and should be given all respect and consideration.

DRUGS

In a large majority of cases it is necessary that we give drugs for the control of the convulsion. For many years the bromides were the first choice of the physician, but these have recently been superseded by *luminal* which undoubtedly is the most important drug in the treatment of epilepsy that we have at the present time. It is practically free of disadvantages, and may be continued indefinitely. The dose of *luminal* varies depending upon the frequency of the attacks and the age of the patient. In the milder cases three-fourths of a grain daily may be sufficient, whereas other cases will require from one and one-half to three grains daily. *Luminal* acts differently in some patients in that it does not always alter the convulsion; and occasionally the patient may become psychic; however, this rarely occurs. Effectiveness is obtained in most all cases, and a fair percentage of the patients have complete arrest of the seizures.

It is important to give medication at the correct time—in nocturnal cases you certainly should administer it before retiring, while in diurnal cases it should be given early in the day. Those patients who have convulsions equally both day and night frequently require *luminal* morning and night.

In those cases where *luminal* fails to have effectiveness, it should be given in combination with some other drug, preferably the triple salts of bromide. Up until a few years ago this drug practically dominated the field. It is still very useful and frequently alone gives relief.

If administered for a long time and past the point of tolerance, the bromide causes acne, gastro-intestinal upset, and mental dullness. It is not necessary to push the bromide to the point of bromidism, and if the convulsions are not controlled by moderate doses, the drug should be discontinued. It must be remembered that since chlorine replaces the bromine radical in the body tissue, a minimum amount of salt should be consumed in order to obtain the maximum effect of the drug. Chloral hydrate has its greatest value in serial attacks and mental disturbance. It is much more active in combination with bromides or paraldehyde; and frequently psychomotor activity and status epilepticus may be aborted by giving these drugs.

Status epilepticus, a series of rapidly repeated convulsions, is a frequent occurrence, especially in children, and its prophylactic treatment is of great importance. When a child gives a history of such attacks, one should be aware of the first convulsions and immediately take steps toward aborting the status. This is usually done by irrigations, calomel, and salts, and giving some potent sedative such as chloral hydrate or paraldehyde. If the child develops status epilepticus, drastic medication should be administered immediately. *Sodium luminal* intravenously is indispensable and should be the first thing given. Eight to ten grains of this drug intravenously will relieve 75 per cent of the cases in twenty seconds to five minutes. If the attacks do not cease at the end of five minutes, inhalation of ether preferable to chloroform is given. The petit mal type of status is rare, but does occur and certainly should be recognized. If not noted, the child will become completely exhausted. It requires the same treatment as the grand mal type, and often does not respond as promptly to medication.

GLANDULAR TREATMENT

The treatment with glands of internal secretion is being used in the Village, but so far the results have been nil. This treatment still belongs to the realm of speculation despite the unwarranted enthusiasm of many exponents of endocrine therapy.

THE EFFECT OF URBAN CONDITIONS UPON THE TEMPERAMENT OF THE CHILD

By JAMES S. PLANT, M.D.,

Director Essex County Juvenile Clinic, Newark, N. J.

Read before the Section on Pediatrics at the 169th Annual Meeting of The Medical Society of New Jersey
on May 2, 1935, in Atlantic City

"Temperament" has always been used to refer to certain elements of the personality which were conceived of as dependent upon chemical changes within the body. This concept has weathered the storm of numerous theories—anchored to a vague belief that air, water, the blood, the bile, what-not, have some definite controlling influence over a pervasive and important part of the mental life.

The most outstanding recent contribution to the theory as to temperament is contained in Jung's formulation of the concepts of introversion and extraversion. Kretschmer, in describing certain physical types that were associated with differences in temperament, certainly came very close to tying in the slender physical structure with introversion; and the broad build with extraversion. Jung and Kretschmer differed largely in the fact that the one was interested solely in psychological types and the other largely in physical types.

In Jung's original formulation we find ourselves dealing with a dichotomy—with two clearly separated types of individuals. In the extrovert an "interest flows out from the individual toward the objective world". There is a certain "friendliness" between the extravert and his environment. For the introvert, on the other hand, the "interest flows from the object towards the individual".

There are three important objections to this formulation of Jung's: (1) His case material included only adults. In the adult, habits, compensations and developing attitudes distort or hide the original temperament as the individual seeks to fit its demands into the necessities of actual living. (2) Precisely because of these masking phenomena it was necessary for Jung to postulate a highly sophisticated and impractical series of sub-classifications and qualifying states. (3) Jung postulated two qualitatively different *drives*—making the individual in one case practically the passive re-

cipient of an "interest" flowing in from an inanimate object.

There is little wonder, on this basis, that all of the later studies have tended to discredit the clear distinctions of both Jung and Kretschmer. Every effort at discovering two distinct types of temperament has failed to stand up under careful analysis.

Despite this, one is forced to see in work with children brilliant support for much of Jung's original formulation. We all recognize the open-hearted, outgoing extraverted child, and the shut-in, seclusive, shy introvert. Moreover, this observation may be comfortably fitted into Jung's formulation with some slight changes in the assumptions made.

For the child there are not two qualitatively different *drives*; nor is there real evidence that there are two distinct types of temperament. The drive or interest always flows from the personality and its needs, out towards the reality that is about it. Difference in temperament arises in the facility with which this drive or interest can find expression through the motor mechanism. Thus we believe that every child has a definite desire for leadership. In the extraverted child there is easy external expression of this interest; he fashions his sword and marshals his little army to assail the enemy's fort. That is, here there is easy expression in the external, realistic world. The introverted youngster finds the threshold of the motor mechanism high so that the drive for leadership is blocked in expression, reverberating now within the personality to show itself in day dreams, phantasy life, and every mental image of obtaining leadership.

There is no reason to doubt that this threshold of the motor mechanism is controlled by chemical forces within the body, and on this basis it seems reasonable to see the changes that occur in the temperament of any individual at different times. That is, when we

see different temperaments as a continuous series, instead of as a dichotomy, most of the difficulties in Jung's formulation immediately disappear. The introvert now appears as one of that great group of individuals with varying but generally high thresholds of motor expression; the extravert similarly denotes a wide range of varying and generally low thresholds of motor expression. Between these two general areas lies a group of individuals who could not very rigidly be placed in either of these categories.

This matter of the motor threshold is unquestionably fixed to a considerable extent by heredity. However, there are factors in the life of the individual which also manage to seriously affect the ease with which his urges and hungers find their expression in the real world. Thus I am accustomed to use the terms "inherited introversion" and "traumatic introversion". Examples of inherited introversion are seen in the fact that in general the more northern races are withdrawn, quiet, non-expressive groups. Examples of traumatic introversion are such as: (1) Where there are two children fairly close together in a family, and we find one of these with considerably more intelligence, attractiveness, personal charm, etc., than the other, we frequently find the less favored one "retiring" into a world of her own, a phantastic world, a world of dreams, of beauty and social conquest quite similar to that of the more favored child, but within the mind rather than in the real environment. (2) We often see a boy of four or five who in beginning to really develop a companionship outside of the protected family circle, finds that the neighborhood has only considerably older and better integrated lads. Here again the traumata of actual living force the boy into his own phantasy life for satisfaction; and within a short time he is presenting a picture that is similar to that which he would have shown if by inheritance he had been introverted. (3) One of the very common pictures of traumatic introversion occurs in the child who has had a long illness. Very correctly for this period, doctor, nurse and parent vie with each other in blocking every sort of motor expression. The whole world is turned back upon the

child who is read to, talked to, asked at each moment to assay his feelings, his symptoms, his pains and ills. Finally in triumph convalescence is attained; but as the adults get this child on to his feet physically, they usually forget to turn the interests of the mind again to the world outside so that sometimes even for years the child is not allowed to escape the bondage of his own symptoms, his own comfort, his own warmth or chill, rubbers, underwear, diet, headaches, cold feet, gastric symptoms, cardiac symptoms, etc., etc.

The clinical picture of traumatic introversion and that of inherited introversion are the same. The child lives within his own world and he absorbs a more or less degree of the real world into his own phantasy to enrich its pleasant preoccupations. Therapy, on the other hand, is unsuccessful with inherited introversion, whereas it is successful with traumatic introversion simply through "letting up the pressure" against motor expression. Here we place the child with congenial companions or set the stage for a satisfactory life in the child's actual environment. We use types of games like football with considerable contact with the bodies of other children, or encourage manual work of one sort or another.

There is considerable evidence that the most healthy type of temperament is that represented by a mild degree of extraversion. (1) All babies are extraverted. Even in New England the babies are extraverted. (2) Most of the higher animals are extraverted. (3) The more malignant psychoses are associated with introversion. (4) It is within the experience of each one of us that the fuller and richer life comes from living in the world as it actually is than in the world as we wish that it were. (5) While one admits that the world owes more of its dreams and real spiritual progress to its introverts than to its extraverts, for each of the former who contributes much, there are many who never go beyond the tawdry satisfactions of a day dream life which like an opiate presses its habit-forming comfort in ever-increasing doses.

In what way does modern city life affect this matter of temperament?

1. Any concentration of people has to favor

the introvert. Extraverts may be individually healthy, but they are too sudden-about-the-house, too bouncy, for group living. Experiments in asking school teachers as to their greatest problems have invariably led to their naming the extraverted children in their rooms. In Essex County, which, as you know, contains three distinct areas (a rural, a suburban, and an urban), nine quite distinct games of baseball are played. In the rural area the game as we ordinarily know it is played upon an expansive if somewhat bumpy field. As one comes into the crowded areas the activity of the game is squeezed out, whereas the mental content is retained. Finally one may find in our most congested areas a game which maintains all of the concepts of baseball (innings, outs, hits, etc.), but in which the players remain in one spot. For any of you who doubt the traumatic introverting factors of city life, I recommend that you watch city children for the first two days of their life in summer camp,—during which time they simply race wildly about as though in hunger for mere motor expression.

2. With this crowding together of people there has been a pushing of individuals up away from the soil. Of over 2500 children of the city of Newark who have been through the clinic only five were interested in digging caves. The absence of small gardens in our urban areas has been noted by the English psychiatrists. While there is more to reality than this, we have long felt that close friendship with the natural elements is a real invitation to extraversion.

3. While academic schooling is a rural as well as an urban phenomenon, its word-centered activities are not counterbalanced in city living with periods of wide-flung play and responsible work. The construction of playgrounds and the development of the progressive education movement which recognizes the importance of *doing* things quite as much as *thinking* things, are valiant efforts at partially meeting this situation in the city.

4. Introversion is marked by a split between emotional content and emotional expression. On this basis the development of various forms of vicarious play-life in the city is of

outstanding importance. The best example, of course, appears in the movies where the individual experiences intense emotions of every sort with no opportunity to express these feelings in any adequate way. The city similarly presents huge stadia at which thousands of people congregate to watch eighteen or twenty-two individuals actually physically express what every one feels.

5. Tied into this last point is the more general one that the complexity of city life does not allow at any point an adequate expression of the emotions involved in the situation. The best example is that of reactions to a fire. The devastating tragedy of a fire in the country is in marked contrast to the efficient orderliness with which this sort of crisis is met in the city. But in the country each person may *do* something about a fire; what country person has not given full vent to his terror and awe as he has frantically saved furniture or animals until some one shouted that the roof or the chimney is to fall? Here again is the squeezing out of the activity or expressive elements of mental life where one lives in the city.

One notes that in this matter of the presentation of stark tragedy, for instance, to the individual when there is complete absence of any possibility of his reacting adequately to it, the radio has very much intensified the whole problem. For city and country person alike, the radio is rapidly forcing the development of that type of individual who can have intense emotional content without the necessity of expressing it or "draining it off" through appropriate physical activity.

What do these social pressures mean? What do they mean to the pediatrician? What do they mean to the whole program of social engineering in which we all are, or should be, interested?

1. In the first place it is futile to discuss what is "good" and what is "bad" in such matters. The introvert presents one constellation of problems, the extravert another. We must recognize that our cultural inheritance is of a pioneer pattern—a highly extraverted pattern—and that the disturbance which we have

over the present picture is perhaps a fear of change rather than a fear of introversion.

2. We have considerable evidence that swings very far away from the norm or average in either direction are unhealthy. In a nation that is rapidly urbanizing (which I have tried to indicate means "rapidly becoming introverted") it is probably incumbent upon us to urge our therapy towards the extraverting activities. For us this means hearty support of the progressive rather than the older academic types of education; hearty support of the *recreation* rather than the *physical education* developments in our cities; hearty support of occupational therapy; as well as every other means of interesting the convalescent in the concrete world that is about him rather than in his own inner mental life.

3. We must recognize that the development of every western civilization has been the development of cities. We must recognize that the developments of cities has meant the sub-

stitution of symbols of life for life itself. We must recognize that every young civilization has been an extraverted one—that when it hated, it killed; when it loved it carried on wars of epic proportions to capture the object of its devotion. As a civilization progresses it shapes its heroes of marble rather than of flesh; it composed symphonies and beautiful poetry as symbols of its sexual drives. If you and I are to minister to children rather than to the diseases of children we must recognize that where the fathers cut down forests, dammed rivers, hewed and sweated their way of conquest, now the children must deal with words, with money, with machine-made life—in short, that we are rapidly developing mere symbols for what is life itself. It is this rapid development of the factor of traumatic introversion, of the emphasis upon mental content rather than physical expression, which seems to me the most disturbing factor in our modern rapid urbanization.

ENDOCRINOLOGY AND THE CONVULSIVE STATE

By ALBERT W. PIGOTT, B.S., M.D.,

Resident Physician, New Jersey State Village for Epileptics, Skillman, N. J.

Read before the Middlesex County Medical Society, Special Symposium on Endocrinology, November 20, 1935,
State Home for Boys, Jamesburg, N. J.

"Convulsions are purposeless, spasmodic, and incoördinated muscular movements, either tonic or clonic in character, with or without loss of consciousness. Their occurrence depends on the mutual relationship of the exciting cause, and the degree of excitability of the nerve centers."¹

ENDOCRINES CONCERNED IN CONVULSIONS

The causes and types of convulsions are many and varied. It is difficult, in the light of our present knowledge, to say just how important a rôle the endocrines play as an etiological or a contributing factor in the convulsive states. A review of the literature reveals a few references to the endocrines, but the statements are far from direct, revealing the authors to be prudent when discussing the subject. Wechsler² calls attention to the disturbances of the pituitary and thyroid, and to the

status-thymico-lymphaticus found among epileptics as a stigmata of degeneration. He also mentions that the para-thyroids, pituitary and thyroid have been held responsible for the attacks, especially the thyroid because of its supposed influence on protein metabolism.

Wilson³ maintains that "so few epileptic subjects present outspoken evidence of endocrine disorders that the rôle played by the endocrines is one of great uncertainty. The evidence that has been obtained points more to the thyroid, the adrenals, and the pancreas as being possibly related to some seizures." I believe the majority of those of us who work with the convulsive states will agree that in a certain percentage of the cases, perhaps a small one, there is a possible relationship between some endocrinopathy and the convulsions. We see too many epileptics coming into the institutions showing gross evidence of dysfunction

of the glands of internal secretion to disregard them entirely as an etiological or a concomitant factor; and the fact that substitution therapy has failed to relieve the attacks in most of these cases is not sufficient evidence for us to ignore the endocrines, but rather a reflection on our ability to determine which gland or glands are at fault and the inadequacy of the preparations used in the treatment. However, we hesitate to make a positive claim to a specific connection between the endocrines and convulsions, especially epileptic convulsions, and we base our deductions almost entirely on clinical observation with little or no experimental data to substantiate them.

Perhaps the best way to present the subject assigned to me this evening will be to take each of the endocrine glands separately and in a definite order. They are not being considered in the order of importance and no lengthy discussion of the functions of the various glands will be attempted.

THE PINEAL GLAND

The pineal is probably the least understood of all the endocrines, and for the purposes of this discussion can be dismissed with a few words. Tumors of the pineal body may reach a sufficient size to encroach upon the surrounding brain tissue, resulting in a change of intracranial pressure and causing convulsions.

THE PITUITARY

The pituitary has been referred to as general headquarters of the endocrine system, and recent investigations have brought to light sufficient evidence to substantiate this reference. It appears now that adequate pituitary function is essential to the successful functioning of most of the other glands of the endocrine system. Cushing,⁴ almost a quarter of a century ago, stated that epilepsy has not been observed in acromegaly, a condition of hyperpituitarism. Convulsions do occur in hyperpituitarism with gigantism, and we have in the State Village a typical example of such a case, a boy eighteen years of age, height six feet six inches, weight 205 pounds, with large hands and feet, wears a size 16 shoe, but we do not have any cases

showing the peculiar anatomical configuration of the acromegalic.

Cushing also regarded the relationship between epilepsy and hypopituitarism as too close not to be considered, particularly since he was able to prevent convulsions in some epileptics by the administration of pituitary gland substance.

Englebach and Tierney⁵ report six cases of pituitary epilepsy, four males and two females, all showing evidence of hypofunction. Three of the males showed anterior lobe dysfunction only, while one male and two females showed bilobar hypofunction. Both of the females also showed evidence of hypothyroidism.

In the State Village there are a number of patients who show the hypopituitary, hypothyroid, and hypogonadal picture suggesting that hypofunction of the pituitary is frequently associated with convulsions if not an etiological factor.

The recent report by Collip⁶ of a diabetogenic substance secreted by the pituitary influencing carbohydrate metabolism is of interest, and if correct will make necessary a recasting of our theories about hyperinsulinism and convulsions. This will be dealt with more fully in the discussion of the pancreas.

McQuarrie and Peeler,⁷ 1931, and Jacobsen,⁸ 1934, have called attention to a water retention test for the diagnosis of epilepsy. This test makes use of the antidiuretic principle of the posterior lobe, pitressin, and consists in giving the patient a large quantity of water orally, and administering pitressin subcutaneously, thus inducing a positive water balance. It is claimed that water retention induces convulsions in predisposed individuals. We have never made use of the test, consequently I cannot speak for or against it. It has been used in this country and in England with about the same results.

THE THYROID

Only the higher chordates have a true thyroid gland and the fact that animals will survive without substitution therapy indefinitely following total extirpation of the gland indicate that the thyroid is not essential for vegetative life. However, a functioning thyroid

is essential to normal development in young animals.⁹

It has been shown experimentally that thyroxin (the thyroid hormone) decreases the susceptibility to convulsions whereas the removal of the thyroid increases it. I do not recall a single case among our epileptic patients showing symptoms of hyperthyroidism, while many cases show evidence of hypothyroidism including a few extreme cases of cretinism and idiocy. When we consider that hypothyroidism decreases the metabolic rate and protein metabolism, produces hypoglycemia, causes a retention of water and chlorides in the tissues, and depresses the activity of most of the tissues and organs,¹⁰ we can readily understand why a poorly functioning thyroid establishes a more fertile convulsive field than one of normal or hypernormal function.

THE PARATHYROIDS

The hyperexcitability of the nervous system, motor, sensory, and autonomic, resulting in tonic and clonic muscular spasms, without loss of consciousness, that follow parathyroidectomy, is well known to all present. This condition (tetany) is known to be due to abnormal lowering of the blood calcium content, and is accompanied by an increase in the blood phosphorus content. While convulsions with unconsciousness occasionally occur in cases of tetany, epilepsy is rarely associated with the condition. Scott and I¹¹ found no abnormal blood calcium readings in fifty epileptics whose blood was examined while in a grand mal seizure and in the interim between seizures.

THE THYMUS

At the present time no conclusive evidence has been offered that the thymus produces a true internal secretion¹² and it is known that the gland is not essential to life. Most writers on epilepsy suggest status-thymico-lymphaticus as an etiological factor, but none can offer any conclusive evidence that the condition actually causes the convulsions. It is well known that mental deficiency is often associated with enlarged or persistent thymus.

THE PANCREAS

The pancreas differs from the other glands of the endocrine system in that it is both secretory and incretory. It is the latter function that is of interest to the endocrinologist and the metabolist alike as it is chiefly concerned in the control of carbohydrate metabolism through the production of insulin.

During the past several years much has been written on hyperinsulinism, due to adenomatous degeneration of the pancreas, also without any pathologic evidence of pancreatic disease. Harris¹³ has described a number of cases of convulsions which he attributed to an excess of insulin production resulting in hypoglycemia and classes hyperinsulinism as a definite disease entity.

Collip,⁶ early this year, reporting on the experimental work of numerous investigators, has shown that there is a diabetogenic or anti-insulin principle secreted by the anterior lobe of the pituitary. Accepting the existence of such a factor, we can see how hyperpituitary activity would depress insulin production resulting in hyperglycemia, while hypopituitarism would result in increased insulin production, thereby lowering the blood sugar. This calls to mind again Cushing's observation made many years ago that hypopituitarism is associated with hypoglycemia and also with epilepsy. Accepting these findings, we would naturally expect to find a considerable number of low blood sugars among a large group of epileptics, and this seems to be the case in our institution. In a series of fifty unselected cases on whom blood sugar determinations were made during gland mal attacks and in the interval between seizures, a majority had lower values during the attacks, and individual variations ran as high as forty-nine milligrams per hundred c.c. Also in tabulating the results in 250 fasting blood sugars, we found 40 per cent had readings below 80 mgms. per 100 c.c. and 76 per cent had readings below 90 mgms. per 100 c.c. In a recent survey of institutions treating epileptics, only thirteen diabetics were found in 18,514 epileptics, or about one in 1400,—which is approximately one-seventh of the incidence of diabetes mellitus in the non-

epileptic population. Further study along this line is indicated.

THE ADRENALS

"Although the adrenal medulla has been studied extensively both experimentally and clinically, its function has not been explained satisfactorily. Yet its hormone, epinephrine, is one of the most commonly used drugs in the practice of medicine and surgery."¹⁴

No connection between dysfunction of the adrenal medulla and convulsions has been noted. The only probable connection apparent at this time is to assume a hypo-adrenia upsetting the supposed hormone balance between the adrenals and the pancreas, resulting in hyperinsulinism with convulsions. However, the evidence that such a hormone balance exists is not conclusive.

The adrenal cortex seems to be more intimately associated with convulsions. Falta and Meyers,¹⁵ 1916, called attention to the vertigo, nervous irritability, fainting attacks, and epileptiform convulsions that occur in severe Addison's disease; and Turner,¹⁶ 1934, states that "myasthenic, narcoleptic and epileptic episodes are frequent sequels of suprarenal insufficiency". Sajous also mentions muscular twitching, delirium, and convulsions as part of the symptomatology of the disease. Thus from the standpoint of this discussion, it would seem that the cortex is the more important part of the gland.

THE GONADAL SYSTEM,—THE OVARIES

Writers on epilepsy for centuries have appreciated the fact that menstruation has a decided influence on the occurrence of the seizures. It is not unusual for patients to have more convulsions about the menstrual period than at other times, and the irritability and disturbed mental states so often seen in epileptics frequently are exaggerated at this time. The first menstrual period is not infrequently accompanied by the first convulsive attack in predisposed individuals; and in the minds of the patients' families at least, the onset of menstruation is assigned as the cause of the epilepsy. During the past ten years there were admitted to the New Jersey State Village for Epileptics 242 females who had their first seiz-

ure between the ages of ten and twenty years, and five gave onset of menstruation as the cause of epilepsy.

Pregnancy has also been mentioned as an etiological factor. Cases have been reported that had their onset during the first pregnancy, and some cases have seizures only when pregnant. On the other hand, there are cases that have no seizures during pregnancy, but have frequent attacks at other times. There are also cases on record that have attacks from early childhood that cease at puberty only to recur at the climacteric, and finally there are a few cases that have their onset at the menopause. During the past ten years we have admitted a total of 770 females and three of these gave pregnancy, and one, menopause, as a cause of the epilepsy.

It has been stated that the physiological phenomena of menstruation and pregnancy are followed by epilepsy only where there is an hereditary history, but Muskens¹⁷ found 29 cases out of 1000 epileptic women in which epilepsy occurred with the onset of menses where there was no hereditary history. Some form of toxemia occurring during menstruation and pregnancy has been assumed to account for the influence on convulsions, but in view of the many variations reported it is likely that the connection is not toxic in origin. It is well known that there is an instability of the nervous system of many women around the menstrual period and during pregnancy and this super-imposed on an already unstable neurological foundation would seem adequate to account for the exaggeration of the symptoms at this time. It appears to be more logical to assume some dyscrinism producing an imbalance of the hormones engaged in controlling the menstrual cycle and the gestation period. The convulsions occurring in eclampsia of pregnancy were formerly considered to be entirely of toxic origin; but of late there has been a tendency toward classifying eclampsia as a endocrine disturbance. More definite proof of this is needed.

THE TESTICLES

There has been no conclusive evidence offered that testicular dysfunction has any influ-

ence on convulsive attacks. It is true that among epileptics there is a small percentage of cases showing hypogonadism but these usually show in addition hypofunction of the other glands, particularly pituitary and thyroid.

In addition to a consideration of each of the endocrines as a separate unit, there are numerous interrelationships that probably play a part in the production of convulsive seizures, and as Turner¹⁶ has pointed out, the rather frequent occurrence of physiologic and morbid changes in the endocrines in cases of epilepsy gives an indication of the relationship of these glands to this condition and one is

readily able to suppose that convulsive crises may be lessened by a normal physiological balance and aggravated by an abnormal balance. The convulsive states open to the endocrinologist a particularly fertile field of research and it appears now as if it might be a very promising field with the discovery of the various hormones and their isolation for clinical use. Collier¹⁵ has remarked that the convulsive state is not a limited field for the special worker in neuro-psychiatry, but it offers opportunities for the internist, the surgeon, the pediatricist and obstetrician, the ophthalmologist, the biochemist and particularly the endocrinologist.

BIBLIOGRAPHY

1. The Practitioner's Encyclopedia of Medicine & Surgery, p. 1386. London: Oxford University Press, 1912.
2. Wechsler, I. S., M.D.: A Testbook of Clinical Neurology, pp. 603 & 606. Philadelphia, W. B. Saunders Co., 1932.
3. Wilson, Richard B., M.D.: Epilepsy. Tice's Practice of Medicine; Vol. X, p. 406.
4. Cushing, Harvey: The Pituitary Body and Its Disorders. Philadelphia, J. B. Lippincott Co., 1912.
5. Englebach, William, M.D., and Tierny, John L., M.D.: Pituitary Epilepsy. Tice's Practice of Medicine, Vol. VIII, pp. 555-585.
6. Collip, J. B., M.D.: Diabetogenic, Thyrotropic, Adrenotropic and Parathyrotropic Factors of the Pituitary. J. A. M. A., 104:10-327-332.
7. Practical Medicine Series; Neurology & Psychiatry. 1931. p. 28.
8. Jacobsen, A. W., M.D.: Pitressin Test in Epilepsy. N. Y. State Journal of Medicine. 34:506.
9. Marine, David, M.D.: The Thyroid Gland. Tice's Practice of Medicine. Vol. VIII, p. 201.
10. Goldzicher, Max, M.D.: Practical Endocrinology, p. 19. New York, D. Appleton-Century Co., 1935.
11. Scott, Michael, M.D., & Pigott, Albert W., M.D.: The Blood Serum Calcium in Epilepsy During the Convulsion. To be published.
12. Sajour, Louis T. DeM., M.D.: Diseases of the Adrenals, Thymus, Pineal, Ovaries and Testicles. Tice's Practice of Medicine. Vol. VIII, Sec. XII, p. 156.
13. Harris, Seale, M.D.: Hyperinsulinism, a Definite Disease Entity. J. A. M. A., 101:25; pp. 1958-1965.
14. Rogoff, J. M., M.D.: The Adrenal Medulla. J. A. M. A., 104:23; p. 2088.
15. Falta, Wilhelm and Meyers, Milton K., M.D.: The Ductless Glandular Diseases. Philadelphia, P. Blakiston's Son & Co., 1916; p. 336.
16. Turner, H. H., M.D.: Epilepsies Associated with Endocrine Disorders. Okla. State Medical Association Journal. Nov., 1934, p. 389.
17. Muskens, L. J. J., M.D.: Epilepsy. N. Y. William Woods & Co., 1928. Chap. VI, p. 235.
18. Collier, G. K., M.D.: J. Am. Psychiatric Ass'n, Sept., 1928.

ADDISON'S DISEASE—REPORT OF A CASE

By JOSEPH M. COPPOLETTA, M.D., Cliffside Park, N. J., and
WILLIAM J. MONAGHAN, M.D., Laurel Hill, N. J.

Tuberculosis of the adrenals, or Addison's disease, provokes diagnostic, if not therapeutic, interest because of its rarity. The four cardinal symptoms of asthenia, pigmentation of the skin, arterial hypotension, and gastric irritability are so familiar that the disease is readily recognized if only its possibility is kept in mind. Therapeutically, of course, nothing is of any real benefit, and the prognosis is universally accepted as practically always fatal.

We report the following case of Addison's disease because it presented an unusual feature, namely, a verified and subsequently checked, relatively normal blood pressure reading (124/90) which embarrassed, but did not upset the clinical impression on admission.

That Addison's disease is a rare malady is well known, the incidence being about 0.4 per 100,000.¹ Rowntree,² however, reports 16.0 per 100,000 at the Mayo Clinic. Males are more frequently affected than females. The disease is preponderantly in the fourth, fifth, and sixth decades of life.

Cases of true Addison's disease with a normal arterial tension are exceedingly infrequent. *Hypotension* is so constant and striking a feature that, in its absence, a definite diagnosis of Addison's disease can be made only with reservations. Wells³ reports a case with a normal blood pressure and pulse rate. Rowntree² records, in his series, 154 milligrams as the maximum systolic, and 96 milligrams the maxi-

num diastolic. Green⁴ et al. reports two cases with systolic readings of 130 and 140 milligrams. Snell⁵ contributes four cases with systolic pressures ranging between 130 and 140 milligrams.

The following is a brief resumé of the hospital record of O. C.:

A 46-year-old married Italian laborer entered the Hudson County General Hospital August 15th, complaining of weakness of three years' duration. His history was inadequate because of language difficulties. His family history was negative. His past history disclosed no previous illness though he was never in robust health.

The present illness had a gradual onset with progressive weakness and vague distressing feelings in the stomach. Two weeks ago he was forced to bed with extreme weakness and fever. Since then he has had continued weakness and fever, and in addition anorexia and vomiting. He lost 30 pounds (13.63 kilograms) during the past year.

Physical examination revealed an underdeveloped and undernourished white adult male who looked older than his stated age. His skin was pigmented a deep, dusky, honey-colored, sun-burn tan, especially over the face, neck and trunk, where occasional darker patches were discernible. He was in no acute pain; he breathed normally, and was mentally alert. Both pupils reacted promptly to light and accommodation. His abdomen was soft and no masses could be felt.

On admission, his blood pressure was 124/90. Checked about an hour later by an attending physician, it registered 120/90. On the fourth day it read 120/84. The blood pressure was not recorded shortly before death.

The temperature ranged between 98.0 and 100.2; pulse, 84 to 120; respirations, 20 to 30. The urine was negative except a faint tract of albumin on one examination. A blood count showed slight secondary anemia. Wassermann and Kahn were both negative. A flat plate of the abdomen and an x-ray of the chest were reported negative.

His course was gradually downhill with weakness and gastric distress predominating. On the ninth day after admission, he suddenly became much worse, with syncope and marked tremors, and expired. Permission for restricted autopsy was obtained.

ANATOMIC DIAGNOSIS

Postmortem examination revealed old bilateral pleuritic adhesions, old right apical tuberculosis, a small flabby heart, toxic splenitis and hepatitis. The caecum and right colon were in the midline of the abdomen with a normal appendix deep in the pelvis. Both adrenals were markedly atrophic, caseous-looking, and brittle, and showed a destructive lesion completely involving cortex and medulla which could not be differentiated.

We are deeply indebted to Dr. S. Burt Wolbach, of the Harvard Medical School, and Dr. G. A. Bennett, Resident in Pathology, Peter Bent Brigham Hospital, Boston, Mass., for the report of the adrenal specimen submitted for histological examination. Dr. Wolbach writes: "It is interesting that although the specimen showed, in addition, aberrant hypertrophied adrenal tissue, it was apparently not sufficient to meet the requirements of the body."

EXCERPTS FROM PATHOLOGICAL REPORT

* * * The tissue embedded in fat, which is said to represent the adrenal, is dissected out as two irregular fragments which appear yellowish, friable, and necrotic. This material contains a large amount of calcium. Also adjacent to the necrotic areas is a small 12 x 7 millimeter oval body which is encapsulated, and which, on section, appears to be adrenal tissue.

Microscopical Examination: * * * The sections through the oval mass * * * is seen to consist of adrenal cells. While all the cortical layers are detectable, there is not the sharp demarcation which is usually seen in the normal adrenal gland. Because this adrenal tissue was found to be entirely encapsulated and separate from the necrotic and calcified mass, it is probably best considered a hypertrophied aberrant adrenal tissue. It showed no evidence of tuberculosis or other inflammatory change. The sections of necrotic and calcified areas * * * show no remaining viable tissue. The necrotic material consists of acellular, homogenous, eosin-staining material * * * entirely consistent with the necrotic material seen in known adrenal tuberculosis. Large areas of calcification have formed, and in one area, bone trabeculae have developed. Although there are no typical small tubercles * * * the general histological features are suggestive enough of adrenal tuberculosis to warrant the diagnosis of Addison's disease.

REFERENCES

1. Gutman, Paul H.: Addison's Disease: A Statistical Analysis of 566 Cases and a Study of the Pathology. *Archives of Path.*, Nov. 1930, Vol. 10, pp. 742-785, and Dec. 1930, Vol. 10, pp. 895-935.
2. Rowntree, Leonard G.: Studies in Addison's Disease. *Jour. A. M. A.*, Jan. 31, 1925, Vol. 84, pp. 327-335.
3. Wells, H. Gideon: Addison's Disease with Selective

Destruction of the Suprarenal Cortex. *Archives of Path.*, Oct. 1930, Vol. 10, pp. 499-523.

4. Greene, Carl H.; Walters, Waltman, and Rowntree, Leonard G.: Surgical Operations in Addison's Disease. *Annals of Surg.*, Dec. 1933, pp. 1013-1017.

5. Snell, Albert M., and Rowntree, Leonard G.: Clinical Experiences with Addison's Disease. *Annals of Int. Med.*, Vol. 3, No. 1, July 1929, pp. 6-28.

MATERNAL WELFARE

Article Number Two

2. CAESAREANS IN ESSEX COUNTY DURING THE PAST EIGHT YEARS

For the past eight years the Maternal Welfare Commission of Essex County has been collecting obstetric records from all the hospitals in the county. The first three years are not quite complete, but the last five years are. For this paper, only the caesareans done are being analyzed. The accompanying table will

The great majority were for some kind of *disproportion between baby and mother*. These were often so worded that it was very difficult to classify them. Far too many were done after a long labor in which the indication ought to have been found out long before. Also, too many were done after patient had

Year	Maternity Cases	Caesareans	Per Cent	Deaths of Mothers	Per Cent	Deaths of Babies	Per Cent
1927	6,257	124	1.9	11	8.8	10	8.
1928	6,307	116	1.8	8	6.8	11	10.
1929	8,621	167	1.9	11	6.5	7	4.2
1930	7,973	153	1.9	9	5.0	17	11.
1931	10,052	218	2.1	10	4.6	17	7.8
1932	9,793	198	2.0	12	6.0	14	7.9
1933	9,092	154	1.7	5	3.2	10	6.5
1934	8,793	167	1.8	2	1.2	11	6.5
Total	66,888	1297	1.8	68	5.2	97	7.5

give graphically the results of this survey. In all, during these eight years, there were 66,888 cases analyzed; and there were 1297 Caesarean sections, an incidence of 1.8 per cent. There were 68 mothers' deaths, giving a mortality rate of 5.2 per cent; and 97 babies were either born dead or died before the mother left the hospital, this being 7.5 per cent.

The first column shows the number of cases reported in the year; the next column the number of caesareans done; these varied from 116 to 218; and the incidence varied from 1.7 to 2.1. These figures are very constant and stayed so for the whole eight years.

The next column, the most interesting of all, shows the mothers' deaths from caesareans. The number varies from 11 to 2; or from 8.8 per cent to 1.2 per cent. *In reducing these deaths the Commission feels very decidedly that the reforms and rules laid down by it have greatly influenced these figures.*

It is not the scope of this article to minutely analyze the causes of deaths. Suffice to say is that 29 of the 68 deaths are definitely due to sepsis; 9 followed eclampsia and also were likely due to sepsis; 2 were due to embolism; 4 to abruptio placenta; 2 placenta praevia; and 1 from spinal anesthesia, uremia and heart disease.

From each hospital each year we also receive the indication for each caesarean done.

twenty-four hours or more of weak pains, when very likely she was really not in labor, and no progress had been made.

Every one realizes that in a small number of cases you might get quite a high incidence of sections; and so we have taken the total number of cases for the seven years from each hospital and found out the incidence in each hospital. These vary from 0.9 per cent to 5.3 per cent. Each year, also, in certain hospitals the incidence of sections is very high, while in others they have always remained low.

The last column shows the baby death rate, or stillbirth following section. One of the principal reasons why a section is done is to get a live baby; and when 7.5 per cent of babies die it seems the indication for doing the operation was in some degree faulty. It must, however, be recognized that abnormalities, and in some cases, prematurity, cannot be avoided; and while, theoretically we ought not to have any deaths, some in such a large series are bound to happen. During this series of 66,888 births the total baby deaths were 1583, or 2.3 per cent, which makes it about three times as dangerous to have a baby by section as in the normal way.

Conclusions—The incidence of Caesarean sections did not change; the mothers' death rate has fallen; the baby death rate stays too high.

STATE SOCIETY ACTIVITIES

CONTACTS OF PHYSICIANS

By LEROY A. WILKES, M.D., Executive Officer, and

FRANK OVERTON, M.D., Editor

Prepared upon the suggestion of the Sub-Committee of the Welfare Committee of The Medical Society of New Jersey as a basis of discussion, leading to the adoption of the working program of the Committee

Public Relations in Medicine mean *contacts of physicians with the public*, each party acting through its own organized group. Practically, it means the relations of County Medical Societies with lay health organizations and governmental agencies.

The fundamental contact of the individual doctor is that with a sick person. Many doctors still do not choose to see a person professionally unless he is physically sick; and they dismiss the prospective well patient with a curt, "There is nothing the matter with you".

HOSPITAL CONTACTS

The first major extension of the relations of the doctor beyond the circle of his private patients was that through the hospital, leading to contacts with its governing boards, with nurses, with welfare workers, and with government officials. But these contacts were originally confined to those far-seeing doctors who recognized the advantage of medical organizations in dealing with other organizations of a civic nature.

HEALTH DEPARTMENTS

The second extension of the doctors' relations was through their contacts with Departments of Health in dealing with community health problems, especially communicable diseases. The development of cordial relations between family doctors and health departments was slow; and some doctors still persist in confining their personal responsibilities to those who are clinically sick, leaving the great field of preventive medicine to the health department or other governmental organization. This is an example of the persistence of *individualism* in contrast with *organization*.

WELFARE ASSOCIATIONS

The third extension of doctors' relations was with lay organizations having health implications and problems. Physicians permitted these organizations to preempt a great part of the field of preventive medicine which was not fully occupied by the Health Departments. The great problem of physicians today is that of organizing themselves for service and self-protection, and of recovering their rightful

leadership in every line of preventive medicine, except possibly the application and utilization of hygienic measures in which the advice of a physician is not *immediately* necessary.

THE COUNTY MEDICAL SOCIETY

It is only within the last decade that the need of medical organization for other than scientific purposes has been acutely felt by physicians generally.

Professional contacts with lay organizations can be made effectively only when they come through the doctors' basic organization,—their *County Medical Society*. During the past two years The Journal of The Medical Society has printed numerous editorials emphasizing the principle that the *County Medical Society is the medical adviser to the community*.

THE STATE MEDICAL SOCIETY

The State Medical Society is essentially an association of *County Societies*. The leaders of The Medical Society of New Jersey have acquired their knowledge and experience in public relations largely through their active contacts with the health officers and the lay health organizations in their own *local communities*,—the township, the village, the city, or the county. The County Medical Societies have been the schools in which the State Leaders have received their first training and inspiration in medical organization.

METHODS OF APPROACH

The most effective approach of the Medical Societies to the general public is through the governmental and civic agencies; and the method is similar to that of the family physician, with the Medical Society as the doctor, and the community as the patient. The County Medical Society today is in the position of a physician seeking to establish a private practice.

READINESS TO SERVE

The first essential for a doctor in establishing a private practice is *to open an office*, and let the people know that he is ready to serve them. This is also the first essential for a County Society seeking to influence the people.

The second essential step is that he shall listen attentively and sympathetically to the complaints and worries of the patients who enter his office or call him to their homes. This is also the procedure for the leaders of a County Society to adopt in dealing with representatives of a civic agency.

The third step is that he shall prescribe the proper treatment for the patient, and give active assistance to the patient's family in carrying out the prescription. The civic organizations also need medical advice and assistance in carrying on community health work.

The fourth step is that he shall call a consultant to assist him in difficult cases, or to instruct him when specialized forms of treatment are developed and made available. Family physicians learn the newer methods of medical practice from the specialists whom they consult, and those whom they invite to address their County Societies.

County Societies look to The Medical Society of New Jersey as their consultant in making contacts with lay health organizations and the community. The State Society seeks to provide these consultation services for the County Societies. Reliable standards and methods of delivering this organized service to the County Societies have been developed through experience and research; and now the time is ripe for putting that service into operation.

THE SUB-COMMITTEE ON PUBLIC RELATIONS

The Welfare Committee of The Medical Society of New Jersey has taken an advanced step in establishing a *Sub-Committee on Public Relations* whose immediate objective is to promote effective *contacts* of County Societies, as medical advisers, with lay health organizations and government agencies engaged in health activities, as patients. In order to achieve this objective, the County Societies must prepare themselves to be the active and authoritative advisers of the community in the wide field of public health—a field which, unfortunately, physicians and County Societies have hitherto left to non-medical organizations.

CONTACTS

Favorable publicity promotes *new* contacts, and strengthens the influence of those already made. The family doctor achieves his reputation and success through the publicity which his *satisfied* patients provide. He himself cannot advertise his own personal efficiency and superiority, for that is the procedure of the irresponsible quack who selfishly disregards his obligations to his fellow practitioners.

Medical Societies have established the ethics of publicity for their members. Up to a

decade ago these societies often forbade their members to address lay audiences on public health, especially in their home towns; but *now* physicians are encouraged to deliver lectures and write articles *in the name of their society* when they are appointed to do so. The County Society now informs the public as freely as a private practitioner instructs members of the family of his private patient.

The public is the patient of the *County Society*, and is entitled to its advice and treatment. The County Society fails in its responsibility and function if it does not stand ready to give advice and assume the leadership in every health movement in its area.

METHODS OF CONTACTS

Two lines of contact with the public are open to The Medical Society of New Jersey and the County Societies:

1. With lay health organizations.
2. With the public directly.

It is fortunate, in one sense, that established agencies which are interested in health are already in existence. The problem now is to establish effective contacts with those agencies. For two years it has been the policy of The Medical Society of New Jersey to attend the annual meetings of the more important lay health organizations of New Jersey. An example is that of attending the New Jersey Conference on Social Work, as reported in The Journal of January, 1936, page 41. The representatives of the Medical Society are made welcome at these meetings, and their presence is considered a friendly mark of honor by the organizations.

Welfare organizations were able to carry on their work in their own way so long as they confined their activities to making "*Studies*" and diagnoses. But now they must *prescribe treatments*. This is something for which the wiser leaders acknowledge their unpreparedness now that they are rather unexpectedly asked to develop legislation dealing with the diagnoses which they have glibly made. These leaders are turning to their reliable advisers,—the Medical Societies,—for assistance.

The time is therefore ripe for the Sub-Committee on Public Relations to develop a uniform system by which the County Societies may make contacts with local groups, such as Chambers of Commerce, Study Clubs, and Parent-Teacher Associations.

Three methods of approach naturally suggest themselves:

1. A Speakers' Bureau.
2. Preparing outlines of addresses.
3. Newspaper publicity.

1. SPEAKERS' BUREAU

The most direct approach of the Medical Society to health organizations is through a *Speakers' Bureau*, which shall arrange assignments for medical speakers to address lay audiences on the relations of the people to the delivery of the services of medicine.

In order to make these assignments, two lists of health agencies must be secured:

1. The State Society shall make a list of those with a State-wide field, together with the addresses of their headquarters, the names of their executives, and the dates of their meetings.

2. A similar list shall be made in every County Society by its Public Relations Committee.

These lists should be kept on file and up-to-date in each County Society, and in the Executive Offices in Trenton, where mimeographed copies can be obtained for distribution to the officers of the State and County Societies.

The Woman's Auxiliary will be of valuable assistance to the Committee on Public Relations in arranging meetings, especially those with organizations of women.

2. PREPARING OUTLINES OF ADDRESSES

Lectures of a "canned" nature are usually ineffective, for the State is already flooded with *generalized* statements on current health

topics. Yet it is necessary for the central committee to prepare digests of the available information which the speakers may use in preparing their talks. An example of such an outline is that prepared recently in response to the request of a member for material and an outline for a fifteen-minute address which he had been invited to give on the subject of "Compulsory Health Insurance" before his local Rotary Club.

This is an example of a whole series which may be prepared in the Executive and Editorial Offices and published in the Journal under the auspices of the Sub-Committee on Public Relations.

3. NEWSPAPER PUBLICITY

The most direct approach for publicity to the public will be through newspaper reports of the addresses given before local organizations. The papers are always ready to print the addresses by local speakers representing County Medical Societies, provided the material is sent to them early, or even before the meetings. Newspaper clippings containing such addresses frequently reach the Executive Offices. Their most evident value to organized medicine lies in informing the people of the existence and objectives of the County Medical Societies. (See editorials on pages 1 and 4 of the January Journal.)

COMMUNITY RESPONSIBILITY FOR MEDICAL SERVICE

NUMBER ONE—INSURANCE FOR HEALTH

The following article was prepared in the Executive Offices of The Medical Society of New Jersey on a physician's request for information which he could use in addressing his Rotary Club on Compulsory Health Insurance. At that time the Sub-Committee on Public Relations of the Welfare Committee was developing its plan for educational contacts with the people. This article is presented as the first of a series in order to provide material which physicians may use in addressing local organizations of a social or welfare nature. It is not expected that the speaker will deliver the article word for word, but that he will use its facts, or possibly its order of paragraphs, in composing his own address.

Everybody desires to live a long, happy, and fruitful life. Medical science points the way to its attainment.

Physicians have discovered the means for preventing nearly all the great plagues which formerly spread disease and death; and yet one of the greatest epidemics the world has ever seen swept over the United States in 1918 when hundreds of thousands of persons died from influenza.

Why?

Because the people were unwilling or unable to carry out the measures which medical science had devised for the attainment of a long, healthy life. Modern conditions of living—such as rapid transportation—have brought

health threats which were not suspected a century ago.

Mankind is still far from the ideal state when man can live the fullness of his years and finally approach his end, as William Cullen Bryant has said, "Like one who wraps the draperies of his couch about him and lies down to pleasant dreams."

Physicians have done their part nobly and well. The next step is to get people to adopt health measures and put them to actual use. But to do so would require them to *re-form* their habits of living as completely as the schools and the churches urge them to do in their intellectual and spiritual lives.

Let us analyze the conditions under which

medical service is rendered. Then perhaps we may realize the immensity and complexity of the problems of health and sickness.

COSTS OF THE DELIVERY OF MEDICAL SERVICES

Medical service, like all other human services, is divided into the two great parts:

1. Its *production* by physicians and the allied professions.

2. Its *delivery* to the people.

Physicians are equipped to *produce* medical services with a high degree of efficiency.

Moreover, they are both willing and anxious to *deliver* these services to the people.

But—the people are not yet ready to accept and utilize the medical services which are offered to them, especially those which interfere with their habits and mode of life.

INSURANCE OF MEDICAL CARE

An authoritative study of the distribution and utilization of medical services in the United States was made during five years beginning in 1927 by an endowed group at a cost of one million dollars, whose report was issued on November 29, 1932, in a volume called "The Costs of Medical Care". This committee reached the conclusion that the problem of the efficient and equable distribution of medical care was primarily one of *economics*. In other words, the committee concluded that the millennium of health would be achieved if the methods of *business* and *politics* were applied to the *distribution* of medical services.

The committee made no criticism of the *production* of medical services; but on the other hand it assumed that abundant medical services of the highest class were already at hand if only the *government* would assume the prerogative of its distribution.

The specific method which the committee proposed was that of *health insurance*,—or *sickness insurance* as it is sometimes called,—*voluntary* if the people would accept the suggestion; otherwise it should be made *compulsory*, and be administered under governmental control.

A nation-wide machinery of propaganda for health insurance was set up, and supported by great "Foundations", with endowments totaling one hundred millions of dollars,—the most extensive system of propaganda that was ever set up.

SOCIAL SECURITY

It soon became apparent that medical service is not a separate entity among the essentials for comfortable living; but it is intimately related to and dependent on the other three essen-

tials of food, housing, and clothing, and must be considered in connection with them. This was the view taken by the officials of the Executive Branch of the National Government, expressed in the *Social Security Act*, whose provisions were outlined in articles in The Journal of The Medical Society of New Jersey of February 1935, page 106, and of September 1935, page 534. The essence of the plan is that of *Federal aid* to the States which see fit to provide services along lines as follows:

1. Old age assistance.
2. Unemployment compensation.
3. Aid to dependent children.
4. Maternal and child services.
5. Crippled children.
6. Child welfare.
7. Vocational rehabilitation.
8. Public Health services.
9. Aid to the blind.

In the Spring of 1935, the Legislature of New Jersey enacted a law providing for a commission whose duty should be to determine the extent to which the State of New Jersey should participate in the services. This Commission is now engaged in a study of the existing services in New Jersey, and its report will be of vital interest to every citizen of the State. Watch for it, and be prepared to express your opinion regarding the plans that will be proposed.

The Federal Law does not mention Health Insurance, and no word is obtainable regarding the future plans of President Roosevelt and Secretary Perkins. The development of events seems to indicate that government officials will act upon the advice of the medical societies in regard to laws relating to health and social security.

THE ATTITUDE OF THE MEDICAL SOCIETY OF NEW JERSEY

The Medical Society of New Jersey, composed of three thousand physicians, with an active branch in every county, is giving serious consideration to the proposals of the great Foundations and the Federal Executive. Its members subscribe to the following principles:

1. Health cannot be attained by *compulsory* methods.
2. Compulsory health insurance is class legislation, for it is designed only for people with low incomes.
3. Those with low incomes will not make use of free health services to any greater extent than the well-to-do who suffer from physical ills equally with the poor. It is one thing to *offer* health services to the people; it is

quite another thing to get them to *make intelligent use* of the services.

4. Lay health organizations, such as Parent-Teacher Associations, and Public Health Nursing Committees, which now exist in every community, are sufficient to instruct the people in the use of health measures more efficiently than any political agency that is set up by the government.

5. The Medical Society of New Jersey is now engaged in developing a comprehensive

plan to unify the existing health agencies under the leadership of the local physicians and their organizations.

6. When the people understand the disinterested plans of The Medical Society of New Jersey, they will spontaneously develop a system of the distribution of medical services that is far more efficient than any plan imposed upon them by governmental authority.

The physicians of New Jersey welcome the opportunity to inform the civic leaders regarding medical affairs.

WELFARE COMMITTEE

A meeting of the Welfare Committee of The Medical Society of New Jersey was held in the Executive Offices, 137 East State Street, Trenton, at 2:15 p. m. Sunday, January 19th, 1936, with fourteen members present as follows: Dr. Hilton S. Read, Chairman; Drs. Scanlan, S. Alexander, Lewis, Dandois, Sewall, Ulmer, Pollak, Haggerty, MacMillan, Burritt, Morrison, Snedecor and Satchwell, and Dr. Wilkes, Secretary.

U. S. P. H. S. SURVEY

Dr. R. R. Spencer, of the U. S. Public Health Service, who was present by invitation, spoke on the survey of chronic diseases which is being conducted in Trenton and other parts of New Jersey and said that an account of the project appeared in the A. M. A. Journal of October, 1935. The Public Health Service does not ask the Medical Society to sponsor the survey, but to leave it up to the County Societies and the individual members to decide whether they will coöperate or not. The Service also asks that a Journal article be printed outlining the purpose and procedure used in the survey.

The procedure of gathering data is as follows: The field investigator visits the home and asks for information required to fill out the blank. The blank is then sent to headquarters in Detroit. If there is any sickness data, the name of the attending physician is placed on the blank, and the Detroit office, in the name of the surgeon general, writes to the attending physician named and asks him to confirm the diagnosis given. "The data gathered is to be used only for statistical purposes." The physician is thus in no way violating medical ethics. The survey is an extension of the principle of making surveys as has been done before by the U. S. P. H. S.

The Welfare Committee voted to approve

this U. S. P. H. S. survey with the provision that a written statement be given us by the Public Health Service guaranteeing that no conclusions will be published on sickness diagnosis unless supported by this State Society. (See page 108.)

SUB-COMMITTEE ON MEDICAL PRACTICE

Dr. T. B. Lewis, Chairman, submitted the following report on the *Medical-Dental Service Bureau* of Essex County:

This project is fostered by and affiliated with the National Planning Group of the Medical Economic Security Council, which has headquarters at Washington, D. C. Automatically, a medical representative of the Newark Bureau is given a seat in this Council.

Under the plan outlined by Dr. Garrett, all literature used by the Bureau is obtained from Washington at cost. This literature is covered by copyright in order to control its distribution and prevent its use by any agency not living up to the requirements of the Washington Plan.

The Bureau in Newark is being operated at the present time by three agents loaned by the Council in Washington. These agents will continue on for a period of three months or until the local organization is functioning satisfactorily. This group consists of a manager, a contact man, and a budget consultant (female). The local group who will ultimately operate the Bureau will be first trained by this team from Washington.

Each Bureau so established will be an independent corporation operated on a non-profit basis and dealing only with the low-income bracket group.

All physicians and dentists of the County Societies are eligible to become affiliated with the service. For the present, non-members are not being excluded, but eventually the service will be limited to members of the legitimate societies.

Twenty-two hospitals have affiliated with the Bureau in Essex County,—a remarkable record when one recalls that in Washington the hospitals were very slow in being won over to the plan.

At present the Medical-Dental Bureau is the only

element of the Washington Plan in active operation in Essex County. However, at a moderate cost, the socio-economic status of clients is being obtained through a credit bureau which has available data on 900,000 individuals. A central Admitting Bureau is planned for the future, as is also the welfare unit which will provide for the treatment of the 100 per cent indigent.

The activities of the Bureau are as follows:

1. The Bureau assists in the collection of back bills. Physicians are supplied with circulars which may be mailed with bills offering or suggesting the use of the Bureau as a help in cleaning up old accounts. As a result of this enclosure, quite a few patients have availed themselves of the opportunities afforded by the service to budget for the payment of old bills, and a few as a result of its stimulus have cleaned up long overdue accounts. The Bureau in this service employs no collectors and never brings suit.

2. The Bureau offers a prepayment plan for obstetrical cases similar to that in vogue in certain hospitals, but with this addition—that the doctor's bill is included in the account. When necessary, post-natal payments may also be arranged.

3. The Group Hospitalization Insurance now in existence has been linked up with the Bureau, its director having been made a director of the Medical-Dental Bureau. While this plan of insurance is not entirely to our liking, the connection promises to afford a means of correcting the objectionable features. The hospitals are not fully living up to their obligations and are finding that the inclusion of anesthesia, x-ray, and laboratory service brings them out on the minus side. The intimation is that in the future these services will not be included in the insurance set-up. At present there are 9000 policy holders and it is the judgment of the directors of the Bureau that, even though the present policy is not to our liking, close affiliation and co-operation with the Hospital Association in this matter will afford the best means of effecting proper control.

4. Service to the low income group is perhaps the most important function of the Washington Plan and is receiving particular attention in the Newark Bureau. Approximately 100 special rate cases have been arranged for during the few weeks the organization has been operating. The Director reports splendid coöperation on the part of the professions in reducing rates to meet the paying ability of the clients of the low-wage class who are faced with the need for extensive medical or surgical work. Every one of the 100 cases above mentioned, without the assistance of the Bureau, would have become ward cases.

Examples

Mrs. S. In ill health for a year, refusing hospitalization because of financial angle. Persuaded to undertake treatment through the assistance of the Bureau.

Income per month	\$140.00
Monthly expenses:	
Rent	\$ 38.00
Light, gas and heat	14.00
Food (6 in family)	60.00
Clothing and laundry	5.00
Transportation	3.50
Furniture installments	3.00
Sewing machine installment	4.00
	<hr/>
	\$127.50

Budget Plan \$10.00 down, \$2.50 per week.

Surgeon's fee (regular \$200.00)	\$ 75.00
Post-op. care (regular \$50.00)	25.00
Hospital bill (19 days)	110.00

Mr. K. Emergency strangulated hernia case that without this service would have gone through ward, but physician knowing patient's standing and being aware of the Medical-Dental Service was able to divert patient to semi-private room, much to the satisfaction of the patient.

Income per month	\$175.00
Monthly expenses:	
Rent (B. & L.)	\$ 12.22
Taxes	13.89
Light, gas and heat	14.00
Food (2 in family)	55.00
Other exp. (old bills)	51.00
	<hr/>
	\$153.27

Budget plan \$20.00 down, \$20.00 per month (food rate too high).

Surgeon's fee (regular \$150.00)	\$100.00
Post-op. care (regular \$50.00)	25.00

As a result of such cases as these, several industrial establishments have offered the following support, and have affiliated themselves with the Bureau:

1. Publicity—through literature placed in pay-envelopes.
2. Pay-roll deduction if necessary.
3. Partial financial support for payment of employee's bill. One firm has already supplemented employees' payments.

One situation which may give rise to criticism was explained. Across the river from Newark, in Hudson County, is a strip of metropolitan territory which is a part of the industrial life of Newark. Because many of the inhabitants receive medical service in Newark hospitals and because some of the physicians located there belong to Essex County Medical Society and have hospital affiliations in the city of Newark, the service of the Bureau has been temporarily extended to all physicians. Should such service be limited to members of the Essex County Society, the non-members would be placed at a great disadvantage. If and when Hudson County creates a similar service, all clients of this area will be turned over to the Hudson County organization.

Dr. Satchwell discussed Dr. Lewis' report, and brought out the following points:

1. The Bureau is not to be supervised by any group from Washington.
2. The Essex Medical-Dental Bureau automatically becomes a member of the Medical Economic Security Council in Washington. This membership is honorary, and is a plan whereby various statistics and experiences can be exchanged among various County Society organizations.
3. Washington offers Essex County a consultation service at \$100 per month which the Bureau does not intend to accept, feeling it is an unnecessary expense.
4. It is the rule of the office that any employee who attempts to step in between the patient and physician, or hospital, will be discharged. The doctor will fix his own fee, and no fees will be fixed by the Bureau.
5. The Bureau also handles "delinquent" accounts (accounts over 60 days). The Bureau does not send out collectors nor does it sue. Two commercial collection agencies have closed up in Newark, one turning over its accounts to the Bureau.
6. The Articles of Incorporation state that only members of the County Medical Society may use the Bureau. However, it is permissible for a non-member to use the Bureau twice, but no more unless he becomes a member.
7. The total net business in five weeks was \$12,000; but \$150,000 rate of yearly business is expected.
8. Welfare Federations expected to come in, which will necessitate the setting up of a Central Admitting Bureau. The Essex Medical-Dental Bureau will deal only with the part-indigent. Complete indigents will be taken care of by the municipal, county, state, and federal agencies.
9. Essex County is ready to help other County Societies. A resolution has been passed that Essex County will offer its help in any way, and give information to other county groups authorized by their County Society.
10. Essex County suggests the formation of a unit in the State Medical Society to plan for any further developments. It could be a Planning Council for the State Society on which the Essex Bureau and the Passaic Bureau could be represented.

Dr. MacMillan gave a brief report on the Passaic Medical-Dental Bureau, as follows:

1. The Passaic plan is essentially the same as the Essex plan.
2. The total booking of accounts to date, after three weeks of operation, is \$2,500.
3. The constitution has been amended to allow other County Society members to use the Bureau upon the payment of the county dues alone.
4. The Passaic Bureau will not subscribe to the consultation service offered by Washington. (See also page 121.)

Dr. Satchwell stated that the Employers' Association of Northern New Jersey will meet

this week. This association is composed of about 200 manufacturers. It is the plan to have them accept the service of the Medical-Dental Service Bureau in return for pay-roll deductions and payroll information. It is the plan of the Essex Bureau to set up branch offices in Orange and Montclair.

SUB-COMMITTEE ON LEGISLATION

Dr. Pollak, Chairman, announced the committee had no report at this time. The Executive Officer stated the first session of the legislature had dealt with emergency bills only. This gives an extension of time to those subdivisions of government which are still preparing their budgets.

SUB-COMMITTEE ON PUBLIC RELATIONS

Dr. D. W. Scanlan, Chairman of the Sub-Committee on Public Relations, reported that a meeting had been held in Atlantic City on Sunday, January 12, with Drs. Read and Wilkes present. The committee had considered an article that had been proposed by Drs. Wilkes and Overton on the principles and methods of making contacts with the people along the lines of medical economics. On motion, the committee voted to recommend to the Welfare Committee that the article be published in the Journal for the information of the members of the County Medical Societies.

The Welfare Committee approved the publication of the article. (See this Journal, page 93.)

The Sub-Committee on Public Relations also voted to recommend that the following activities be carried on under the direction of the committee:

1. The Presidents of the County Medical Societies shall be requested to emphasize the importance of matters concerning public relations by assigning them to an existing committee, such as the Public Health Committee, or to a new committee.
2. The County Medical Societies should contact and offer to cooperate in the public health projects of lay welfare organizations, and offer to send representatives to their meetings.
3. The County Medical Societies should be advised to acquaint the public with the programs of their meetings by notices in a local press before the meetings, and by a description, after the meetings, of the matters of public interest which were considered; and also, information should be given to the papers concerning the societies' cooperation with lay agencies.
4. The County Medical Societies should establish a Speakers' Bureau of its members to furnish speakers for lay organizations and other County Medical Societies.
5. The President of the State Medical Society

shall be requested to appoint a committee for the study of voluntary conception, and eugenic sterilization, to report, with recommendations, at the Annual Meeting of the State Society.

6. The County Medical Societies shall be requested to consider the subjects of voluntary conception, and eugenic sterilization, and cooperate with the lay agencies studying these subjects.

7. A package library, similar to that maintained by the Journal of the American Medical Association on medical subjects, should be acquired by the State Society office to be available to members preparing talks on subjects pertaining to public relations.

8. Speakers from lay welfare organizations should be encouraged to address Medical Society meetings for the purpose of giving us their viewpoints and enlisting our help.

These recommendations were approved by the Welfare Committee.

SUB-COMMITTEE ON PUBLIC HEALTH

The Secretary, in the absence of Dr. Nichols, Chairman, read the recommendations of the Public Health Committee.

1. The Public Health Sub-Committee endorses unanimously the recommendation of Dr. Pollak's Special Advisory Committee on Tuberculosis that "mass tuberculin testing of children of the teen age in school buildings or elsewhere be approved, and that the work done be carried on by physicians endorsed by the County Medical Society".

This recommendation of the Public Health Committee was unanimously approved by the Welfare Committee. (See page 103.)

A suggestion was made by Dr. Lewis that Dr. Pollak prepare a brief for the Journal, including information and statistics for the information of the County Medical Society members. This suggestion was approved.

2. Announcement was made of the fact that the program set up by the Division of Child Hygiene of the State Department of Health together with the State Medical Society had been submitted to Washington as the best program for New Jersey under the Social Security Act. No definite "ways and means" have yet been approved by Washington. The Crippled Children's and Maternal and Child Hygiene programs have been approved by the State authorities, and the Medical Society, and have been submitted to Washington.

3. Standards for physicians in Baby-Keep-Well Stations. These standards were printed in The Journal of January 1936, page 31, and after considerable discussion they were approved.

SUB-COMMITTEE ON WORKMEN'S COMPENSATION

In the absence of Dr. Kraker, Chairman, the Secretary read the report of the committee.

The Sub-Committee on Workmen's Compensation is working in cooperation with a committee appointed by the Commissioner of Labor for the purpose of developing such changes as will be mutu-

ally agreeable, with the hope that the legislation will be introduced by the department and supported by the State Society. The primary aim of that cooperative effort is to provide the right of selection of physician by the employee.

There is a possibility that the Lehman Amendment in New York, which provided free choice of physician, will be repealed due to a change of the political dominance in the New York Assembly from Democratic to Republican.

The committee advises, in a letter from the Chairman under date of January 8th, that it is now dealing directly with state officials, and that it is worth while going slow and accomplishing something than to develop the animosity of the state officials in an endeavor to hurry unduly.

SUB-COMMITTEE ON A UNIFORM MEDICAL PRACTICE ACT

Dr. S. Alexander, Chairman, announced that the Sub-Committee on a Uniform Medical Practice Act at its final meeting unanimously approved the amendments and supplements to an act entitled "An act to regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof", and moved the approval of the Welfare Committee.

Dr. Alexander's motion for the adoption of the amendment was passed by a vote of 11 to 1—Dr. Haggerty dissenting.

Dr. Alexander moved that this report be referred to the Board of Trustees for their approval and action. Dr. Ulmer seconded the motion, which was unanimously carried.

THE E. R. A. AND THE W. P. A.

Dr. Read called upon Dr. S. T. Snedecor, First Vice-President of The Medical Society of New Jersey, to say a few words.

Dr. Snedecor reported on the present status of the E. R. A. and stated that as far as we know the mutual agreement between the E. R. A. and The Medical Society of New Jersey stands until further change is made, probably through the Legislature. The present agreement will not take care of full-time employees under W. P. A. who cannot afford to pay for necessary medical care. To ask for municipal or county help for the pay of medical care, as a supplementary form of relief, seems to be the only hope of sharing the burden placed upon the physicians by the withdrawing of supplementary medical relief.

As to compensation work of the W. P. A., this needs more consideration by the State Society. So far no definite opinion can be obtained in our inquiries. Fees set up by Washington have been established with the help of the A. M. A. in determining the usual fees paid. There is a noticeable absence of fees set for New Jersey. The W. P. A. has no real data to go on in setting up "average" fees. They are putting through a reasonable rate-schedule that will meet the customary fees in the

community paid for compensation work on W. P. A.

Referring to the subject of cutting medical bills, the adjusters will not be permitted to cut over 10 per cent from the bill on their own responsibility. If more than 10 per cent is to be cut, it must be referred to one of the medical boards on the commission. If the doctor does not think the cut fair, he must refer the cut bill back to the commission with his specific objections and reasons therefor. There can be no suit or redress. There is no field service under the W. P. A. They have written out the regulations and turned them over to the State W. P. A. executives to administer. It is a political and bureaucratic setup. In the regulations setup, it states that "the County Medical Societies should be contacted and a program worked out", which the State officials have not done. The W. P. A. has promised that they will not refer cases to federal agencies but to private physicians.

CONTACTING FEDERAL LEGISLATORS

Dr. Burritt, Chairman of the Special Committee on Interviewing the Federal Legislators from New Jersey, reported that the work had been carried out. (Jour., Jan. 1936, p. 38.) All had been informed on three bills and fourteen out of the sixteen had been personally interviewed and letters of appreciation for the material sent to them had been received from all. The A. M. A. has expressed gratitude for the service rendered, and had supplied its Journals needed to replace the ones borrowed from physicians to obtain the article sent to the legislators.

PURE FOOD AND DRUG LEGISLATION

Dr. Burritt moved that the Welfare Committee approve the payment of a sum not to exceed \$125.00 for photostatic copies of the original documents accumulated by him on the Pure Food and Drug situation, so the material collected by him may be deposited by Dr. Read, in the event that this material may be required later by the Welfare Committee. One copy is to be sent by Dr. Read to the officers of the A. M. A., and two copies to be left with the present holders and collectors of the evidence. Seconded by Dr. Morrison and carried.

SOCIAL SECURITY

The Executive Officer announced that the original recommendation of the Committee on Health of the Social Security Commission of New Jersey, of which Dr. Newcomb is Chairman, relating to financial return for medical service, had been questioned on the following points:

1. Has the Social Security Commission of New Jersey the power to recommend that funds be made available in the Social Security law of New Jersey, if enacted, to apply broadly the principle

stated—i.e., to meet the charges incident to the furnishing of medical services to all classes of indigents?

2. Is the State obligated under the acceptance of such a principle to provide money to pay for services of individual physicians, or does the principle permit the direct furnishing by the State of medical services on a salary given to physicians regularly engaged by official agencies?

In other words, does this recommendation sponsor the principle and fact of "State Medicine"?

A letter was immediately sent to Drs. Newcomb, Quigley, Snedecor, Herrman, and Lewis by the Executive Officer, and a conference held by Drs. Lewis, Herrman, Read, and Wilkes. A redefinition of the principle was drafted and submitted to Mr. Wall, our counsel, who agreed that the redefinition was much better. This reworded paragraph was embodied in the final report of the Social Security Commission submitted to the Governor. The redefinition is as follows:

It is recommended that in consideration of services rendered to all groups of indigents involved in the Social Security Act that the following principle be kept in mind:

That adequate medical and health service should become a definite part of the aid to be extended and that such services should be provided through the members of the medical and associated professions on a reasonable financial basis. The recognition of the principle of free choice of physician by the patient is also recommended.

NEW RECOGNITION OF THE STATE SOCIETY

The State Medical Society has just received recognition by two New Jersey Women's organizations which requested participation of the Society in their program.

1. The Contemporary Woman's Club of Newark asks that a representative of the Medical Society give a twenty-minute talk on the health implications of the Social Security Bill on January 24th. Dr. Quigley was requested to do this and referred the matter to the Executive Officer assigned to give the address.

2. The Medical Society of New Jersey has received an invitation to broadcast a health message on any medical subject over a wide hook-up through Station WOR. This is sponsored by the Federated Women's Clubs in a series of broadcasts on April 20th.

The Executive Officer has chosen the topic "Sound Advice", with the theme "Consult your doctor", and asked for the approval of the Welfare Committee on this broadcast and topic, which was given to him.

Upon motion, the meeting adjourned at 5:30 o'clock.

SUB-COMMITTEE ON PUBLIC HEALTH

The Sub-Committee on Public Health of the Welfare Committee held a meeting in Newark on January 15th, with the Chairmen of the County Public Health Committees. Mrs. Roy Van Ness and Mrs. Don Epler of the Public Health Committee of the Woman's Auxiliary were also present, as was Mr. MacDonald of the State Department of Health. About thirty-five persons were present.

REORGANIZATION

Dr. Nichols, Chairman, presided and explained that in the specialized advisory committees of the Sub-Committee on Public Health, four topics are at present represented, —tuberculosis, cancer, maternal welfare, and mental hygiene. The Public Health Committee envisions the time when additional advisory committees and special projects shall be developed. Mental hygiene is not sufficiently understood and practiced by the general practitioner in his office. Preventive measures in mental hygiene, in communicable disease control, and in blindness, and more specific health education of the individual citizen as to his own needs, offer great opportunities for broadening the present scope of health service in the doctor's office.

SLOGAN

The Public Health Committee emphasized the need of an active participation of the physicians in all phases of public health work, and proposed the slogan—"Every physician's office a Health Center".

This slogan is the principle underlying the *Public Health Hour*, and should be extended to include all other preventive measures.

KEY MEN

The Public Health Committee plans to select a *key man* in each County Medical Society who will be an adviser to the State Public Health Committee on integrating the work of the individual members of each County Medical Society in the *health implications* of the problems of agencies in the community founded for purposes other than health service, and to stimulate the doctor to devote more attention and time in his own office to preventive services.

ASSIGNED AREAS

As liaison between the County and State Societies, the members of the State Society Public Health Committee have been assigned to specific areas, approximately three counties

each. Each will obtain from the three counties in his area *periodic reports* which he will transmit to the State Public Health Committee for its information and consideration.

COUNTY COMMITTEES

Dr. Nichols invited suggestions from the County Public Health Committees and the individual members of the County Medical Societies. He asks that these suggestions and recommendations be specific and constructive.

Dr. Nichols stressed three problems around which center the activities of physicians and which might be considered the general program of the Public Health Committee:

1. The Public Health Hour project.
2. The promotion of preventive medical practice in other lines.
3. Coöperation in meeting health implications in the Social Security Act in a way that will protect the doctors' interests, as well as those of the public.

THE JOURNAL

The committee emphasized the obligation of every County Society member to *read his Journal regularly*, as this is the sole agency through which all information of the Medical Society activities are regularly disseminated to the individual members. Only through the medium of *The Journal* can any individual member be kept acquainted with the progress being made and the benefit derived from the co-operative activities of the State and County Medical Societies.

MEDICAL EDUCATION

It is the belief of the Public Health Committee that education of the public in health and medical subjects involves three definite considerations:

1. Better organization and well-defined procedure in contacting and conferring with public health and other agencies in the community and through them to the public at large.
2. The principles established and made known through our Public Relations Committee should promote understanding and coöperation with other Community, County and State agencies.
3. Each agency should have a definite program with responsibility coming well within its proper scope of function; and this program should be planned in coöperation with other community agencies in order to prevent duplication, omission, and conflict.

TUBERCULIN TESTING

Dr. Pollak, Chairman of the Special Advisory Committee on Tuberculosis, moved that mass testing with tuberculin in groups of teen age children, most easily grouped together in public school buildings and elsewhere, be approved; and when the testing is done by competent medical men approved by the County Medical Society, it be endorsed by the Public Health Committee; and that this recommendation be sent to the Welfare Committee for

confirmation at its meeting on January 19th, 1936. Dr. English seconded the motion and spoke in approval of Dr. Pollak's recommendation. Dr. Wilkes also discussed the recommendation of Dr. Pollak.

Dr. Pollak's recommendation for the approval of mass tuberculin testing of the teen age group in school buildings or elsewhere when done by approved medical men was unanimously approved and was referred to the Welfare Committee for its approval. (See page 100.)

PUBLIC RELATIONS OF THE PHYSICIAN

Abstract of an address before the Monmouth County Medical Society by Spencer T. Snedecor, M.D., Hackensack, First Vice-President of The Medical Society of New Jersey, on January 22, 1936

It is the increasing custom of County Medical Societies that the program of every meeting shall include a discussion of the economics of delivering medical services to the people. As a contribution to the economics half of the program of the meeting of the Monmouth County Medical Society, I will discuss some of the acute problems which now confront The Medical Society of New Jersey.

HOSPITALS

The hospital is the center of medical practice in a community. Physicians should control the hospital, and the hospital should serve the physicians in the treatment of patients. Recognition of the doctors in their relation to hospitals should be made according to the following standards and conditions:

- a. Be represented on the governing boards.
- b. Have a reasonable control in the appointment of the members of the professional staffs.
- c. Control the clinics and out-patient departments.
- d. Eliminate services which compete with private practice.
- e. Receive pay for their services to ward patients.

These standards are in process of intensive development by the Committee on Medical Practice of The Medical Society of New Jersey.

DEPARTMENTS OF HEALTH

The services of private practitioners should be utilized by Departments of Health to as great an extent as possible, and according to the following standards:

- a. Health departments to recognize physicians as their agents.

- b. Physicians to deliver preventive services in their offices; departments of health to utilize the services of family physicians instead of setting up a public service.

- c. Doctors to be paid for their public health services to groups outside of the families of their private patients.

These are standards which are upheld by The Medical Society of New Jersey, and are exemplified in the Public Health Hour.

MEDICAL SERVICES TO THE INDIGENT

The fundamental principle of paying the doctor for his services to the poor was asserted by The Medical Society of New Jersey on the day of its organization on July 23, 1766, in its Constitution, the fifth section of which reads:

"As we have separated ourselves to an office of benevolence and charity, we will always most readily and cheerfully, when applied to, assist gratis, by all means in our power, the distressed poor and indigent in our respective neighborhoods, who may have no legal maintenance and support from their county; but where such legal provision takes place, there we shall expect a reasonable reward from the particular town or county to which such poor may belong."

Today this same principle is embodied in legislative bills relating to social welfare and social security, out of which the Federal Emergency Relief Administration has developed. The initiative and leadership of The Medical Society of New Jersey has given the State an outstanding reputation for efficiency of administration of the E. R. A. and its conformity to the standards of medical ethics and sciences.

Lack of funds to carry out the principles of the E. R. A. will be a handicap to both relief

officers and physicians. In 1935, \$65,000,000 were spent on the E. R. A. project in New Jersey, of which physicians received somewhat less than one million dollars. The expense of the relief was greater than that of any other department of the State government, but for 1936 hardly \$30,000,000 will be available. How to provide adequate medical service with the reduced budget is a great problem in whose solution the State Relief Administration asks the advice and assistance of The Medical Society of New Jersey.

The centralization of support and administration in the Federal and State governments is a source of weakness as well as power. There is a tendency toward a return to the old "Poor" system in which relief was the function of each local community. Physicians who have studied the subject propose that relief shall be given by the local units,—town, city, or county,—but under a certain amount of compulsion by the State, as in the case of school districts, in order to provide pay for local physicians who attend the poor.

SOCIAL SECURITY

It is the function of The Medical Society of New Jersey to suggest the proper forms of medical service which will be necessary for those who will receive relief when the Federal Social Security Law is established. It must be the family physicians who will develop practical methods of giving State aid for the relief of crippled children, maternity conditions, and old age infirmities.

SICKNESS INSURANCE

It is likely that the government will greatly expand its participation in the distribution of medical services. This is the proposal of Medical Societies, and also of organizations engaged in projects of a welfare and health nature. The welfare organizations are supported by business men who propose to apply the *mass* methods of great business to the distribution of medical services. Physicians propose that the *individualistic* method of medical practice shall be expanded and developed. Now that the time of action is close at hand, it is probable that the welfare workers and physicians will enter into friendly discussions which will be to their mutual benefit.

GLOUCESTER COUNTY MEDICAL SOCIETY ENTERTAINS LEGISLATORS

Abstracts of Addresses on Medical Economics given at a meeting in honor of the Gloucester County Representatives in the State Legislature

The meeting of the Gloucester County Medical Society on January 16 (page 117) was most interesting and inspiring. The program of the evening dealt with *Medical Economics*, and was designed to be informative to the legislators who were the guests of the Society; but the members also learned many facts that were new to them; and in addition they saw how facts of which they were dimly aware might be presented in a clear, appealing form. The addresses were not essays, but yet were conversational presentations of economic problems for which the speakers had made careful preparation.

DR. HERRMAN'S ADDRESS

The first address was by Dr. William G. Herrman, of Asbury Park, Second Vice-President of The Medical Society of New Jersey, who began his address by referring to the power of minorities. Physicians are an organized minority whose objective is the public weal, and whose legislative influence springs

from the fact that they recognize no politics in their contacts with the lawmakers.

Dr. Herrman spoke particularly on the "Program of The Medical Society of New Jersey and its component County Societies for 1936", mentioning particularly five groups of projects:

1. The *legislative program*, especially the proposed "Medical Practice Act", setting up a common standard for all who would practice the healing art in any form.

2. *Coöperation with welfare organizations*, especially the establishment of a Committee on Public Relations, which will establish a "Speakers' Bureau", through which local doctors will explain medical projects at meetings of organizations and social groups.

3. *Public Health*, especially the Public Health Hour. If, for example, physicians ask school boards to permit physicians to give immunizations in their private offices, they must stand ready to deliver the service. The Speakers' Bureau will inspire the organization of

welfare workers and the public health nursing groups to send their patients to the physicians' offices.

4. *Social Security*, particularly delivering medical services to needy groups such as crippled children, and dispensary patients. He especially emphasized the aims of medical organizations to change the hospital out-patient departments into medical workshops, for private practitioners instead of being their competitors in practice.

5. *Post-graduate Instruction*. A system of post-graduate instruction is being planned to be conducted from the Executive Offices of the State Society.

In closing, Dr. Herrman referred to The Journal as the cement which is uniting the physicians of New Jersey by giving them full descriptions of what is being done and planned, not only by the State Society, but also by every component County Society. "The physicians of New Jersey", he said, "will give dollars of medical service to the needy voluntarily, but not one cent under coercion."

DR. READ'S ADDRESS

Dr. Hilton S. Read, of Atlantic City, Chairman of the Welfare Committee of the State Society, began his address by saying that a medical reporter, like one in any other line, must be one-third brains and two-thirds legs, meaning that the officers of Medical Societies must spend much time and effort in mingling with the members, and explaining the newer projects in which the medical profession of New Jersey is now engaged. One great duty of the newly formed Public Relations Committee will be to answer attacks on the medical profession. He suggested that medical economics should receive thoughtful attention at every meeting of a County Medical Society. He spoke of the difficulty of analyzing a public health bill that is before the legislature, and the "habit of mind" required to grasp its ramifications and implications. The State Medical Society has men willing and able to analyze medical bills and to make digests of them for the benefit of their confreres.

Dr. Read said he had always found that legislators welcome the advice of physicians regarding medical bills on which they must take a stand in the legislative halls. He also emphasized the fact that legislators could instruct the physicians, and that contacts with them would be of mutual assistance to the two groups.

DR. LEWIS' ADDRESS

Dr. Thomas K. Lewis, of Camden, Chairman of the Committee on Medical Practice, first discussed the program of the Works Progress Administration, calling attention to the fact that no medical services are provided for the needy, and that the wages which the workers receive are not sufficient to enable them to pay a physician for medical services.

Speaking of the *Social Security Act*, Dr. Lewis called attention to its lack of provision for medical services to those needing rehabilitation. It is the duty of physicians to insist that provision be made for medical service to this group.

Hospital Services.—The most striking part of the address of Dr. Lewis was his plea for economic justice to physicians who are now contributing to hospitals their medical services of a money value many times greater than that of all other groups. In proof of his statement, he gave the following statistics derived from a study of the hospitals of Camden for the year 1935:

Number of hospitals	2
Free ward bed-days occupied	100,000
Free dispensary treatments	200,000
Free surgical operations done	5,625
Maternity cases delivered free	1,500

Physicians' Fees for Services

Value of physicians' fees for ward patients at \$2 per day	\$200,000
Value of physicians' fees for services to dispensary patients at \$2 per day per patient	400,000
Value of free surgical operations at \$50	281,250
Free medical services to maternity cases at \$30	45,000

Total value of free medical contributions by 151 physicians	\$926,250
---	-----------

Amount Contributed by Other People for Hospital Care and Administration

Privately	\$ 87,000
Public funds	150,000
	<hr/>
	\$237,000

Private contributions, lay and professional	\$1,015,250.00
Contributed by the government (15 per cent of actual costs of all services)	150,000.00

These figures are not submitted in criticism of Camden County, but in illustration of a condition which exists throughout the United States.

The value of medical services contributed free, estimated on a conservative basis, was

over three times the money donated through private subscriptions and governmental appropriations. This is a striking fact that is offered for the consideration of government officials and welfare agencies,—and the medical services were of the highest quality.

Compulsory Health Insurance.—Dr. Lewis described some of the results of compulsory health insurance, bringing out the facts that it makes no provision for the care of the indigent, and the services of preventive medicine in Europe had not reduced the incidence of diphtheria in proportion to its great reduction in New Jersey as the result of the voluntary coöperation of its physicians. "Regimentation of medical services", he said, "had not reduced either the costs or the incidence of sickness, for medical service cannot be delivered in the mass. The delivery of medical care is an *individual* service, in contrast with *mass* production and delivery in business in which regimentation is essential to economy and efficiency and makes possible a reduction in the cost of the product. If all ill persons had diphtheria or pneumonia, or some specific disease requiring a stereotyped form of treatment, regimentation of medical services might be possible; but every sick person offers an individual problem to some individual doctor. The adjustment of the present system of delivering medical services to the large group of low wage earners under present economic conditions will come as the result of careful study and planning by physicians themselves."

Dr. J. B. Morrison, Secretary of The Medical Society of New Jersey, called attention to the progressive leadership of Dr. James Hunt, Jr., of Gloucester County, who was President of The Medical Society of New Jersey in 1922.

Dr. LeRoy A. Wilkes, Executive Officer of The Medical Society of New Jersey, described the work of the Executive Offices as a clearing house for contacts with the County Societies and their members.

RESPONSES BY LEGISLATORS

The two legislative representatives from Gloucester County, who were guests of the Society, gave brief addresses.

Senator Hendrickson began with pointed stories extolling the disinterested activities of the medical profession; and then discussed some of the problems in connection with the legislation needed in order to adapt the social security program of New Jersey to the requirements of the Federal Bill. He closed by an appeal for the advice and assistance of the members of The Medical Society of New Jersey.

Assemblyman William Downer spoke on the contribution of the medical profession to public welfare, basing his remarks on his experience as Sheriff of Gloucester County, when he dealt with problems of social inadequacy, especially in relation to delinquents. "When I was sheriff", he said, "I always found physicians to be coöperative."

THE AMERICAN ASSOCIATION FOR SOCIAL SECURITY

A joint luncheon meeting of The American Association for Social Security and the New York Permanent Conference on Social Security was held on the afternoon of Saturday, January 11, 1936, in the Hotel Astor, New York City. In accordance with the policy of The Medical Society of New Jersey to make contacts with welfare organizations having health implications, the Editor of this Journal accepted an invitation to be its guest, and received a hearty welcome.

OBJECTIVES

The object of the meeting was the promotion of the cause of *compulsory health insurance*. The addresses were upon that one subject. While the speakers were critical of what they called the obstructive *attitude* of the medical *leaders*, they took great pains to emphasize the ability and willingness of the *rank and file* of the members of the medical profession to deliver medical services of an entirely satisfac-

tory type. In evidence of this attitude, the speakers cited the fact that the literature of lay health organizations has always reiterated the slogan, "Consult your family doctor".

The speakers also insisted that they never have had any intention of setting up a special group of practitioners to give services under compulsory health insurance; but that in all their proposals they had insisted on two principles:

1. Every person for whom social security laws are designed should have an entirely free choice of the physicians whom he wished to call.

2. The physician who is called should be entirely free to treat every patient with the same freedom that a physician in private practice enjoys, with the additional advantage of being able to call a consultant to his difficult cases, and to have the privilege of sending his patients to a hospital of his choice.

The American Association for Social Security was founded in February, 1927, with the object of promoting old-age security; but in May, 1933, it extended its field to include needy persons of all ages, in accordance with the following principle stated in its folder:

"Since the depression has brought about increased and intensified insecurity for millions of younger persons who fall victims each year to the ravages of sickness and unemployment, the Association in May 1933, extended its activities to seek the inauguration of a comprehensive system of social insurance. Accordingly, the original name was changed to The American Association for Social Security.

"The Association utilizes every available method at its disposal for the promotion of its broad legislative program throughout the United States. Through incessant educational campaigns it points out the needs and the advantages of social insurance."

The Executive Secretary of the Association, and apparently the main-spring of its activities, is Abraham Epstein, the author of the *Epstein Bill* on compulsory sickness insurance, which the Association is seeking to introduce in the Legislature of every State in the Union. The folder announces that the association has a membership of 6000, and an annual budget of \$30,000.

SPEAKERS

The presiding officer of the luncheon meeting was Professor Herman A. Gray, of the Law Faculty of New York University, who confined his remarks principally to the introduction of the speakers.

The first speaker was Dr. C. F. McCarty, formerly Director of the Bureau of Physical Therapy of the New York City Department of Health, and now Director of Medical Service of the Emergency Relief Bureau of Greater New York. His address was entirely statistical regarding the purely medical work of the W. P. A.

The principal speaker was John A. Kingsbury, whose address consisted largely of an explanation of his dismissal from the Board of the Milbank Fund because he was an active exponent of the principle of compulsory sickness insurance. Mr. Kingsbury was critical of what he called the *obstructive attitude* of the leaders of the American Medical Association, and their failure to suggest an adaptation of the principles of compulsory insurance to the various conditions which exist in the several sections of the United States and Canada. He spoke of "battling with the enemy", which consists largely of medical organizations, saying that the average Medical Society "is run by a

group of politicians", who will not discuss the merits of compulsory health insurance with its proponents.

He also spoke of the power of the members of the Medical Societies of the States and Counties over legislators whom they influence by cajolery and secret influence, speaking and acting in accordance with "their master's voice in the American Medical Association".

This part of Mr. Kingsbury's address was a distinct recognition of the civic power of the Medical Societies in influencing medical legislation. He said:

"There is more generosity and a finer spirit in the members of the Medical Profession than in any other group; there are also more crooks and cranks; but they cannot intimidate the legislators, and their influence will wane in a year or two."

The tone of Mr. Kingsbury's address was that of a prosecuting attorney in a criminal court; but at the same time he stated the following general principles of wide application:

"In every case of sickness there are three parties:—

- "1. The sick person and his family.
- "2. The individual doctor,—who delivers the medical treatment.
- "3. The community,—which should help to pay the cost of the sickness when the family cannot bear all of it.
- "4. The doctor should be paid a sufficient sum to enable him to practice medicine decently and with the full employment of all the medical skill that is available, including the accessory services of nursing, laboratory, hospitals, and welfare relief."

The implication of his address was that physicians could secure these desirable objectives *in all cases*, through the application of the principles of compulsory sickness insurance.

The weakness of Mr. Kingsbury's address was that he offered only one prescription—that of compulsory health insurance,—although he did imply that modifications and adaptations of the plan might be developed through the co-operation of the Medical and Dental Societies of the counties, the states, and the nation.

Mr. Epstein himself had very little to say.

Chairman Gray, in a brief closing address, emphasized his confidence in the practicing physicians, and said that sufficient money is now being spent on medical and allied services to provide an efficient medical service for every person if it were spent in accordance with the principles of economic science. He also advocated cash benefits for maternity cases, and for families while their wage earners were crippled by sickness. (See Editorial, page 67.)

SCOPE OF PHYSICIAN'S LIEN

Dr. Marcus W. Newcomb, President of The Medical Society of New Jersey, has received the following letter from Mr. Albert C. Wall, Counsel of the State Society, in regard to filing liens under certain conditions:

"Your question was whether a physician who attends a patient who is injured in an accident should file a physician's lien under Chapter 146 of the Laws of 1935, page 363, entitled: "An Act concerning physicians' liens and providing a method for their enforcement", in cases where the patient claims he has no casualty insurance, or there is no question of a damage suit with a possible award where a patient has other assets, but neglects or refuses to pay for the services rendered.

"The act you refer to applies only to persons who have sustained personal injuries in any accident *as a result of the negligence of other persons and corporations*, and the lien attaches to the right of action, suits, claims, demands, judgments, awards or determinations and upon the proceeds of any settlement or judgment, etc. It makes no difference whether the patient has no casualty insurance, or whether he has other assets. If there is no settlement of the claim or any suit on account

of the claim, the filing of the lien by the doctor is of no effect. The filing of the lien does not affect the right to sue in the ordinary way for the payment of the bill. There is no reason why a doctor should not file the lien and also sue for his bill; but in case of recovery in his suit, anything he received by reason of filing the lien would naturally be credited on the doctor's recovery in the suit. If the patient is good for the amount due, that is, if it could be reached through an ordinary suit, the suit would be preferable, because the lien act provides that, no matter how many liens are filed, the aggregate of all the liens for services rendered to any one patient as the result of any one accident, shall not exceed 25 per cent of the amount of the award, verdict, settlement, etc.

"As a practical matter, I should think that the best way to handle it would be to prepare a printed form of lien which the doctor could file in cases where he was doubtful of being able to recover in the ordinary way, and was willing to pay the fees, which amount to 60 cents.

"If you wish, I will draft a form which could be used for this purpose and would simplify the procedure of filing a lien."

FAMILY PHYSICIANS AND THE SURVEY OF CHRONIC ILLNESS

The officers of The Medical Society of New Jersey have made efforts to clarify the relations of family physicians and the Society to the survey of chronic illness now being conducted by the United States Public Health Service. Those in charge of the survey have been cordial and friendly in their personal attitude toward the State Society officers; but they have been unable to accept the offer of physicians to participate in the survey unless they first received permission from the Federal department under which the U. S. P. H. S. is acting. This permission was not received. The investigators, therefore, will not be able to give out any information regarding the method, progress, or results of their work, until the survey is completed and its results are compiled and tabulated. However, The Medical Society of New Jersey has kept the Surgeon General informed of its attitude toward every point under discussion, and the conditions under which it will approve the report of the survey. The Surgeon General has indicated his wish to follow the suggestions of the physicians so far as possible. The attitude

of The Medical Society of New Jersey is set forth in the following letter. (See Editorial, page 70.)

To the President of the
County Medical Society:

The question of coöperation by our members in the conduct of the U. S. P. H. S. Survey of Chronic Illness has been under careful consideration by our officers and the members of our Welfare Committee for some time.

We have stated our *reservations* with regard to the validity of this study to the Surgeon-General of the U. S. P. H. S. We have also had Dr. R. Spencer of the U. S. P. H. S. in conference with our Welfare Committee and have stated to him again our reservations, with which he appears to be in agreement.

After consultation with Mr. Wall, our attorney, we learned that we *may* furnish the diagnoses requested by the U. S. P. H. S. without legal complications.

We have consulted a nationally known statistician with regard to the validity of the study, and he agrees that the data would have certain errors.

The Medical Society of New Jersey wishes to participate, and to coöperate with other agencies,

in any scientific work which will advance the cause of health.

The Welfare Committee at its meeting on January 19th took the following action:

Dr. Morrison moved that the Welfare Committee approve the conduct of the U. S. P. H. S. survey, with the provision that a written statement be given to the Welfare Committee of The Medical Society of New Jersey by the U. S. P. H. S. guaranteeing that no conclusions will be published on the sickness diagnosis unless supported by this State Society. The motion was seconded by Dr. Ulmer and carried.

The intent of this motion was to approve the

conduct of the U. S. P. H. S. survey as described. We were informed that we were not requested to sponsor the study or be in any way responsible for the conclusions drawn by the U. S. P. H. S. We do feel, however, that, under the reservations which we have stated to the Surgeon-General himself in a recent communication already acknowledged by him, our members may endeavor to cooperate in this study in order that any good which might be obtained from this study will not be lost.

LEROY A. WILKES, M.D.,

Executive Officer.

January 27, 1936.

SCIENTIFIC EXHIBITS FOR THE ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY, JUNE 2, 3, AND 4, 1936

For the past several years the Scientific Exhibits have taken an increasingly important position in the Annual Meeting of The Medical Society of New Jersey. The exhibits of last year were of outstanding value and interest, and those which were afterward shown at the Annual Meeting of the American Medical Association complied fully with the high standards for which the national exhibits are noted. The value of each exhibit will be enhanced many fold by the presence of a demonstrator at the booth for the purpose of explaining the specimens and charts.

The Committee on Scientific Exhibits is planning several innovations for the Annual Meeting of the State Medical Society to be held at Atlantic City this year on June 2, 3 and 4. Due to these innovations and to the limited space available for exhibits, the committee wishes to urge all those members of the Medical Society of the State of New Jersey who have material for exhibit purposes to make immediate application for space.

The scientific exhibit at the Annual Meeting will consist of a General Exhibit, and an X-ray Exhibit.

SPECIFICATIONS OF THE EXHIBITS

The General Exhibit will include the demonstration of pathological and clinical material in the form of specimens, charts, photographs,

models, etc. X-ray material used in the General Exhibit must be in the form of paper prints.

Space for the General Exhibit will be assigned by units. Each unit will consist of a booth 5 feet long, constructed with a base 18 inches deep, and a counter 30 inches high. The space above this counter is 4 feet high, divided in two sections each $2\frac{1}{2}$ feet wide, and fitted with four removable or convertible shelves 7 inches in depth. Table space will also be available for certain exhibits.

Space for the X-ray Exhibit will be limited to six rectangular viewing units equipped with Cooper-Hewitt lights.

All exhibits must be completely installed before 10 p. m. Monday, June 1, 1936; and must remain installed until Friday morning, June 5. Booths will be ready for occupancy Monday at noon.

APPLICATIONS FOR SPACE

Applications for space in the exhibit of the State Society meeting may be made to the Chairman of the State Committee on Scientific Exhibit, Dr. Asher Yaguda, 88 Clinton Avenue, Newark, New Jersey.

It is desirable that each exhibitor shall display a brief, typed description of his exhibit; and that it be signed with his name and address for the convenience of visitors who may wish to correspond with him.

HONORING FIFTY YEARS OF SERVICE

The editorial entitled "Fifty Years of Service", on page 5 of the January issue of this Journal was received with approval by those who discussed it with the officers of the State Society. One difficulty in honoring those who have been fifty years in the practice of medicine has been that of knowing who have achieved that distinction. The official list of members of the County Societies does not contain any clue to the year of graduation of their members.

A tentative list has therefore been compiled in the Executive Offices, giving the names of those members, 100 in number, who graduated before 1890. A few have been honored by their County Societies, but more have not been recognized. The list is printed for the information of the secretaries of those County Societies that may wish to make a formal recognition of those members who have attained the distinction of fifty years in the practice of medicine.

MEMBERS GRADUATING BEFORE 1890

Graduating in	County	
1872	Charles H. Shivers	Atlantic
1875	Edward J. Ill	Essex
	John M. Summerill	Salem
1876	Charles W. Cropper	Hudson
	Francis A. Apgar	Hunterdon
	Joseph B. Harrison	Union
1878	Thomas W. Harvey	Essex
1879	Eugene Way	Cape May
	Theodore W. Corwin	Essex
	George W. King	Hudson
	William F. Turner	Union
1880	Edward H. Van Deusen	Cumberland
	Eugene Z. Hillegass	Gloucester
	Lewis B. Hoagland	Warren
	Vanderhoef M. Disbrow (died)	Ocean
1881	John F. Leavitt	Camden
	Howard F. Palm	Camden
	J. Henry Clark	Essex
	Peter Hoffman	Hudson
	George A. Silver	Mercer
	Alonzo C. Hunt	Middlesex
	John B. Beekman	Somerset
1882	Cyrus B. Phillips	Gloucester
	George Wilkinson	Hudson
	Frederick A. Kinch	Union
1883	J. Finley Bell	Bergen
	Joseph Stokes	Burlington
	Levi W. Halsey	Essex
	James H. Rosencrans	Hudson
	Grover T. Applegate	Middlesex
	Bryan C. Magennis	Passaic
1884	Philip Marvel	Atlantic
	Charles H. Johnson	Camden
	William C. Raughley	Camden
	John H. Bradshaw	Essex
	Mathias Schmitz	Morris
	John E. Anderson	Somerset
	Alfred F. Van Horn	Union
	Heston R. West	Warren
1885	Ellsworth E. Conover	Bergen
	James B. Lansing	Bergen
	George W. Tidwell	Bergen
	Hamilton Vreeland	Bergen
	Alexander MacAllister	Camden
	John W. Marcy	Camden
	Julius Way	Cape May
	Evan T. Steadman	Essex
	W. W. Wolfe	Essex
	David R. Atwell	Hudson
	Levings A. Opdyke	Hudson
	Edward W. Closson	Hunterdon
	Joseph B. Shaw	Mercer
	William H. James	Salem
1886	Clarence Garrabrant	Atlantic
	Frank B. Lane	Essex
	John Nevin	Hudson
	James W. Atkinson	Passaic
	William C. Albertson	Warren
1887	Henry C. James	Atlantic
	Harry Jarrett	Camden
	Henry B. Diverty	Gloucester
	Harry M. Harman	Hunterdon
	Charles F. Adams	Mercer
	Leonidas L. Mial	Morris
	Thomas L. Paton	Passaic
1888	James W. Proctor	Bergen
	William Vroom	Bergen
	David H. Oliver	Cumberland
	Frederick W. Becker	Essex
	William H. Cooke	Essex
	Wells P. Eagleton	Essex
	Fred Hexamer	Essex
	Charles L. Ill	Essex
	Harry E. Matthews	Essex
	Henry J. Wallhauser	Essex
	Samuel Ashcraft	Gloucester
	Burr W. MacFarland	Mercer
	William L. Wilbur	Mercer
	Jesse H. Beekman	Middlesex
	John T. Gillson	Passaic
	Albert N. Jacob	Sussex
	John M. Randolph	Union
1889	William Martin	Atlantic
	J. M. Davis	Burlington
	Frank C. Bunn	Essex
	Clement Morris	Essex
	Caldwell Morrison	Essex
	Charles P. Opdyke	Essex
	C. Fred Webner	Essex
	Lucius F. Doahoe	Hudson

1889	John Connell	Hudson	Daniel E. Drake	Passaic
	Theodore B. Fulper	Hunterdon	Andrew F. McBride	Passaic
	John Y. Sinton	Mercer	Percy H. Terhune	Passaic
	Charles Opdyke	Hudson	Aaron L. Stillwell	Somerset
	William E. Chase	Passaic	James S. Green	Union

A similar list of non-members is available in the Executive Offices.

The summary by counties is as follows:

Atlantic	5	Monmouth	0
Bergen	7	Morris	2
Burlington	2	Ocean	1
Camden	7	Passaic	8
Cape May	2	Salem	2
Cumberland	2	Somerset	3
Essex	21	Sussex	1
Gloucester	4	Union	6
Hudson	11	Warren	3
Hunterdon	4		
Mercer	6		
Middlesex	3		100

LEGISLATIVE BULLETINS

The first Legislative Bulletin of the 1936 session of the Legislature was issued on January 21. It lists 15 bills introduced by Assemblyman Paul on details of the Workmen's Compensation Act.

The following bills have been introduced for the past two years and have passed the Assembly, but were kept in Committee in the Senate. These bills are again introduced in practically the same form as last year.

A-21—Cavinato (for the Speaker)—To provide that where a Board of Education has reason to believe that a person in its employ is in ill health, it shall require a thorough physical examination of such persons. If such person is found to be ill, he shall be ineligible for further service while such ill health exists. (Public Health Committee.)

A-22—Cavinato (for the Speaker)—Companion Bill to A-21. To provide for a stereoscopic x-ray photograph of students in normal schools for the existence of tuberculosis, and to disqualify from attendance while any such illness exists. (Public Health Committee.)

A-23—Cavinato (for the Speaker)—Companion Bill to A-21. To provide for a chest examination of pupils in public schools.

These three bills are sponsored by Speaker Newcomb, whose opinions have the weight of his experience as President of The Medical Society of New Jersey, and as Superintendent of the Tuberculosis Sanatorium of Burlington County.

A-36—Young—To have the State pay its share of old-age relief directly and concurrently with counties, to county welfare boards. (Emergency Relief Committee.)

A-37—Young—To have the State pay monthly out of Emergency Relief Fund one-half of amount required for dependent children. (Emergency Relief Committee.)

S-41—Smathers—Fixes a maximum of \$250.00 as the amount which may have preference in a decedent's estate. (Revision of Laws Committee.)

N. B.—This bill gives preference to the lawyer's over the doctor's bill in the final illness. The physician's and nurse's bills under the present act have preference over the lawyer's.

S-63—Reeves—To make pneumoconiosis a compensable disease under the Workmen's Compensation Act. (Labor Committee.)

OBITUARIES

DR. CHARLES D. PEDRICK

Dr. Charles D. Pedrick, Sr., member of a prominent South Jersey family and a Captain in the U. S. Medical Corps in the World War, died on January 24, 1936, at his home in Glassboro, New Jersey. Dr. Pedrick, who was seventy-three years old, had been ill for more than two years.

Funeral services were held from his late residence at 3 p. m. Monday, January 27, with burial in St. Thomas' Protestant Episcopal Cemetery.

Dr. Pedrick is survived by his wife, Katherine, and two sons, Dr. William W. Pedrick and Dr. Charles D. Pedrick, Jr., both of Glassboro.

The Pedrick family has been active in civic and business affairs of Glassboro for many years.

Prior to his beginning the study of medicine, Dr. Pedrick was a newspaper man, and at one time was sports editor for the old Philadelphia Press. He

was graduated from the Medico-Chi Medical School, now a part of the University of Pennsylvania, in 1900, and began his practice in Glassboro shortly thereafter.

At the outbreak of the World War, he was commissioned a captain in the U. S. Army Medical Corps and was stationed at the port of embarkation at New York.

He was a former President of the Gloucester County Medical Society and recently was made an honorary member of the Society in recognition of his service as a physician.

Dr. Pedrick was a Charter Member and a former Commander of the Shaw-Paullin Post, American Legion, of Glassboro. He had been medical examiner of the Glassboro public schools for twenty-one years.

DR. LOUIS B. HOAGLAND

Louis B. Hoagland, M.D., Ph.D., one of the best known and most highly respected physicians in Warren County, died on January 9, 1936, at his home, Washington avenue, Oxford, where he had resided and practiced medicine for the past fifty-five years. Dr. Hoagland, who was seventy-seven years old, had been in poor health for the past several months, but had been confined to his bed only for two days.

He was graduated from the University of Pennsylvania in 1880, and practiced medicine at Mine Hill, near Dover, for a year, and came from there to Oxford where he lived and practiced ever since.

Dr. Hoagland was President of the Farmers Mu-

tual Fire Insurance Company, and President of the Selected Risk Indemnity Company. He was recently appointed township physician for Oxford and Liberty townships, and was a member of The Medical Society of New Jersey and that of Morris County.

On Sunday, January 12, he and his wife, Mrs. Theodosia Post Hoagland, would have observed their fifty-fourth wedding anniversary. In addition to his wife, he is survived by two children, Mrs. Eugenia E. Aldrich, Milwaukee, Wis., and J. M. Hoagland, New York City, and by a sister, Miss Jane P. Hoagland, who resided at his home at Oxford.

DR. GEORGE F. SULLIVAN

Dr. George F. Sullivan, of 330 Hudson Street, Hoboken, died December 23, 1935, at St. Mary's Hospital, Hoboken, N. J., from coronary thrombosis.

Dr. Sullivan was born in Worcester, Mass., in 1885. His preliminary education was obtained in Worcester, and before taking up the practice of medicine he was a reporter for a Worcester newspaper. He received his medical degree at the University of Pennsylvania in 1907. He served his internship at St. Vincent's Hospital in New York, and came to Hoboken in 1910, where he was a general practitioner until 1918, when he specialized in eye, ear, nose and throat conditions.

Dr. Sullivan was chief surgeon for eye, ear, nose and throat ailments at St. Mary's Hospital, Hoboken. He was former president of the Union Club, a member of the Board of Trustees of Hoboken Academy, the Board of Trustees of the Hudson County Medical Society, a member of the Essex County Golf Club, and the New Jersey State Medical Society.

He is survived by his widow, Mrs. Agnes Sullivan; a daughter, Janet, and two sons, George F., Jr., and Robert.

DR. JOSEPH POLAND

Dr. Joseph Poland, who died on January 8, 1936, was born in Poland, Europe, and came to the United States at an early age. He received his preliminary education in Philadelphia, and graduated from Jefferson Medical College in 1907. His internship was served in the Philadelphia General Hospital, after which he began practice in Atlantic City. Early in his medical career he became a member of the Staff of the Atlantic City Hospital, and became one of the chiefs of the obstetrical

department, which position he held at the time of his death.

For many years he was a Medical Inspector of the Atlantic City schools, and at one time was a member of the Medical Staff of the Jewish Seaside Home of Atlantic City. He served as President of The Atlantic County Medical Society in 1929, and was a member of many organizations, among them being the New Jersey State Medical Society, Medical Club of Philadelphia, and the American Medical Association.

DR. JAMES S. GREEN

Dr. James S. Green, one of the leading physicians and citizens of Elizabeth, N. J., died at his home in that city on January 30, 1936. He was President of The Medical Society of New Jersey in 1926, as his father was in 1890, and was one of its Trustees at the time of his death.

Dr. Green as born in Elizabeth seventy-two years ago. He graduated from Princeton University in 1889, and from the Medical Department of Columbia University in 1891. He opened an office in Elizabeth and served on the staff of the Elizabeth General Hospital for forty years. He was chief of the surgical service at the Base Hospital at Camp Dix during the World War, with the rank of Major.

The members of the Clinical Society of the Eliza-

beth General Hospital adopted the following memorial of Dr. Green:

"Dr. Green was the last of those devoted and illustrious physicians who founded this Society, in which he was a tower of strength and inspiration.

"He had spent his entire professional career in the service of the Elizabeth General Hospital, where he exemplified the highest qualities of a true physician and gentleman. He was a practical idealist. His eyes were on the stars but his feet were planted on the solid ground of reason.

"Dr. Green so lived his life that all men respected him, and that those of us who knew him best loved him most. The State, our profession, this Society and the Elizabeth General Hospital are the better for his having lived and labored among us."

DR. JOHN F. MASSEY

Dr. John Fletcher Massey, a member of The Medical Society of New Jersey and the Atlantic County Medical Society, died suddenly from an acute heart attack on January 21, 1936, in his home in Ventnor, aged sixty-three years. He was a native of the mountainous country of Madison in North Carolina, and graduated from Sevier College with the B.S. degree in 1899. He taught in public schools for six years, and then studied medicine, graduating from the University of Tennessee in

1933. He practiced medicine in Knoxville until 1918, when he served as captain in the Medical Corps of the U. S. Army in Camp Jackson, now Jacksonville, Florida. He has practiced medicine in Ventnor since 1920.

Dr. Massey took great interest in the development of power from the waves of the sea. He invented and patented a machine for that purpose and offered it to his home city for use in the municipal power plant.

DECEASED PHYSICIANS OF NEW JERSEY

List Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Alice K. Brown	87	Nov. 25, 1935	Sea Isle C. Hosp., Sea Isle City	106 W. Glenwood, Wildwood	Chronic valvular heart disease. Arterio sclerosis.
Lewis R. Souder	76	Nov. 4, 1935	5 S. Victoria av., Ventnor City	Same	Cardio vascular renal failure.
Richard M. A. Davis	61	Nov. 6, 1935	Salem	Same	Angina pectoris.
John K. Knorr	89	Dec. 25, 1935	Ventnor City	Same	Chronic myocarditis. Gen. ar- terio sclerosis.
John F. Massey	63	Dec. 21, 1935	Ventnor City	Same	Angina pectoris.
Donald J. Strohm	30	Dec. 3, 1935	Audubon	Same	Brain tumor (glioma).
Alvan W. Atkinson	66	Dec. 25, 1935	423 E. State st., Trenton	Same	Cerebral thrombosis. Arterio sclerosis.
Ida E. Barto	67	Dec. 29, 1935	64 Forest Hill rd., West Orange	168 Mitchell st., West Orange	Paralysis agitans.
George F. Sullivan	50	Dec. 23, 1935	St. Mary's Hosp., Hoboken	355 Grove rd., South Orange	Coronary thrombosis. Arterio sclerosis.
Frank H. Peck	64	Dec. 18, 1935	Holy Name Hosp. Teaneck	Railroad ave., Park Ridge	Myocarditis.
James N. Douglas	55	Dec. 23, 1935	87 Union ave., Manasquan	Same	Coronary occlusion. Chr. val- vular heart disease.
Abel T. Bruere	78	Dec. 24, 1935	Cream Ridge	Same	Nephritis.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

FEBRUARY

4 Camden	13 Passaic
4 Hudson	13 Somerset
11 Bergen	14 Atlantic
12 Mercer	14 Salem
12 Ocean	19 Middlesex
12 Union	20 Gloucester
13 Burlington	26 Monmouth
13 Essex	

MARCH

3 Camden	12 Passaic
3 Hudson	13 Atlantic
10 Bergen	18 Middlesex
11 Mercer	19 Gloucester
11 Ocean	19 Morris
12 Burlington	25 Monmouth
12 Essex	Sussex

ATLANTIC COUNTY

Robert A. Kilduffe, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held January 10th, 1936, at the Ambassador Hotel, the President, Dr. S. L. Salasin, presiding, and 108 members and guests present.

Dr. Allman stated that the Ambassador Hotel management was not only glad to have the Society make the hotel its permanent meeting place, but also to provide garage accommodations for meetings at any other time. The membership card of the Society is sufficient identification.

Dr. Merendino reported that the Broadcasting Committee was progressing with the program, and would have it completed within a short time.

Dr. E. H. Harvey's report for the Public Health Committee, being detailed and important, was held over until the February meeting when the proper time and attention can be devoted to it.

CARE OF TUBERCULOSIS CONTACTS

A communication from the Board of Governors of the Betty Bacharach Home was read in which they expressed their appreciation to the Society for the petition to the Board of Freeholders for \$5000 for preventorium care of Atlantic County children who are tuberculosis contacts.

OPPOSITION TO THE COPELAND BILL

A detailed analysis of the Copeland Bill was enclosed in a letter from Dr. H. S. Read. Congressman Bacharach pledged his support to the State Medical Society in defeating this bill.

OBITUARIES

Dr. D. B. Allman made a motion that the proper resolutions be drawn, a copy sent to the family, and a page set aside in the minutes in recognition of the deaths of Dr. Joseph Poland and Dr. John F. Massey.

The motion was passed and Drs. D. B. Allman, R. A. Kilduffe and H. S. Davidson appointed to draw up the resolutions.

MONTHLY BULLETIN

Dr. Barbash reported that the advertisements in the Monthly Bulletin would more than pay for the

expense of publishing it. He commended Drs. Nickman and Hoffman for their work in securing these ads.

CANDIDATE FOR VICE-PRESIDENCY OF STATE SOCIETY

The endorsement of a candidate for the office of Second Vice-President of The Medical Society of New Jersey was discussed. Drs. W. J. Carrington and Hilton S. Read were nominated, and Dr. Carrington was named by a majority vote of the members. On motion of Dr. Reid, the choice was made unanimous.

SCIENTIFIC

W. Wayne Babcock, M.D., Professor of Surgery at Temple University Medical School, addressed the Society upon "The Management of Abdominal Malignancy".

Dr. Babcock, whose reputation in the field of general surgery requires no comment, presented his subject, as was to be expected, in a most interesting manner.

After a short, comprehensive review of the various types of malignant neoplasms which may be encountered in the intestinal tract, outlining their incidence, symptoms, and the methods of diagnosis applicable to their recognition. Dr. Babcock illustrated these tumors by a series of lantern slides, many of which were in color.

By means of further slides he then illustrated various operative procedures applicable to the surgical treatment of such lesions, presenting the procedures developed in his own experience and showing the results obtained. The finale of his address was a motion picture in technicolor showing in detail the steps and results of operation in a case of mega-colon and mega-ileum.

Dr. Babcock's paper was then discussed at some length by Dr. H. I. Silvers, Dr. Mason, and Dr. Allman.

BERGEN COUNTY

Charles Littwin, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Hackensack Hospital on January 14th, 1936.

NEW MEMBERS

The following were elected to membership:

From Junior to Regular—

Dr. Charles Tudor, Bogota

Dr. Elliot Fishbein, Ridgewood

To Junior—

Dr. Kalman Chase, Hohokus

Dr. Richard L. Day, Ridgewood

The following applications for membership were read:

To Regular—

Dr. Walter W. Mockett, Cliffside Park

From Junior to Regular—

Dr. Frank Austin Blalock, Oradell

To Junior—

Dr. Samuel Loman, Cresskill

Dr. Theodore Miller, Hackensack and
Ridgewood

COMMUNICATIONS

The following communications were read:

1. A communication from Dr. LeRoy A. Wilkes in regard to the time of Election of Officers, suggesting that each County Society hold its annual meeting in May, and that the newly elected officers officially take office at the close of the Annual Meeting of the State Society in June.

2. A letter from Dr. Wilkes asking for the names of the Maternal Welfare Committee.

3. A letter from Dr. Wilkes asking for the list of our Delegates and Alternates for the Annual Meeting in 1936, the State Nominating Delegate and Alternate, members of the Public Health and Emergency Relief Administration Committees and new officers.

4. A letter from Dr. William G. Herrman, Second Vice-President of the Medical Society of New Jersey, stating that he would attend our March meeting.

Dr. John Irwin, our Treasurer, stated that the dues must be paid before the end of this month, if our members wish to have their names entered on the official membership list.

Dr. S. T. Snedecor, speaking of the W. P. A., stated that more than half of the families previously on the E. R. A. had been placed upon the W. P. A. rolls. These families would be unable to pay for other than the minimum medical expenses out of \$55.00 per month. Accident cases would be taken care of by the compensation insurance, but only if the doctors secure authorization. This is difficult to get at present. Mr. Vogt in Paterson is the man to contact.

SCIENTIFIC

Dr. David Goldberg introduced Dr. David D. Berlin, of Boston, Mass., who spoke upon "Surgical Treatment of Heart Disease". His group in Boston lessened the work demanded of the heart by doing total thyroidectomies in certain well-chosen cases of angina pectoris, congestive heart failure and cardiac asthma. Dr. Berlin demonstrated the anatomical difficulties of the operation. He emphasized the points:

1. The importance of choosing a patient whose failure is not too far advanced.

2. The importance of accurate diagnosis.

3. The risk of injuring both recurrent laryngeal nerves. (A laryncologist examines the vocal cords during the operation.)

4. The slight danger of tetany resulting from the unintentional removal of the para-thyroid glands.

MEDICAL-DENTAL SERVICE BUREAU

Dr. Russell K. Tether, Chairman of the Committee on Clinics and Medical Economics, introduced Mr. Roy C. Jones, of the newly established Medical-Dental Service Bureaus in Passaic and Essex Counties. Mr. Jones gave a brief resumé of the Washington Plan, which he preferred to call the District of Columbia Plan.

BURLINGTON COUNTY

Parry M. Scott, M.D., Reporter

The monthly meeting of the *Burlington County Medical Society* was held January 9, 1936, at Moorestown Field Club, Moorestown, New Jersey, with Dr. Small presiding in the absence of our President, Dr. Hornberger.

STANDING ORDERS TO PUBLIC HEALTH NURSES

An agreement between the Public Health Nurses and the State Medical Society was brought to the attention of the Society and our State Executive Officer, Dr. LeRoy A. Wilkes, explained its provisions, particularly in reference to the minimum orders that could be carried out by nurses on their own initiative. (Jour., Nov. 1935, page 663.)

SCIENTIFIC

The meeting was then turned over to Dr. R. I. Downs, Chairman of the Program Committee.

UNDULANT FEVER

Dr. S. Emlen Stokes gave a very interesting talk on two cases of "undulant fever" which he has under his care and which had both come from the same herd of infected cattle. He described the symptoms shown in these two cases particularly persistent elevations of temperature, and pain in the feet, legs, and back. One case was confused at first with typhoid fever by reason of a positive Widal.

Serum Treatment.—The first case was treated by intramuscular injections of serum from blood of patients who had been exposed to infections from cows but had not developed the disease. This case resulted in a striking cure of symptoms and immediate loss of fever.

Vaccine Treatment.—The second case was treated in the same way but showed no particular benefit; and so an injection of specially prepared vaccine, made by Dr. Huddelson, Michigan State College, was given every other day until a severe reaction was produced. After several of these reactions, the temperature came down to normal, and patient has been well ever since.

As far as he searched, Dr. Stokes could find no record of the using of immune serum such as he tried in the first case; and he believes that it would warrant further study in a larger number of cases.

No other cases of undulant fever were reported in Burlington County.

THE NEUROTIC PATIENT

The next speaker of the evening was O. Spurgeon English, Psychiatrist at Temple University Medical College, who spoke on "The Management of the Neurotic Patient". Dr. English classified neurotic cases as:

1. Neurasthenia.
2. Conversion hysteria.
3. Anxiety hysteria.
4. Compulsion hysteria.

The cause was defined as mental conflict almost invariably arising from a persistence of infantile trends, and later showing a definite character disorder. In endeavoring to show what a normal individual should be, Dr. English cited four criteria:

1. Symptom free.
2. Unhampered by mental conflict.
3. Satisfactory physical capacity.
4. Capable of loving another person.

In treatment of these cases was stressed the importance of getting the confidence of the patient and bringing out to light the childhood fears and repressions. It was also stated that these patients were better if it was explained to them what their trouble was and not give them medicine as a crutch to lean on, but make them fight it alone.

After discussion of these two talks, the meeting adjourned.

CAPE MAY COUNTY

Warren D. Robbins, M.D., Reporter

A joint meeting of the *Cape May County Medical Society* and the staff of the Atlantic Shores Hospital was held at the hospital on the evening of January 14, 1936, with the following members of the Medical Society present: Whitticar, Petit, Townsend, Corson, Hughes, Friedland, Monason, Crowe, Eugene Way, Clarence Way, Haines, Robbins.

SCIENTIFIC

After a short business session of the hospital staff, the Chairman of the Program Committee, Dr. Aldrich Crowe, introduced the guest speaker of the evening, Dr. Joseph C. Doane, Medical Director of the Jewish Hospital, Philadelphia, Pa.

Dr. Doane gave an interesting and instructive talk on "The Autonomic Nervous System in General Practice". He enumerated the many symptoms which may be due to a dysfunction of either the sympathetic or the parasympathetic nerves, and stressed the fact that physicians should not try merely to treat these symptoms but to figure out which set of nerves was at fault, whether they were over-active or under-active, and treat them accordingly. Calcium, belladonna and phenobarbital are the chief drugs of value, but these must be aided by psycho-therapy.

Discussion of this paper was opened by Dr. Corson and followed by Drs. Robbins, Friedland, Johnson and Bradley.

Dr. V. Earl Johnson reported on his surgical ser-

vice at the hospital, showing several interesting patients and discussing their conditions.

E. R. A.

The only business discussed by the Society was that of the new forms suggested for use in reporting E. R. A. cases. There was no unfavorable comment and their adoption was left to the discretion of the Chairman of the E. R. A. Committee, Dr. Haines.

After the meeting adjourned, those present were served refreshments by the hospital.

ESSEX COUNTY

Earl LeRoy Wood, M.D., Reporter

President A. Charles Zehnder presided at the regular meeting of the *Essex County Medical Society* held at the Academy of Medicine, Newark, Thursday evening, January 9, 1936.

ADDRESS ON MEDICAL ECONOMICS

Frederic E. Elliott, M.D., Chairman of the Committee on Economics, New York State Medical Society, was the guest speaker of the evening and discussed "Current Problems of Medical Economics". Dr. Elliott is also Chairman of the Eastern States Conference of Medical Economics, and is one of the best informed physicians on Medical Economics in the United States. He described the difficulty experienced by the representatives of the medical profession who labor at great disadvantage to protect the interests of their fellow physicians. When the basic rate schedule was being compiled for the New York State Workman's Compensation Law, two unpaid physicians, voluntary workers, represented the interests of 13,000 physicians. They toiled for months compiling a fee schedule upon which would subsequently be based physicians' fees totalling millions of dollars. Arrayed against them were high-salaried, skilled representatives of the insurance companies of the country, with practically unlimited resources. Physicians must soon learn, before it is too late, that they have their economic existence at stake. They should pay for adequate protection of their interests by their own medical organization. The effort required and the ability demanded must be adequately paid for by the profession as a whole if their prosperity is to be preserved.

Another problem confronting the physicians today is the encroachment by institutionalism on private practice. Some hospital superintendents now claim openly and frankly the right of the hospital to practice medicine. Like the wild animal, having tasted blood in the form of "clinic fees", they now propose to engage in active competition for public patronage. With hired "professional servants", they now would encroach upon the individual's field of opportunity. Behind the good name and public respect accorded the senior visiting staff (as a window dressing to command public confidence), they will *submeter medical care* through interns, technicians, and resident neophyte physicians, for securing institutional profits. Every rule of conduct laid down by Medicine for the protection of the public,

and morally obligatory upon each individual physician, will be violated by the hospital corporation,—advertising, solicitation, self-praise, claim of superiority and “cut rate” fees. Add to this the advantages of “tax exemption”, the charity benefactions which they receive and the preferential prices in purchase of supplies, and the impossibility of meeting such competition is clearly evident. The ultimate consequence must be a general lowering of medical care standards for the community at large.

Commercialized, low-cost medical care to large groups of employees by corporation; is another threat to the physician's existence.

ASSESSMENT

The Essex County Medical Society voted an assessment of \$2.00 on every member in addition to the \$17.00 dues already billed.

The Society recommended in principle that physicians should be paid for immunization and vaccination of indigents.

POST-GRADUATE LECTURES

Dr. H. H. Satchwell, Chairman of the Post-Graduate Instruction Committee, announced that a course of obstetric lectures would begin about the third week in February, at a charge of five dollars. After the obstetrical course a series of lectures on physiotherapy will be given to the Society members free, in the effort to return physiotherapy to the physicians' offices.

E. R. A.

Dr. E. Zeh Hawkes, State and local chairman of the physicians' committee for the E. R. A., outlined the work accomplished, and complimented his committee members on their spirit and cooperation. He stated that during 1935 about one million dollars had been paid to New Jersey physicians, one-quarter of that going to about 600 physicians in Essex County, an average in excess of \$400 per doctor. Dr. Hawkes warned that probably in the future less money will be available.

NEW MEMBERS

The following new members were elected: Regular—Roland V. DeMichele, Benedict Naglar, Norman D. Samson. Associate—Michael J. O'Grady, George Urbach.

NEWARK EYE AND EAR INFIRMARY

At the last meeting of the Staff of the *Newark Eye and Ear Infirmary*, the following resolution was approved and ordered published to all concerned:

Resolved: That to every physician in Essex County shall be extended the privileges of caring for private or semi-private patients in the Newark Eye and Ear Infirmary, provided that he or she is a member of the County Medical Society, and that he or she is on the staff of a hospital recognized by the American Medical Association or by the American College of Surgeons. The privileges extended by the Eye and Ear Infirmary shall be similar to those enjoyed by the visiting physician in his or her own home hospital."

THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Franklin J. Tobey, M.D., Secretary

The stated meeting of the *Academy of Medicine of Northern New Jersey*, under the auspices of the Section on Obstetrics and Gynecology, was held in the building of the Academy, Newark, on Thursday, December 19th, 1935, with President Danzis presiding.

The following physicians were elected to Fellowship: Joseph P. Klenk, M.D.; F. P. Willey, M.D. Dr. Guy Payne, Jr., was elected to Junior Fellowship.

President Danzis welcomed to the Academy the members of the Conference of the Maternal Welfare Commissions of New Jersey, and the Section on Obstetrics and Gynecology. He introduced Dr. William K. Pudney, Chairman of the Section, who in turn introduced the guest speaker, Dr. Robert T. Frank, of New York.

Dr. Frank's paper, "Endocrine Vs. Non-endocrine Bleeding from the Uterus", was very interesting to the large audience. A general discussion followed. The meeting adjourned with a rising vote of thanks to the speaker.

A special meeting of the Academy was held on Saturday, December 28th, 1935.

The Academy was very fortunate to have as guest speaker Dr. Alfred W. Adson, of the Mayo Clinic. Dr. Adson read a paper, "Surgical Treatment of Essential Hypertension". The audience was intensely interested in this modern treatment, and enjoyed the moving pictures of the operation. Following a short discussion, a rising vote of thanks was given Dr. Adson.

No business being conducted at this meeting, the meeting adjourned.

The program for February is as follows:

Section on Medicine and Pediatrics, Tuesday, February 11, 1936, 8:45 p. m.

Paper: "Hypochloremic Coma". Michael Wohl, M.D., Assistant Professor of Medicine, Temple University, Philadelphia.

Section on Surgery, Tuesday, February 25, 1936, 8:45 p. m.

"Skeletal Traction in Fractures." J. Irving Fort, M.D. Discussion: John K. Adams, M. D., and John J. Flannagan, M.D.

"Cinoplastic Amputation" (motion pictures). H. H. Kessler, M.D.

Stated meeting under the auspices of Section on Eye, Ear, Nose and Throat, Thursday, February 20, 1936, 8:45 p. m.

Paper: "Treatment of Injuries of the Head." Walter E. Dandy, M.D., Johns Hopkins Hospital. Discussion opened by Wells P. Eagleton, M.D.

All meetings are open to the general profession and to medical students.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held on the evening of Thursday, January 16, 1936, in the Westbury Country Club, with the following members present:

Dr. M. F. Lummis, Pitman, President; Drs. W. J. Burkett and I. W. Knight, of Pitman; H. B. Diverty, William Brewer, Fuller G. Sherman, Duncan Campbell, E. E. Downs, Harry Nelson, C. A. Bowersox, J. Harris Underwood, Ralph Moore, Dorothy Rogers and Paul M. Pegau, of Woodbury; R. K. Hollinshead, Westville; Oran Wood, H. L. Sinexon, C. C. Shee's and DiMarino, of Paulsboro; William Pedrick, of Glassboro; C. I. Ulmer and T. M. Gairdner, of Gibbstown; Don Weems, Wcnonah; B. A. Livengood, of Swedesboro; Louis Ruttenberg, of Mantua; H. W. Wright, of Williamstown; Patterson and Gillis.

Visiting delegates were: Drs. Crowe and Pettit, of Ocean City; White, Somers Point; Marvel, Northfield; O. R. Kline, of Camden. Guests included Senator Hendrickson and Assemblyman Downer.

Guests, in addition to the speakers, included Dr. Paul Burkett, of Woodbury; Roland Esbjornson, director of physical education at Glassboro State Normal School, and J. Russell Butler, of Woodbury.

PROGRAM

The meeting was on the subject of *medical legislation*, and the Society was host to the two Gloucester members of the Legislature, Senator Robert G. Hendrickson and Assemblyman William A. Downer.

The program of the meeting was as follows:

"The Legislative Program of The Medical Society of New Jersey", by Dr. William G. Herrman, Asbury Park. Second Vice-President of The Medical Society of New Jersey.

"The Newer Projects of The Medical Society of New Jersey", by Dr. Hilton S. Read, Atlantic City, Chairman of the Welfare Committee of the State Society.

"The Physician in Medical Economics", by Dr. Thomas K. Lewis, Camden, Chairman of the State Society Committee on Medical Practice.

Dr. J. B. Morrison, Secretary of The Medical Society of New Jersey; Dr. LeRoy A. Wilkes, Executive Officer, and Dr. Frank Overton, Editor of The Journal, gave brief talks on their work.

Senator Robert G. Hendrickson and Assemblyman William A. Downer each expressed his appreciation of the courtesy of physicians and their helpfulness to legislators in their consideration of medical and welfare bills.

After the meeting, a supper was served at which the ladies of the Woman's Auxiliary were present.

Editor's Note: The addresses at the meeting are of such state-wide interest that they are reported on page 104.

HUDSON COUNTY

John H. Connell, M.D., Reporter

The regular monthly meeting of the *Hudson County Medical Society* was held on Tuesday, De-

cember 3, 1935, at the Carteret Club, with the President, Dr. T. J. Schuck, in the chair.

DIPHTHERIA IMMUNIZATIONS

Dr. Howard Forman reported that the Public Health Committee had adopted the following procedures regarding giving immunizations:

1. Getting the free toxoid from the municipalities instead of the State.

2. Carrying on a steady campaign for immunizations in the doctors' offices.

3. Placing a sticker on every birth record that is sent to the parent, advising that the child be immunized at the age of six months.

4. Notifying the physicians of the attitude of the committees.

5. Every school child was given a blank on which the parents were to state whether or not the child had been immunized.

6. Literature was distributed through the co-operation of life insurance companies and milk dealers, and by radio talks.

In these six ways the committee believed that every parent had been informed about diphtheria immunizations.

The committee also gave an analysis of diphtheria rates, showing that Hudson had the highest case rate in all New Jersey. Only about 30 per cent of the school children are immunized, while over 90 per cent are immunized in Newark where immunizations are given in the schools.

The committee recommended a return to the system of mass immunization in public clinics and the schools.

The chairman announced that a letter had been received from Dr. Stanley H. Nichols, Chairman of the Public Health Committee of the State Society, asking the following question: "Do your members prefer to have the Department of Health and the school do free immunization against diphtheria and smallpox?"

The committee was inclined to vote "yes", but a vote by the Society was deferred until a later meeting.

Dr. B. S. Pollak sent a letter proposing that the Society establish a Committee on Hospitals and Medical Education to act under the similar committee of the State Society. One project of the new committee would be to provide teaching clinics in the hospitals whose advantages all practitioners might share.

BOXES FOR STATE JOURNALS

The Secretary announced his office will supply boxes to hold a year's volume of the State Journals, at thirty cents each.

SCIENTIFIC

Dr. Herman O. Mosenthal, Professor of Medicine in the New York Post-Graduate Hospital, gave an address on "The Treatment of Chronic Nephritis".

A regular meeting of the *Hudson County Medical Society* was held on Tuesday, January 7, 1936, at 9:30 p. m. at the Carteret Club, Jersey City.

IN MEMORIAM OF DR. G. F. SULLIVAN

The President, Dr. F. J. Schuck, spoke in honor of one of the members of the Society, Dr. George F. Sullivan, the members standing during the eulogy. (See this Journal, p. 112.)

REPORTING MEETINGS

There was a lengthy discussion on the subject of securing stenographic reports of the general meetings of the Society, and also of the meetings of the Executive Committee. There was some criticism that the Executive Committee did not make sufficient reports to the Society regarding their discussions and recommendations. Yet the Society voted two to one against incurring the expense of a stenographer to take full record of the meetings of the Executive Committee. (See editorial, p. 65.)

CONSTITUTION AND BY-LAWS

Dr. A. Hasking gave a detailed report of the studies made by the Committee on the Revision of the Constitution and By-Laws, particularly in reference to the methods of managing the financial affairs of the Society.

SCIENTIFIC

Dr. C. Rufus Rorem, Ph.D., C.P.A., Associate Director for Medical Services, Julius Rosenwald Fund, Chicago, Ill., gave an address on the subject "Paying for Medical Care", in which he discussed the fundamental principles of health insurance for meeting the costs of medical care.

Dr. Joseph A. Visconti, M.D., LL.B., Hoboken, N. J., discussed Dr. Rorem's paper, and suggested that the Medical Societies might form a company in order to carry on a business of health insurance.

Editor's Note—Both of these papers are of a high quality and will be published in The Journal.

MERCER COUNTY

A. Dunbar Hutchinson, M.D., Reporter

The *Mercer County Medical Society* met in the Trenton Country Club on January 8th, President Stone presiding.

Dr. LeRoy A. Wilkes, Executive Officer of the State Society, gave a very interesting address on the subject "Organized Effort in Medical Service".

The Treasurer, Dr. North, again urged the necessity of paying dues, in order to be in good standing, and to receive The Journal.

NEW MEMBERS

Dr. Charles E. Clark, of the New Jersey State Hospital, was proposed for membership.

Drs. Carabelli, Chesner, Fine, Franzoni, Klempner, Munro, Matthews, Nonziato, Seidelman, Sommer, Jr., Storaci, Waldron and Wilner were elected to active membership.

Drs. Bayne, Fluck, and Levy were elected to Associate membership.

The resignation of Dr. N. H. D'Gianni was read and accepted with regret.

The application of Dr. H. J. Schroeder for participation in E. R. A. work was regularly voted upon and granted.

OBITUARY

The President appointed Drs. D'Arcy, Scammell and Connelly to draw resolutions following the death of Dr. A. W. Atkinson on December 25, 1935.

EXECUTIVE COMMITTEE

Dr. George Williams introduced the subject of the organization of an Executive Committee, in order that the business portion of the meeting might be materially shortened and more time be given to the scientific program, especially when a guest speaker is present. (Editorial, p. 65.)

Considerable discussion followed, finally resulting in the adoption of a motion that the President appoint a committee for the purpose of formulating a plan of procedure and to report at the next meeting. Drs. G. W. Williams, G. N. J. Sommer, Wilbur Watts, A. F. Moriconi and F. A. McGuigan were appointed.

MONMOUTH COUNTY

James P. Pregnall, M.D., Reporter

A meeting of the Executive Committee of the *Monmouth County Medical Society* was held on Monday evening, January 6, 1936, at the Fitkin Memorial Hospital. The following members were present: Drs. Prout, Fisher, Gosling, Holters, Hunt, Kazmann, and Featherston.

CONTACT WITH MEMBERS OF CONGRESS

At the request of Dr. Hilton S. Read, Chairman of the State Welfare Committee, a special committee composed of Drs. Nichols, Herrman, Hausman, and Featherston met with Senator Warren Barbour to discuss the Copeland Bill and the Social Security Act. The Copeland Bill is the principal one of nine bills before Congress to regulate the manufacture and sale of "foods, drugs, devices and cosmetics". It is an amendment to the Food and Drug Act of 1906, commonly known as the Wiley Act. Physicians urge that the Copeland Bill be defeated. The attitude of the medical profession was presented to Senator Barbour, and we have his assurance that he will be guided by our opinion in regard to this legislation.

The Medical Advisory Committee of the Emergency Relief Administration, composed of Drs. Edelson, Hunt, and Featherston, met with the County E. R. A. officers, and Mr. Parker, of the State E. R. A. headquarters, on January 6th, at Red Bank. The purpose of this meeting was to discuss the newly adopted state regulations for a change in the method of obtaining authorization for the treatment of E. R. A. clients. A change has also been made in the report blanks. The Medical Advisory Committee believes that under these new regulations the procedure will be simplified for the doctors and a better case record will be available for the committee and the E. R. A. authorities. It is also believed that this new method will do much to expedite the payment of the doctors' bills which have heretofore been delayed because of the involved methods under the former routine.

The regular meeting of the *Monmouth County Medical Society* was held at the Molly Pitcher Hotel, Red Bank, on Wednesday evening, January 22, 1936, at 8:30 o'clock. There were approximately seventy-five members present.

The minutes of the December meeting were read and approved and the report of the Executive Committee was accepted.

COMMITMENTS TO STATE HOSPITALS

The Economic Committee, after contacting the Board of Freeholders of Monmouth County in regard to physicians' fees for commitment of indigent patients to state hospitals, reported that the commitment of these patients was entirely a municipal rather than a county problem; but in view of the fact that the majority of the counties paid a fee of five dollars for each commitment, Monmouth County would, as a courtesy, follow this same procedure.

NEW MEMBERS

The following men were elected to membership in the County Society:

Dr. Fred W. Steinbock, Avon;
Dr. John C. Clark, Asbury Park.

VISITORS

The County Society was honored in having among its guests Drs. Spencer T. Snedecor, First Vice-President of the State Society; LeRoy A. Wilkes, Executive Officer, and Frank Overton, Editor.

Dr. Wilkes in a concise and informal address informed the Society of some of the problems that the State organization has to face.

ECONOMICS OF MEDICAL RELATIONS

Dr. Snedecor, who was representing Dr. Marcus Newcomb, President of the State Society, gave an address on the economic position of the physician in relation to the public. (See page 103.)

SCIENTIFIC

Dr. George Hunt, Chairman of the Program Committee, introduced the speaker of the evening, Dr. William P. Thompson, of the Medical Center, New York City, whose subject was "Splénomegalia". In presenting the paper, Dr. Thompson described what we would find in a hundred patients presenting themselves with moderate or large spleens.

1. Forty-five to 50 per cent of the patients would have chronic leukaemia, the etiology of which is unknown. The diagnosis is easily made by the blood picture. Removal of the spleen does not benefit these patients.

2. Twenty per cent of the patients would have Banti's syndrome, characterized by a large spleen with a hypoplastic anaemia. The majority of cases of Banti's syndrome are secondary to the portal type cyanosis of the liver, and the diagnosis is easily made on the blood picture. Removal of the spleen in cases of Banti's disease usually causes a return to the normal blood picture, but does not alter the course of the disease.

3. Twelve per cent of the patients would have hemolytic jaundice characterized by chronic hemolytic anemia with evidence of regeneration, chronic mild jaundice, and chronic enlargement of the

spleen. The hemolytic jaundice is divided in to the congenital typical type, and the non-congenital atypical type. In the congenital type a very large percentage are cured by splenectomy. In the non-congenital group splenectomy gives no benefit.

4. Eight per cent of the patients would have some form of lymphoblastoma, the diagnosis of which is made by section of a lymph node. Splenectomy does not benefit this group.

5. Seven per cent of the patients would have polycythemia vera characterized by large spleens, high red blood count, high white blood counts, and high platelet counts. This group of patients can be adequately controlled by acetyl phenylhydrazine.

6. Three per cent of the patients would have such diseases as Gaucher's, gumma of the spleen, or some form of tropical disease.

7. The remaining five per cent of the cases would be undiagnosed.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A regular monthly meeting of the *Morris County Medical Society* was held the evening of Thursday, January 16, in the Nurses' Residence at Dover General Hospital.

President Costello opened the meeting with about sixty physicians present and presided over a brief routine business session. After explaining that this was one of the series of meetings arranged by the various hospital staffs in the County, he turned the gavel over to Dr. Harrington, obstetrician of Dover Hospital.

DR. DENNEN'S ADDRESS

The speaker of the evening was Dr. Edward H. Dennen, of Polyclinic Hospital, New York City, whose topic was "Choice and Application of Forceps in Delivery". The address was finely illustrated by moving pictures and manikin, and was received with keen interest.

Dr. Dennen stressed the importance of the kind of forceps to use, and demonstrated the technic for successful deliveries in the various positions of the fetus. He said that the general practitioner should use only the classical type of forceps, leaving the more complicated forms to obstetrical specialists. He illustrated axis traction and the particular application of the various types of forceps, including the low, mid, and high forceps. Dr. Dennen's address was enlightening and intensely interesting.

DR. BINGHAM'S ADDRESS

Discussion was led by Dr. A. W. Bingham, Chairman of the State Maternal Welfare Committee, who emphasized many important points; stressing the importance of determining the position of the fetus; and that if the operator be not sure, he is likely to get into trouble; that there are different forceps for the different positions; that a man who does not do much obstetrics should use forceps with axis traction; that after mastering one kind of forceps with axis traction, it is time to get acquainted with the other types; that the average physician does

not have to master all kinds of forceps, but should be sure to master at least one kind.

Dr. Bingham took opportunity of congratulating the Morris County Medical Society on its maternal welfare work, which he estimated to be above the average. Beginning in January, the State Journal has a page to which different members will contribute over a period of at least a year. The plan of conferences adopted by the Morris County Medical Society is excellent, and the committee is recommending it to every County.

Further discussion followed by Dr. Walter B. Mount, of Montclair, with an inspection of forceps and further demonstrations of their use. Also entering into the discussion were Dr. Geary, Dr. Frost, Dr. Julia Mutchler, and others.

DUES

The importance of members of the Society paying their dues promptly within a week was emphasized, so that the fullest possible report of paid members can be made and the Society can have the benefit of its full quota of delegates at the State Meeting.

After adjournment, very appetizing refreshments were served, and the members had opportunity for pleasant personal contacts.

OCEAN COUNTY

Robert McC. Halbach, M.D., Reporter

The annual meeting of the *Ocean County Medical Society* was held November 13, 1935, at Enos Hotel, Forked River, with Vice-President, Dr. Robert Buermann, in the chair.

The following officers were elected for the ensuing year: President, Dr. Robert Buermann, Lakewood; Vice-President, Dr. Walter Hayden, Toms River; Secretary, Dr. Emanuel Sickel, Lakewood; Treasurer, Dr. Edward Obert, New Egypt; Reporter, Dr. Robert McC. Halbach, Toms River.

A vote of thanks was extended to Dr. Frank Brouwer, of Toms River, the retiring Treasurer, for his many years of service to the Society.

The regular December meeting of the *Ocean County Medical Society* was held December 11, 1935, at the Arnold Hotel, Point Pleasant, with the President, Dr. Buermann, in the chair. After an enjoyable dinner, the President introduced as the guest speaker of the evening Dr. James A. Fisher, of Asbury Park.

Dr. Fisher spoke upon "Acute Conditions of the Middle Ear and Mastoid of Interest to the General Practitioner". He stressed the importance of routine otoscopic examination of sick children, and the prompt incision and drainage of the ear drum when indicated, inasmuch as mastoiditis arises three times as frequently when drums are allowed to rupture spontaneously.

Dr. Fisher very properly believes that every child requiring a paracentesis should be anaesthetized; and that the after care of such draining ears is gentle, very gentle, irrigation with a mild antiseptic solution by means of a B-D Asepto syringe No. 2031, $\frac{1}{8}$ oz. capacity. He emphasized that every

middle-ear infection is potentially a mastoid infection, and showed a number of roentgenograms illustrating all stages of this dreaded complication.

PASSAIC COUNTY

Sigurd W. Johnsen, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held at the Health Center, Paterson, on Thursday, January 9, 1936, at nine p. m., the President, Dr. Wright MacMillan, in the chair.

Due to the illness of the Secretary, Dr. Wayne Hall, Dr. Sigurd W. Johnsen, Reporter, substituted.

The motion made at the December meeting authorizing the loan of the necessary money to inaugurate the Medical-Dental Service Bureau of Passaic County, from the Sinking Fund, was unanimously adopted.

NEW MEMBERS

Dr. Alex Schefrin, whose application for membership had been favorably reported on by the Censors, was duly elected to membership.

BY-LAWS

The following changes in the By-Laws were unanimously adopted:

Chapter I—Membership:—That Section 6b, as follows, be adopted: "A regular member of another County Medical Society may become an Associate Member of the Passaic County Medical Society, having all the privileges of a regular member, except that of voting and holding office. The dues for this membership shall be the amount that the Passaic County Medical Society receives from its regular members, less the New Jersey State Medical Society dues. The Associate Member must remain in good standing in his own County Society to maintain associate membership in the Passaic County Medical Society."

Chapter VI—Section 1—Meetings:—Change "The October meeting shall be the annual meeting" to read: "The May meeting shall be the annual meeting, and the officers elected at this time shall take office on June 1st of the same year;" and also change "one of which shall be in October", to read: "one of which shall be in May".

MEDICAL-DENTAL SERVICE BUREAU

Mr. C. H. Dexter, the Administrative Assistant of the Economic Security Council of Washington, D. C., gave a brief summary of the work so far accomplished in setting up the Medical-Dental Service Bureau of Passaic County.

Passaic County's Medical Service Bureau was organized and opened for business in its temporary location, Room 300, Law Building, 64 Hamilton Street, Paterson, New Jersey, on December 19th, 1935. During its first month of operation, \$3513.00 worth of new business has been received in the Bureau.

In addition to this, accounts totalling \$2643.00 were placed with the Bureau for collection, and the first results from our efforts along these lines are highly encouraging.

As of January 15th, thirty-four professional members are making use of the Bureau and it has patients in four hospitals. With this auspicious start, which exceeds the first month's business in Washington by 80 per cent and which will undoubtedly increase rapidly as the Bureau becomes better known in the community, we can only entertain an optimistic view for the future.

During these two weeks of operation, the Bureau has referred to Society members a number of patients who read of the plan or heard the radio talks.

The Director of the Bureau requests that the Trustees continue to set the example of directing their medium and low-income patients to the Bureau, and urging their fellow members to do likewise. The work can only be completely brought to the attention of those postponing or hesitating about medical and hospital care for financial reasons by the professional members carrying the story into places where it is most needed.

One has only to sit in and listen to the stories of some of the low-income patients, run their names through the credit bureau, arrange for treatment and the budgeting of their accounts with their dentists, to realize that, regardless of salary level, the community has a substantial and honest population with which to deal; and as our story reaches them there is ample proof that many people who have been neglecting their health will be glad to take care of it on a pay-as-you-go basis. (See page 97.)

SCIENTIFIC

The guest speaker at the scientific session was Dr. Jesse G. M. Bullowa, who gave a very interesting and instructive paper on "Management of

the Pneumonias", illustrated with lantern slides. He gave special attention to the various forms of serum treatment.

SOMERSET COUNTY

A. W. Pigott, Reporter

The regular meeting and the annual dinner of the *Somerset County Medical Society* was held Thursday, October 10, at 1 p. m. in the Old Mansion, Somerville, N. J., with the following twenty-eight members present: Drs. Albrecht, Anderson, Barbour, Maurice Borow, Henry Borow, Louis Borow, Brittain, Cooley, Cooper, Flint, Flynn, Francis Greenberg, Gray, Hamblin, Halstead, Hegeman, Knight, Lawton, Levy, McConaughy, Meigh, Pigott, Pogoloff, Reale, Sferra, Stillwell and Young. President Hegeman presided.

Chairman Stillwell of the E. R. A. Advisory Committee rendered a short report.

Dr. Meigh on behalf of the Staff of the Lyons Veterans' Hospital, extended an invitation to the Society to attend a meeting at the Veterans' Hospital on the evening of October 23, 1935.

Treasurer Lawton created a sensation by announcing that the annual dues, usually payable at this meeting, would not be collected at this time, but added that each member would be billed at a later date. The business meeting was then adjourned.

Immediately following adjournment, the members were joined by the members of the Ladies' Auxiliary and enjoyed the annual dinner. After-dinner speakers included Drs. Knight, Anderson, Gray, Brittain, Flint and Hegeman.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE BIOLOGICALS SINCE JULY 1, 1935

DIPHTHERIA TOXOID

County	To Dec. 31	Month of January	Total to Jan. 31	Average per Month
Atlantic	68	45	113	16.1
Bergen	988	405	1393	199.
Burlington	177	482	659	94.1
Camden	187	6	193	27.5
Cape May	118	1	119	17.
Cumberland	305	9	314	44.8
Essex	2287	492	2779	397.
Gloucester	163	7	170	24.2
Hudson	12	13	25	3.5
Hunterdon	123	1	124	17.6
Mercer	60	28	88	12.5
Middlesex	348	8	356	50.8
Monmouth	95	11	106	15.1
Morris	229	34	263	37.5
Ocean	9	0	9	1.2
Passaic	1585	72	1657	236.7
Salem	81	3	84	12.
Somerset	78	8	86	12.2
Sussex	2	19	21	3.
Union	976	66	1042	148.8
Warren	118	2	120	17.1
Totals	8009	1712	9721	1388.7

SMALLPOX VACCINE

County	To Dec. 31	Month of January	Total to Jan. 31	Average per Month
Atlantic	100	2	102	14.5
Bergen	577	359	936	133.7
Burlington	242	84	326	46.5
Camden	326	6	332	47.3
Cape May	149	0	149	21.2
Cumberland	357	0	357	51.
Essex	1851	246	2097	299.5
Gloucester	414	12	426	60.8
Hudson	3	0	3	.4
Hunterdon	16	0	16	2.2
Mercer	68	0	68	9.7
Middlesex	555	12	567	81.
Monmouth	830	19	849	121.2
Morris	684	19	703	100.4
Ocean	14	0	14	2.
Passaic	1414	118	1532	218.8
Salem	125	0	125	17.8
Somerset	128	4	132	18.8
Sussex	5	194	199	28.4
Union	1791	36	1827	261.
Warren	217	2	219	31.2
Totals	9866	1113	10979	1568.4

THE WOMAN'S AUXILIARY

STATE EXECUTIVE BOARD MEETING

Reported by Mrs. George Culver

The Mid-winter Executive Board Meeting of the Woman's Auxiliary to the Medical Society of New Jersey was held at the Stacy-Trent, in Trenton, on Monday, January 13, 1936.

The meeting was called to order by the President, Mrs. Frederick A. Kinch, at 10 a. m., Mrs. Lancelot Ely recorded. There were 22 Board members present, and 41 County Auxiliary representatives.

REPORTS

Mrs. McConaghy (the Treasurer) read her report, which was accepted; and later she presented the budget for 1936-1937, which is to be discussed at the March meeting.

Mrs. Nicholson, Chairman of *Publicity and Reporting*, sent her report of items sent to the State Journal regularly, and she asked for clippings and photographs for the Scrap Book.

Mrs. Mason, *Hygiene*, reported little interest expressed from the County Auxiliaries. Only one inquiry has come, and that from a new President.

The *Treasurer's report* was read and ordered filed. The balance given was \$478.68. A letter from Verga and Bartelt was read in regard to bonding the Treasurer, the cost being \$5.00 per \$1,000. At the Treasurer's request for this protection, Mrs. Culver moved and Mrs. Renner seconded that our Treasurer be bonded. The motion was carried.

Mrs. McDonnell, for the Committee on Legislation, sent a report that Dr. Newcomb would inform her of any legislative work to be done. A letter was read from the New Jersey State Federation of Women's Clubs in regard to advocated legislation for the sterilization of the mentally defective. No action was taken.

A letter from Dr. Sprague asked that lay organizations be urged to listen to the radio broadcast of the A. M. A. over WJZ every Tuesday at 5 p. m., and that notice of it be given to the local papers.

A letter from Miss Church expressed her thanks and appreciation for the gift of \$10.00 which the Auxiliary voted her in October for the work at Crossnore School, at Crossnore, South Carolina.

Mrs. Theodore Teimer spoke for the Widows' and Orphans' Relief Fund, and again urged the members to interest their husbands in the project. Anyone wishing further information on this subject is asked to read Dr. Ill's own letter in the State Journal of November, 1935, page 629.

Mrs. A. H. Lippincott, as Chairman of Public Relations, spoke of a list of books along medical lines that could be reviewed. This list will be sent to the public libraries where we may all avail ourselves of the privilege of reading them. She also

asked for a list of names of members who belonged to other organizations and the offices which they hold.

PUBLIC HEALTH

Mrs. Epler, *Public Health*, asked again that County Presidents send her the names of their County Chairmen of Public Health work. She suggested that County Chairmen of Public Health and Public Relations be retained year after year. In Newark the W. P. A. workers are following up the immunization work.

Mrs. Epler introduced Miss Smith, Secretary to Dr. Nichols, who is Chairman of the Public Health Committee of the State Society. Miss Smith reported that Dr. Nichols has suggested conferences by counties in groups geographically convenient to consider an immunization campaign.

The President reported that Mrs. H. Roy Van Ness has been appointed as Vice-Chairman of Public Health to assist Mrs. Don Epler; and Mrs. Beir as Chairman of Arts and Hobbies.

The Chairman of Public Health asked that the names of all County Chairmen of Public Health be sent to her as soon as possible.

NEW AUXILIARIES

Mrs. H. V. Hubbard, Chairman of Organizing Committee, reported two new Counties have joined the Society—Middlesex County, represented by Mrs. J. J. Mann as President, and Ocean County, represented by Mrs. Theodore Thompson as President. Morris and Cumberland Counties are still unorganized. (Warren was organized January 21.)

HISTORIES OF AUXILIARIES

Mrs. Hunter, as State Historian, said she will send out a folder to all Counties, with full details for assembling their histories, in order that we may have a full account of the Auxiliary, as a whole, for future reference. One copy is to be kept, and two returned to the State Society.

CONVENTIONS

The Annual Convention of the State Society will be held in Atlantic City June 2, 3 and 4, 1936.

The following *Delegates and Alternates to the A. M. A. convention*, May 11-15, 1936, in Kansas City were selected: Delegates—Mrs. Mulford, Mrs. Lippincott, Mrs. Corbusier, Mrs. Rogers, Mrs. John Hagerty, Mrs. Renner, Mrs. Beir. Alternates—Mrs. Mann, Mrs. Sferra, Mrs. Stramberg, Mrs. Van Ness, Mrs. Epler, Mrs. Hubbard.

Mrs. Kinch was requested by the National Society to send the number of members who are

members of lay organizations. A roll call by counties was held. So few reported that Mrs. Kinch asked all County President to send her the number before February 1st.

A discussion was held in regard to giving a bride party at the Annual Meeting. The decision was left to Mrs. Salasin, Chairman of Entertainment. Arrangements for the Art and Hobby Exhibit were referred to Mrs. Beir, Chairman.

DR. LEVY'S ADDRESS

Dr. LeRoy A. Wilkes then introduced Dr. Julius Levy, of Newark. Dr. Levy has addressed us many times and is no stranger to the Society. His talk hinged on the changing times and the physician's need to adjust himself and his attitude to the new order of things. The trend of the times is towards keeping well rather than getting well; and he must strive to educate his public to preventive medicine, to have children immunized from diphtheria, small-pox, etc., and to educate the parents to go regularly for health examinations.

Doctors' wives, he said, are much more amenable to reason than their husbands and adjust themselves much more readily to circumstances, and through them the doctors could learn to meet the coming issues and thus maintain the dignity of the profession.

His talk was followed by a very lively and animated discussion, in which one wife finally asked him if he had ever gotten a group of doctors together and told them what to do. He was obliged to acknowledge that he had not.

LUNCHEON

A delicious luncheon was arranged by a committee, of which Mrs. Ivins was the chairman, and Mrs. Fell, the hostess, both of whom received a vote of thanks from the guests.

At the close of the luncheon, Mrs. Hans Hansen, accompanied by Mrs. Waldt, gave two groups of songs, followed by readings by Mrs. J. Holland.

ADDRESS ON STATE POLICE METHODS

Mrs. Kinch then introduced Col. H. Norman Schwarzkopf, head of the New Jersey State Police, who gave a very interesting, entertaining and enlightening talk on two problems, crime and safety through traffic control.

The State is thoroughly organized against indecency, and he told how eight states are now coöperating, through teletype; and cited a number of cases where alarms are thus sent out very quickly over a broad area, with telling results. He spoke of finger-printing being very helpful and said that many people who are not criminals are having this done.

He asked us to keep on being law-abiding citizens, and to coöperate in every way possible to help in law enforcement.

The Chairman of Press and Publicity again asks that you please send your reports for the Journal not later than the 17th of the month, in duplicate, and typewritten on only one side of the sheet.

Atlantic County

Reported by Mrs. Samuel L. Salasin

The *Woman's Auxiliary to the Atlantic County Medical Society* held its monthly meeting at the Ambassador Hotel, January 10th, 1936.

Mrs. Carl Surran presided at the meeting. The three projects brought out by Mrs. Surran were: The Auxiliary Bridge Party to be held at the Madison Hotel Wednesday, January 29th, at 2 p. m. Mrs. Hilton Read is chairman of the affair. The Reciprocity Tea to be given at the Crillon Hotel Tuesday, February 18th, a joint affair with the Atlantic City Woman's Club, Mrs. James Farrel, President. March 27th, Public Relations Dinner at the Madison Hotel. Mrs. George Stamps and Mrs. E. G. Shreve are co-chairmen.

The Musical Program, with trio vocal selections by Mrs. A. H. Skean. Miss Dorothy Turner, Miss Helen Kennedy, accompanied by Mrs. Alfred Westney. Their selections, "In Love's Garden", "Night Song", "Drink to Me Only with Thine Eyes".

ADDRESS ON MIRACLES

Dr. Henry Merle Mellon, minister of the First Presbyterian Church, was the invited speaker of the evening. His subject was "Realms of Modern Miracles".

In the year 1910 we observed Halley's comet. From his calculations, he tells us that it revolves around the sun in a period of about seventy-five years. Astronomers, following Sir Isaac Newton's and Halley's calculations, determine the characteristics of its motions and know that in the obedience to the law of gravitation it will return in the year 1985. These two men wondered about this comet years before and it really appears on the very night of prophecy each time. Dr. Mellon mentioned that it was a firm belief from his astronomical study that the star of Bethlehem was really an early appearance of Halley's comet.

The next realm was the discovery of a language. Professor James Henry Brested, Egyptian historian, with his interpretation of Egyptian hieroglyphics from the Rosetta Stone, discovered in a midst of a military.

Champolion and Dr. Allan Gardner were also two great men of this time.

Miracles in the realm of music: Ludwig von Beethoven, a strange, uncouth man, one of the greatest geniuses, began early writing music. Haydn discovered him as a genius at eighteen years of age. At an early age he became deaf. He performed his greatest creations after becoming deaf and never heard his own music.

ADDRESS ON PASTEUR

Louis Pasteur wondered why milk and beer soured, and discovered that germs in milk or in air caused the souring. He concluded that it was air, and from that time we have had pasteurized milk. He discovered germ inoculation, saved the

silk industry, stopped hydrophobia, and found its virus in nerve centers.

ADDRESS ON CHINA

A very interesting talk was given by one of our members, Mrs. Daniel C. Reyner, whose husband is a surgeon on the American fleet. Her subject was "China". She and Dr. Reyner were trapped for seven weeks in a civil war on their way up the Yangtze River. She related many experiences and gave descriptions of life in China. "If a Chinaman falls in a river," she said, "he is never fished out as it is believed that the river god wants him there. The Chinese do the same thing year after year. If a house is washed away, they build another one on the same site. Every summer the Chinese soldiers have civil war. In the winter they become bandits. Both sides wear the same uniform and do not fight at night or in the rain.

"We met a missionary who found us a place to live. He had a hospital but could not find patients, because the Chinese have doctors to keep them from getting sick.

"Chinamen do not like to mingle with foreigners, especially white women. However, we met one friendly mandarin who was attracted to a grotesque hand-knitted dress I wore. I had sent a Chinese boy for the wool and he had brought back yarns in many vivid colors. The mandarin was one of the richest men in China and gave us a luncheon at which everyone was served from one main dish in the center of the table. To show our appreciation, we invited him to tea and he came with a delegation of about fifty persons in coolie chairs. We had to serve them in relays as we had only a dozen cups and saucers."

Among those attending the meeting were: Mrs. Carl A. Surran, Mrs. E. H. Harvey, Mrs. Charles D. Sinkinson Jr., Mrs. Alex H. Cohen, Mrs. Baxter Timberlake, Mrs. Daniel C. Reyner, Mrs. John Irvin, Mrs. E. G. Shreve, Mrs. James MacFarland, Miss Eleanor MacFarland, Mrs. David B. Allman, Mrs. I. Y. R. Beir, Mrs. Robert Bradley, Mrs. W. Blair Stewart, Mrs. Bernard Crane, Mrs. Percy Clark Joy, Mrs. Lawrence Wilson, Mrs. Robert A. Bradley, Mrs. Morton Major, Mrs. Myrtle Frank, Mrs. Yvonne Frank, Mrs. James Mason 3rd, Mrs. Ward Scanlan, Mrs. Ruffin M. Stamps, Mrs. Andrew Smith, Mrs. Charles Hyman, Mrs. Elinor Hess, Mrs. Raymond Williams, Mrs. Robert Grier, Mrs. Harry Hoffman, Mrs. Samuel Goldstein, Mrs. Samuel L. Salasin, Mrs. M. Browne Holoman, Mrs. Levi Walker and Mrs. Alfred Westney.

Bergen County

Reported by Mrs. Mark E. Branon, Publicity Chairman

The December meeting of the *Woman's Auxiliary to the Bergen County Medical Society* was held at the Hans Christian Andersen Tea Room, Teaneck, on Tuesday afternoon, December 10. A delicious luncheon was enjoyed, after which a short business session was held, at which Mrs. Alvah Bickner, President, presided.

On January 14, 1936, the Woman's Auxiliary met at the Nurses' Home of Hackensack Hospital. The program of the evening consisted of an address by Dr. S. T. Snedecor, who chose as his topic, "The Doctor's Wife". Throughout an interesting survey of medical history and a discussion of present-day problems and legislative proposals, Dr. Snedecor showed the way by which the Woman's Auxiliary can be a definite and valuable help in furthering the aims of the Medical Society.

Following the address, Mrs. A. W. Bickner presided at the business session. Plans are now being formulated for a card party and social evening, receipts from which, we trust, shall increase our philanthropic fund.

Essex County

Reported by Mrs. Herman C. H. Herold

The *Woman's Auxiliary to the Essex County Medical Society* held a "Health Institute Day" on Tuesday, January 14, 1936, at the Academy of Medicine in Newark.

At the morning session, which began at 11:30, Dr. Edward C. Klein, Public Health Chairman of the Essex County Medical Society, gave a splendid and interesting talk on "Periodic Health Examinations", stressing both their importance and effectiveness and showing what was accomplished by them.

The afternoon session was given over entirely to a discussion of food essentials and nutrition. "Diet in Health" was the title of the talk given by Dr. Mary Swartz Rose, of Teachers College, New York, who has just returned from the Geneva Conference.

"In thinking of nutrition," Dr. Rose said, "we must be able to adapt ourselves to conditions and so use food as a tool to forward our best interests."

She illustrated the importance of food by describing two African tribes which lived side by side, with the same start and under the same conditions of climate and surroundings, but which had different food habits. The food of one tribe consisted not only of the vegetable products of the region, but of milk, meat, and the blood of animals. The other tribe used only the grains, reserving their animals as a source of income. Apparently the grains of that section did not have sufficient food value, for not only were the adults of the first tribe taller, broader, and stronger than those of the second, but the children showed a remarkable difference in development even when fed with certain swamp plants and salt earth, which was part of their ordered diet.

"The modern child," Dr. Rose continued, "has a better chance than ever before, and probably will live a longer time. In 1734, in London, three-fourths of the children died before reaching five years of age; now, less than seven-tenths of one per cent die before that age. To get the durable satisfaction of life, vigorous health is the greatest contributing influence."

Dr. Rose then went on to explain how we have

gained a perspective as to how foods work, through our experiments with the albino rat.

She mentioned also that children should be taught good diet habits before they were ten years old; and told us that, at the League of Nations Conference, the delegates decided that in preparing a nutritional program for the nations to consider, they should first formulate a program for the mothers; because children do not eat by instinct, but must be trained to eat the foods which are best for them.

Dr. Rose then described the analysis of foods which are necessary for understanding food values, explaining in detail the various food elements procured from milk, and describing it as the best of foods because it contains nine of the eleven essentials of food. Milk is one of our best sources of calcium, although cheese is very good.

Vitamins A and D, which we get in cod, halibut or salmon liver oil, are other important food values.

In conclusion, Dr. Rose advised that inasmuch as economic advantages of a good diet were of paramount importance today, we should realize that sugar is an unessential food and useful only for flavoring; and that, therefore, the less of it used, the better for us all. Bread, too, is one of our chief foods, but she showed how little real value we get from white bread.

As food essentials to be used daily, she suggested a liberal supply of milk for its calcium and other important elements; whole wheat bread, for vitamin B; orange or tomato juice, for vitamin C; cod-liver oil, for vitamin D; and also green vegetables, liver, or eggs for other vitamins and food essentials.

Miss Harriet Stone, supervisor of the Nutrition Department of the Newark Board of Education, lead a forum discussion of Dr. Rose's paper.

The chairmen for this institute were: Mrs. H. A. Schacter, Chairman for Public Relations, and Mrs. Joseph Shwirskey, Chairman for Public Health.

Hudson County

Reported by Mrs. Joseph Murray

The *Woman's Auxiliary to the Hudson County Medical Society* held its regular monthly meeting on Monday, January 6th, at 2 p. m. at the Y. W. C. A. in Jersey City, the President, Mrs. A. E. Jaffin, presiding.

Eleven new members and nine guests were given a hearty welcome.

Mrs. Louis Dodson, Chairman of Entertainment, reported on a dessert bridge to be held at the Y. W. C. A. in Jersey City on Wednesday, January 22nd, at 1 p. m. Tickets are \$1.00 and members are urged to attend and bring guests.

The program for the day was a book review by Miss Mary G. Peters, Bayonne librarian. She selected "North to the Orient", by Anne Morrow Lindbergh, for her talk. Miss Peters stressed the romance and the magic of the story and gave her audience an interesting half hour.

The new members were presented with red roses as a token of their initiation, and tea was served by Mrs. William Mulverhill and a group of hostesses. A social hour followed, allowing the old mem-

bers and the new members to become better acquainted.

The new members are as follows: Mrs. James L. Hollywood, Mrs. Benjamin J. Macchia, Mrs. G. Irving Levine, Mrs. Henry T. VonDeeston, Mrs. Louis Franklin, Mrs. T. J. Schück, Mrs. William C. Stuart, Mrs. Perry O. Hall, Mrs. Joseph Koppel, Mrs. Robert M. Bitton and Mrs. Joseph H. Cowan.

With the notices of the meeting, the members received the first copies of the monthly newspaper of the Auxiliary, "Entre Nous", Mrs. Louis Perkel, Editor.

Middlesex County

Reported by Mrs. William H. McCormick

The regular monthly meeting of the *Woman's Auxiliary to the Middlesex County Medical Society* was held on Wednesday evening, December 18th, at the Hotel Woodrow Wilson in New Brunswick.

Following a dinner, at which more than fifty members of the Auxiliary were present, the first annual installation of officers took place, with Mrs. John J. Mann, of Perth Amboy, as President for 1936.

Mrs. B. M. Howley, of New Brunswick, the retiring President, presided over the meeting and introduced the guest speaker, Mrs. Frederick A. Kinch, of Westfield, President of the State Auxiliary. Mrs. Kinch gave an interesting address on the aims and ideals of the County Auxiliaries. Addresses were also given by Mrs. Howley and Mrs. Mann.

The following officers were installed:

President, Mrs. John J. Mann, of Perth Amboy.
First Vice-President, Mrs. H. L. Strandberg, of Carteret.

Second Vice-President, Mrs. Marshall Smith, of New Brunswick.

Treasurer, Mrs. R. J. Faulkingham, of New Brunswick.

Recording Secretary, Mrs. William Stein, of New Brunswick.

Corresponding Secretary, Mrs. George Hilker, of Perth Amboy.

After the meeting the members were entertained with music and a playlet, written and presented by several of the members.

Warren County

Reported by Mrs. Herman Baldauf

The wives of the physicians of Warren County met on January 21, 1936, at the Elks' Club in Phillipsburg, and organized a *Woman's Auxiliary to the Warren County Medical Society*. The following officers were elected:

President, Mrs. W. H. Varney, Washington.

Vice-President, Mrs. James Weres, Alpha.

Secretary, Mrs. Herman Baldauf, Belvidere.

Assistant Secretary, Mrs. George Michell, Hackensack.

Treasurer, Mrs. F. A. Shimer, Phillipsburg.

It was decided to meet the third Tuesday of each month. The next meeting will be held on February 18 at the home of Mrs. Herman Baldauf, Belvidere.

The Philadelphia County Medical Society

announces a

POST GRADUATE INSTITUTE

to be held at the

Bellevue-Stratford Hotel in

PHILADELPHIA

April 20th to 24th, 1936

A program of great interest to the members of the profession particularly those in general practice has been prepared.

The lecturers have been selected from the foremost teachers in this great medical center

For further information address

POST GRADUATE INSTITUTE

PHILADELPHIA COUNTY MEDICAL SOCIETY

21st and Spruce Streets, Philadelphia, Pa.

AUTOMOBILE PROTECTION

With your car insured under the State Medical Society's
endorsed policy you receive

*Unquestioned Company
Financial Strength*

Sound Future Protection

*Unequalled Service and
Prompt Loss Settlement*

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized
agent on automobile insurance for the State Medical So-
ciety will furnish you with full details.

Way Underwriting Agency

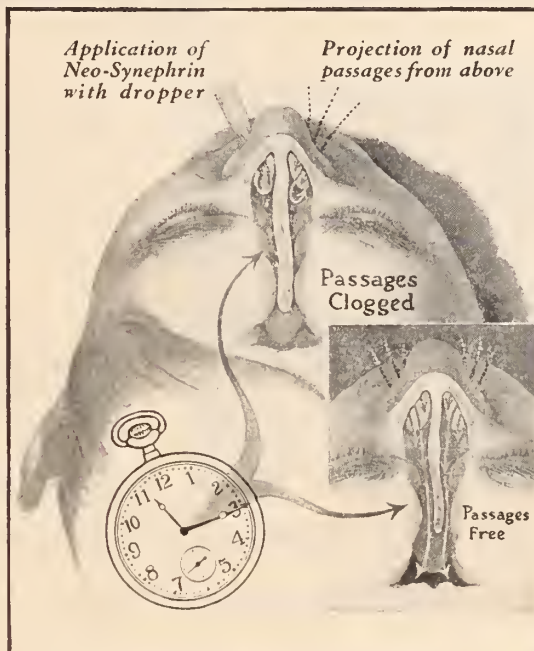
INCORPORATED

605 BROAD STREET
NEWARK, NEW JERSEY

Telephone Mitchell 2-0613

NASAL CONGESTION

FREER BREATHING



NEO-SYNEPHRIN HYDROCHLORIDE

(levo-meta-methylaminoethanolphenol hydrochloride)

By exerting a prolonged, non-irritant vasoconstrictive action, Neo-Synephrin Hydrochloride helps to relieve nasal congestion in colds, sinusitis, rhinitis . . . Neo-Synephrin relieves the discomforting, "stuffed up" feeling, permits freer breathing.

NOTE THESE OUTSTANDING ADVANTAGES

Active on repeated application.
More sustained action than epinephrine.
Less toxic in therapeutic doses than epinephrine or ephedrine.
No sting at point of application.

SUPPLIED IN THESE CONVENIENT DOSAGE FORMS

<i>Solution</i>	<i>Emulsion</i>	<i>Jelly</i>
$\frac{1}{4}\%$ and 1%	$\frac{1}{4}\%$	$\frac{1}{2}\%$ —IN COLLAPSIBLE TUBES
1 OZ. BOTTLES	1 OZ. BOTTLES	with nasal applicator

FREDERICK STEARNS & COMPANY

DETROIT NEW YORK KANSAS CITY SAN FRANCISCO
WINDSOR, CANADA SYDNEY, AUSTRALIA

ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.

Dependable Gland Products

2-24 Mt. Pleasant Ave.

Newark, New Jersey

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry
of the American Medical Association (N.N.R.)

ANTISEPTIC

AN AID FOR THE PREVENTION OF
RINGWORM INFECTION

For irrigating, swabbing and dressing infected
cases wherever an antiseptic
is needed

For Hand and Skin Sterilization

*To Make a Dakin's Solution of Correct
Hypochlorite Strength and Alkalinity*

**NON-POISONOUS
NON-IRRITATING**

Write for Literature

BETHLEHEM LABORATORIES

Incorporated

300 Century Building
PITTSBURGH, PENNA.

Behind MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)



is a background of

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of
each lot produced

Extensive clinical application

Thirteen years' acceptance by the
Council of Pharmacy and Chem-
istry of the American Medical
Association



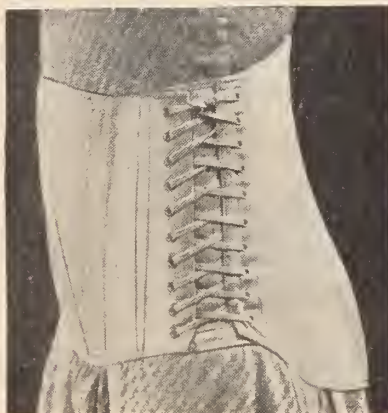
A booklet summarizing the impor-
tant reports on Mercurochrome and
describing its various uses will be
sent to physicians on request.

Hynson, Westcott & Dunning, Inc.

BALTIMORE, MARYLAND

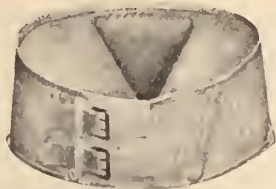
Supporting Belts

- . obesity
- . pre-natal
- . sacro-iliac
- . post-natal
- . floating kidney
- . dropped stomach



MODERN and scientifically designed, Pomeroy supporting belts furnish a maximum of corrective help and comfort, while permitting the greatest freedom of action.

Sacro-iliac Belts



AFFORD pelvic support and relief of sacro-iliac strain.

Laparotomy Belts

24-hour Service

INTENDED for the patient prior to discharge from the hospital and for temporary use thereafter.

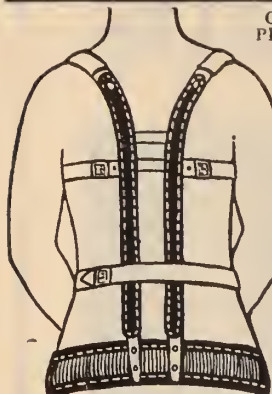
POMEROY

Surgical Appliances

901 Broad Street, Newark, N. J.

New York • Bronx • Brooklyn • Detroit • Boston • Springfield • Wilkes-Barre

OTHERS ASK UP TO \$50.00

TAYLOR SPINAL BRACEOUR PRICE **\$18.00**

A well padded surgical steel spinal support furnished with apron and perineal straps.

Made to order in 24 hours

Take measurements around iliac crest, umbilicus, distance from sacro lumbar articulation to 7th cervical vertebra prominence.

OTHERS ASK UP TO \$10.00

THIS HIGH GRADE

SACRO-ILIAC BELTOUR PRICE **\$3.50**

Beautifully made of six inch orthopedic webbing, well reinforced, supplied with perineal straps.

Take measurements around the hips three inches below the iliac crest.

WE ALSO MAKE—

Abdominal Belts, \$3.50 — for hernia, obesity, maternity, ptosis, post-operative.

Hood Truss ----- \$ 4.00

Thomas Leg Splints 4.00

Ambulatory Splint... 15.00

Cervical Neck Brace 20.00

**F. A. RITTER CO.**

310 Woodward Ave., Detroit, Mich.

Have
You Re-
ceived Our
New Catalog?

**ORTHOPEDIC
SHOES**

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY

Medical Service Co.

INCORPORATED

370 WEST MARKET STREET
NEWARK, N. J.

Physicians'
And Surgical
Equipment
And Supplies

Rentals of:
Oxygen Tents
Hospital Beds
Wheel Chairs
Diathermy Apts.
Etc.

WE SOLICIT YOUR
KIND PATRONAGE

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
EAST ORANGE, N. J.	Mosler, Thomas A., Ph. G., 144 Harrison St.	ORange 5-7430
SO. ORANGE, N. J.	Taft's Pharmacy, 2 So. Orange Ave.	S. O. 2-0063
NEWARK, N. J.	Liss, Michael, 794 Mt. Prospect Ave.	HU. 3-4794

PRINTERS SINCE 1908

Specializing in

CATALOGUES STATIONERY
COMMERCIAL FORMS BOOKLETS

MEDICAL SOCIETY BULLETINS

ENGRAVED PROFESSIONAL STATIONERY
MODERATELY PRICED

The Orange Publishing Company

12 SOUTH DAY STREET
ORANGE, N. J.

—Printers to the State Medical Society—

COMPLETE PRINTING SERVICE

MARQUIER'S PHARMACY

THE REXALL STORE

SANFORD and SO. ORANGE AVENUE

Newark, N. J.

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO RENT
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, \$1.00

CASH MUST ACCOMPANY ORDER

Forms Close 26th of the Month

FOR SALE OR RENT

LATE PHYSICIAN'S residence. Four-room office, either or both, furnished or unfurnished. Established 15 years. Parochial school nearby. Catholic physician opportunity. Address Mrs. Massey, 20 South Newport Avenue, Atlantic City.



CONSIDER THIS MATTER OF SUPPORT

MANY physicians agree that there are certain situations in which the muscles and connective tissues are unable to do their work, as for instance—in some cases of pregnancy, visceroptosis, hernia, sacroiliac disturbances, postoperative conditions and the like. When either abdominal or back support is deemed by the physician requisite to a return to physiologic balance . . . and a fabric garment is prescribed for this purpose . . . the great difficulty—it will be admitted—is to secure supports that are scientifically constructed, reasonably priced and properly fitted to the individual. It has been the definite objective of S. H. Camp and Company for over a quarter of a century to manufacture supports with these qualifications.

The attainment of these three desiderata has involved many busy years of research and collaboration with leading surgeons, gynecologists, obstetricians, internists and orthopedists. To heed the stern dictates of eminent physicians for trial and retrial, to adhere to Camp standards of quality of merchandise and workmanship, and at the same time to keep manufacturing costs—and therefore retail price—within reasonable bounds has represented an achievement of no mean proportions.

To insure the proper fitting of supports, to acquaint the profession with Camp models and to keep both physicians and fitters apprised of new garments, it has been necessary to establish the Camp Professional Support Service. With the development of this Service and the excellence of Camp Supports has been won the approval of such organizations as the American Medical Association and the American College of Surgeons.

In the announcements which are to be featured this year, we propose to explain in detail the various phases of the Camp Professional Support Service . . . how each factor in the Service helps to solve this matter of supports—to provide garments scientifically constructed, reasonably priced and properly fitted to the individual.

S. H. CAMP & COMPANY, JACKSON, MICH.

Manufacturers

CHICAGO NEW YORK WINDSOR, CANADA LONDON, ENGLAND



CAMP PROFESSIONAL SUPPORT SERVICE

Accepted by the Council on Physical Therapy
of the American Medical Association

precise ACCURACY
with Portability
and these exclusive features:

- Calibration 260 or 300 mm.
- Size 1½" x 3½" x 11½".
- Weight 30 ounces.
- Inflation system self-contained.
- Cast Duralumin Case.
- Manometer encased in metal.
- Nameplate cast in cover.
- Air-Flo Control.
- Individually calibrated Pyrex glass tube.
- Steel reservoir.
- Unobstructed legible scale.
- Lifetime guarantee against glass breakage.
- Perpetual guarantee for accuracy.
- Price \$29.50.

KOMPAK MODEL
SMALLEST
LIGHTEST
HANDIEST

Lifetime
Baumanometer
STANDARD FOR BLOODPRESSURE

W. A. BAUM CO. Inc. NEW YORK
SINCE 1916 ORIGINATORS AND MAKERS OF
BLOODPRESSURE APPARATUS EXCLUSIVELY



Belle Mead Sanatorium and Farm BELLE MEAD, NEW JERSEY

Long established and licensed. On the approved hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy. With a separate, attractive department for Convalescents and Elderly Persons. Five attractive buildings for thorough classification.* Physicians are invited to visit and cooperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a four hundred acre stock farm at the foot of the Watchung Mountains. Easily accessible by rail, bus and auto. Scientific treatment and nursing. Hydrotherapy, electrotherapy, suitable diversion. Occupational therapy. Arts and craft shop. **RATES VERY REASONABLE** for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phone Belle Mead 21. New York City Office, 667 Madison Avenue; hours 3 to 4 Tues., Thurs., Sat. Tel. Regent 4-2160.

Keep your JOURNALS

*where you can
find them. . . .*

Ask your County Secretary about the filing box that will hold The Journals of a whole year.

A box will be sent from the Executive Offices on receipt of the price—thirty cents.



THE MEDICAL SOCIETY OF NEW JERSEY
137 EAST STATE STREET
TRENTON NEW JERSEY

MEDICAL PRACTITIONERS RECOGNIZE US AS
DEPENDABLE OPTICIANS

Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions
MAINTAINING

Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Est. Since

1895

Personal
Supervision
Eugene J.
Anspach

ANSPACH BROS. Prescription Opticians **838 BROAD ST., NEWARK**

556 Main St., East Orange, N. J.

382 Springfield Ave., Summit, N. J.

626 Cookman Ave., Asbury Park, N. J.

MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

1920

Careful Compounding of the Eye Physician's
Prescription for Perfect Glasses



Guildcraft Opticians

At the Centre
Tel. Montclair 2-6128

Member of the Guild of Prescription
Opticians of America

1936

**Eye Physicians Prescriptions
Exclusively**

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

**Member of the Guild of Prescription
Opticians of America**

FIREMEN'S PHARMACY

DEPENDABLE
PRESCRIPTION
SERVICE

NEW JERSEY
FORMULARY
PREPARATIONS

BIOLOGICALS

**BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY**

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

**Personal and Dependable Service, Day and Night. Special Attention Given
to Hospital Calls, Train and Express Shipments**

PLACE	NAME AND ADDRESS	TELEPHONE
NEWARK, N. J.....	Smith and Smith, 160 Clinton Ave.....	Bigelow 3-2123
NEWARK, N. J.....	John H. Broemel, 347 Lafayette St.....	Market 2-5034-5024
ELIZABETH, N. J....	Aug. F. Schmidt & Son, 139 Westfield Ave.....	Elizabeth 2-2268
ORANGE, N. J.....	Weatherhead Funeral Home, 126 Main St.....	ORange 3-5278-9

BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY

**"Interpines"**

GOSHEN, N. Y.

Phone 117

**Ethical - Reliable - Scientific****Disorders of the Nervous System****BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET**

Frederick W. Seward, M.D., Director

Frederick T. Seward, M.D., Res. Physician

Clarence A. Potter, M.D., Res. Physician

CHARLES B. TOWNS HOSPITAL

293 Central Park West

New York, N. Y.

**For ALCOHOLISM and
DRUG ADDICTION**

This institution has specialized in addictions for over 30 years. Its method of treatment has been fully described in THE JOURNAL A. M. A.; in The Handbook of Therapy, from the A. M. A. Press; and in other scientific literature. The treatment is a regular hospital procedure, and provides a definite means for eliminating the toxic products of alcohol and drugs from the tissues. A complete

**ANY
PHYSICIAN**
having an addict problem is invited to write for Hospital literature.

Department of Physical Therapy, with gymnasium and other facilities for physical rebuilding, is maintained. Operated as an "open" institution. Physicians are not only invited but urged to accompany and stay with their patients.



Located Directly
Across from Central Park

Mountain View Rest Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651—1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism. Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike



APPROACH



VIEW OF THE GROUNDS

sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.

BOOKLET AND TERMS ON REQUEST

Visiting Resident Physician

DR. GEO. DAVIES

15 Fairview Avenue

Verona, N. J.

AURORA INSTITUTE A RESORT FOR HEALTH

Morristown, New Jersey

Telephone: 4-3260

COMPLETELY equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroid, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. NO CONTAGIOUS OR MENTAL CASES.

Write for further information

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

ADOLPH WEIZENHOFFER, M.D., Assoc.

WILLIAM S. COLLENS, M.D., Director of Metabolism

FAIR OAKS

SUMMIT N. J.

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous dis-

eases, exhaustion states and cases requiring rest, hygienic, dietetic and occupational therapy. Insane and tubercular cases are not accepted.

Telephone 6-0143

DR. T. P. PROUT
Summit, N. J.

do you treat **CANCER?**

THE RADIUM EMANATION CORPORATION

MAINTAINS the most efficiently organized Radium laboratory to make available to you, at low cost, every facility for the use of Radium in your practice.

RADON SEEDS. Removable or permanent. We provide seeds of the composite type, with Radon under leak-proof glass seal. Filtration 0.3 mm. of Platinum.

APPLICATORS. Uterine tubes, cervical applicators, surface plaques properly prepared to meet the requirements of each individual case.

OUR SERVICE is available to you day and night including Sundays and holidays. Your inquiries and orders will receive our prompt and careful attention.

THE RADIUM EMANATION CORPORATION

GRAYBAR BLDG.

Tel: MOhawk 4-6455

NEW YORK, N. Y.

The NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

Obstetrics and Gynecology

A full time course. In Obstetrics: Lectures; prenatal clinics; witnessing normal and operative deliveries; operative obstetrics (manikin). In Gynecology: Lectures; touch clinics; witnessing operations; examination of patients pre-operatively; follow-up in wards post-operatively. Obstetrical and Gynecological pathology; regional anesthesia (cadaver). Attendance at conferences in Obstetric and Gynecology. Operative Gynecology on the Cadaver.

For the GENERAL SURGEON

A combined surgical course comprising General Surgery, Traumatic Surgery, Abdominal Surgery, Gastro-Enterology, Proctology, Gynecological Surgery, Urological Surgery, Thoracic Surgery, Pathology, Roentgenology, Physical Therapy, Operative Surgery and Operative Gynecology on the Cadaver.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City



**DON'T JUDGE THE
RANGE OF THIS
OFFICE-PORTABLE
X-RAY UNIT BY
ITS SIZE**

BECAUSE the G-E Model "F" Office-Portable X-Ray Unit seems to you so extremely small in size, and its low price places it easily within your means, don't make the mistake of overlooking its practical diagnostic range and ability to produce radiographs of fine quality.

The principle of *complete* oil-immersion of both the high-voltage transformer and the x-ray tube in a single, sealed container accounts for this unusual compactness and high efficiency. Moreover, it makes the outfit absolutely shock proof under all operating conditions.

If you have not yet taken the opportunity to see a practical working demonstration of the Model "F" in your own office, you cannot fully appreciate its possible advantages in your practice.

Fill out and mail this coupon requesting a demonstration. You need not feel obligated in so doing.

- ☐ Please arrange for an office demonstration of Model "F" Office-Portable X-Ray Unit.
- ☐ Send literature describing the Model "F" Unit. A52

Dr.

Address.....

City..... State



In the office or in the patient's home, this unit is practical, convenient and efficient.



GENERAL ELECTRIC X-RAY CORPORATION

2012 JACKSON BOULEVARD

CHICAGO, ILLINOIS

As Time Rolls 'Round . . .

more and more physicians find Calcreose a safe and dependable aid in their treatment of chronic and persistent coughs.

Are you familiar with these two forms?

TABLET CALCREOSE 4 GRAINS—Each tablet equivalent to two minims of pure creosote combined with calcium oxide.

COMPOUND SYRUP CALCREOSE—An expectorant cough syrup that tastes good, is effective and does not nauseate.

Each fluid ounce represents.

Calcreose Solution (N.N.R.) . . . 160 Minims
Alcohol 24 Minims
Chloroform (approximately) . . . 3 Minims
Wild Cherry Bark 20 Grains
Aromatics and Syrup q. s.

*You are welcome
to a clinical trial supply.
Write us today*

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY

The Medical Profession Can Rely Upon Us to Render ACCURATE OPTICAL SERVICE

No Glasses Are Supplied Except on Prescription—

WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is the oldest optical house in New Jersey, having been established in 1892. Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

*J. C. Reiss
Optician*

Hill Street

Is on the West side of
Broad St.

Opposite City Hall
Where parking is possible.

Member of the Guild of Prescription Opticians of America

THE JOURNAL

OF THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330

VOL. XXXIII, No. 3

MARCH, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 127-186

EDITORIALS—

Page

PROMPTNESS IN COUNTY SOCIETY MEETINGS	127
NEW JERSEY AND THE AMERICAN MEDICAL ASSOCIATION	128
CALIFORNIA ASKS FOR A. M. A. ACTION	129
MISSING VOLUMES OF THE JOURNAL	129
EXHIBIT ON HISTORICAL MEDICINE	130
SCIENTIFIC EXHIBITS AT THE ANNUAL MEETING	130
WAVES AND TIDES OF MEDICAL PROGRESS	130
THE WEATHER AND MEDICAL SOCIETIES	131
THE 170TH ANNUAL MEETING, AND THE FIRST	131

ORIGINAL ARTICLES—

SURGICAL TREATMENT OF MASSIVE HEMORRHAGE OF PEPTIC ULCER—By Lawrence G. Beisler, M.D., Hillside, N. J.	133
CHRONIC PROSTATITIS—By Herbert M. Ill, M.D., Newark, N. J.	136
PROPHYLAXIS OF COMMUNICABLE DISEASES, No. 1—By Maurice L. Ripps, M.D., Elizabeth, N. J.	139
EARLY DIAGNOSIS IN ABDOMINAL SURGERY—By Eldridge L. Eliason, M.D., Philadelphia, Pa.	143
SIMPLE DIET FOR AMBULATORY DIABETIC PATIENTS—By Benjamin Saslow, M.D., Newark, N. J.	144
FAMILIAL HEMOLYTIC JAUNDICE—By Jerome G. Kaufman, M.D., Newark, N. J.	150
CLINICAL VERSUS X-RAY STUDY IN ACUTE MASTITIS—By Charles W. Barkhorn, M.D., Newark, N. J.	153
THE OPERATIVE TREATMENT OF CONCOMITANT SQUINT—By Algernon B. Reese, M.D., New York, N. Y.	159
SCHULLER-CHRISTIAN'S DISEASE—By Sandor A. Levinsohn, M.D., Paterson, N. J.	163
MATERNAL WELFARE COMMITTEE OF THE STATE OF NEW JERSEY, ARTICLE NO. 3	166

STATE SOCIETY ACTIVITIES—

Unity of Organized Medical Services	167
Testimonial to Dr. and Mrs. Newcomb	168
Sub-Committee on Public Health	168
The Field of Preventive Medicine	169
Immunizations for February	170
Works Progress Administration Complaints	170
Legislative Bulletins	170
Post-Graduate Institute	171
Scientific Exhibit Entry Blank	172
The Society of Surgeons of New Jersey	172

OBITUARIES—

Memorial to Dr. R. M. A. Davis, Salem	173
Dr. Daniel Traverso	173
Dr. William C. Allen	173
Physicians Dying in New Jersey in January	173
Kalman Von Haitinger	180

COUNTY SOCIETY REPORTS—

Atlantic	174
Bergen, Cumberland	175
Essex	176
Irvington Physicians' Association, Gloucester, Hudson	177
Mercer	178
Middlesex	179
Morris, Passaic	180
Somerset	181

WOMAN'S AUXILIARY—

The Newsletter of the A. M. A. Woman's Auxiliary	182
The Art and Hobby Exhibit	182
Art and Hobby Exhibit Entry Blank	184
Atlantic, Camden, Essex, Gloucester	185
Hudson, Middlesex, Somerset, Union	186

Roster of Officers and Committees, Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)

12 South Day Street, Orange, N. J.

Copyright 1936 by
The Medical Society of New Jersey



Entered as second-class matter, Sept. 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

For restlessness and irritability

SOLLMANN (A Manual of Pharmacology, 4th Ed. Saunders, p. 774), discussing the therapeutic uses of dialkyl barbiturates, says they have "a wide variety of applications: To secure sleep, to dull worry and apprehension and to calm nervousness and obtain tranquillity and rest in conditions ranging from 'overwrought nerves' through drug addictions, hyperthyroidism, mania, chorea, and epilepsy; . . . they allay the apprehension and greatly reduce the risk of operation."

Ipral Sodium (sodium ethylisopropylbarbiturate Squibb) is a dialkyl barbiturate which is rapidly and readily absorbed. It produces a sleep closely resembling the normal and usually free from deleterious after-effects. The therapeutic dose of Ipral Sodium is small and since excretion (by the kidneys) is prompt, undesirable cumulative effects may be avoided by proper regulation of the dosage.

Ipral Sodium is supplied in $\frac{3}{4}$ gr. tablets as a sedative, 2 gr. tablets for use as a sedative and hypnotic, and in 4 gr. tablets for pre-anesthetic medication.

Tablets Ipral Amidopyrine (2 gr. Ipral, 2.33 gr. Amidopyrine Squibb) provide both an analgesic and a sedative effect.

Both of these Ipral Products may be obtained in vials of 10 and bottles of 100 and 1000 tablets. For descriptive literature address the Professional Service Department, 745 Fifth Avenue, New York.

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.



IPRAL Sodium

THE MEDICAL SOCIETY OF NEW JERSEY

Offices: 137 East State Street, Trenton, N. J.—Tel. 8330

OFFICERS

<i>President</i> , MARCUS W. NEWCOMB	Brown's Mills	<i>Second Vice-President</i> , WILLIAM G. HERRMAN...	Asbury Park
<i>President-Elect</i> , FRANCIS R. HAUSSLING	Newark	<i>Secretary</i> , J. BENNETT MORRISON	Newark
<i>First Vice-President</i> , SPENCER T. SNEDECOR.....	Hackensack	<i>Treasurer</i> , ELIAS J. MARSH	Paterson

TRUSTEES

FREDERIC J. QUIGLEY, <i>Chairman</i>	Union City	WALT P. CONAWAY (1936), Atlantic City	} Nominated by and elected from Fellows
H. W. NAFEY, <i>Secretary</i> (1938)	New Brunswick	JAMES S. GREEN (1938), Elizabeth	
MARCUS W. NEWCOMB	Brown's Mills	HARRY R. NORTH (1936)	Trenton
FRANCIS R. HAUSSLING	Newark	THOMAS K. LEWIS (1936)	Camden
SPENCER T. SNEDECOR	Hackensack	WELLS P. EAGLETON (1937)	Newark
WILLIAM G. HERRMAN	Asbury Park	HAROLD B. DISBROW (1937)	Lakewood
J. BENNETT MORRISON	Newark	ANDREW F. MCBRIDE (1937)	Paterson
ELIAS J. MARSH	Paterson	BLASE COLE (1938)	Newton
*Deceased.		*R. M. A. DAVIS (1938)	Salem

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....	CHRISTOPHER C. BELING, Newark (1936)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....	W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....	F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....	JAMES A. FISHER, Asbury Park (1936)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....	ALDRICH C. CROWE, Ocean City (1938)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WALT P. CONAWAY, Atlantic City	Term expires 1936
JOHN F. HAGERTY, Newark	" " 1936
BLASE COLE, Newton	" " 1937
E. R. MULFORD, Burlington	" " 1937

Alternate Delegates

LUCIUS F. DONOHUE, Bayonne	Term expires 1936
HILTON S. READ, Atlantic City	" " 1936
S. B. ENGLISH, Glen Gardner	" " 1937
ELMER PETER WEIGEL, Plainfield	" " 1937

STANDING COMMITTEES

Scientific Work

CLARENCE L. ANDREWS, <i>Chm.</i> , Atlantic City	Term expires 1936
LOUIS C. LANGE, Weehawken	" " 1937
ROBERT S. GAMON, Camden	" " 1938

Program and Arrangements

WILLIAM J. CARRINGTON, <i>Chm.</i> , Atl. City	Term expires 1938
D. WARD SCANLAN, Atlantic City	" " 1936
JOHN W. GRAY, Newark	" " 1937
MARCUS W. NEWCOMB, Brown's Mills	Ex-officio
J. BENNETT MORRISON, Newark	Ex-officio

Publication

HENRY C. BARKHORN, <i>Chm.</i> , Newark	Term expires 1936
EDWARD J. ILL, Newark	" " 1937
FRANK J. McLOUGHLIN, Jersey City	" " 1938
MARCUS W. NEWCOMB, Brown's Mills	Ex-officio
J. BENNETT MORRISON, Newark	Ex-officio

Finance and Budget

HARRY R. NORTH, <i>Chm.</i> , Trenton	Term expires 1939
HERSCHEL PETTIT, Ocean City	" " 1936
WELLS P. EAGLETON, Newark	" " 1937
WILLIAM J. SWEENEY, Weehawken	" " 1938
ALFRED STAHL, Newark	" " 1940
JAMES S. GREEN, Elizabeth	" " 1941

Honorary Membership

EPHRAIM R. MULFORD, Burlington	Term expires 1936
FREDERIC J. QUIGLEY, Union City	" " 1937
LANCELOT ELY, Somerville	" " 1938

Hospitals and Medical Education

HARRY H. SATCHWELL, <i>Chm.</i> , Irvington... ..	Term expires 1936
LOUIS A. PYLE, Jersey City	" " 1938
ARCANGELO LIVA, Rutherford	" " 1937
DAVID B. ALLMAN	Atlantic City
RICHARD D. ANDERSON	Burlington
C. COULTER CHARLTON	Atlantic City
CHARLES B. KELLEY	Jersey City
EARL H. SNAVELY	Newark
THOMAS J. SUMMEY	Mt. Holly
H. H. TYNDALL	Weehawken

Medical Defense

CHRISTOPHER C. BELING, <i>Chairman</i>	Newark
E. REISSMAN	Newark
EDGAR A. ILL	Newark
WILLIAM J. ARLITZ	Hoboken
T. S. THOMAS	Morristown

Insurance

FRANK W. PINNEO, <i>Chairman</i>	Newark
BARCLAY S. FUHRMANN	Flemington
EDMUND N. HUFF	Englewood
A. DUNBAR HUTCHINSON	Trenton
CHESTER I. ULMER	Gibbstown
GEORGE T. TRACY	Beverly

Welfare Committee

HILTON S. READ, <i>Chairman</i>	Atlantic City
MARCUS W. NEWCOMB (ex-officio)	Brown's Mills
J. BENNETT MORRISON (ex-officio)	Newark
HUGO ALEXANDER	Hoboken
SAMUEL ALEXANDER	Park Ridge
WILLIAM H. ARESON	Montclair
NORMAN BURRITT	Summit
JOHN C. CLAYTON	Freehold
A. H. COLEMAN	Clinton
W. F. COSTELLO	Dover
FRANK W. CURTIS	Stewartsville
GEORGE F. DANDOIS	Wildwood
FRANK L. FIELD	Far Hills
HOWARD S. FORMAN	Jersey City
J. IRVING FORT	Newark
INGLIS F. FROST	Morristown
DAVID W. GREEN	Salem
D. L. HAGGERTY	Trenton
EUGENE G. HERBENER	Lakewood
FLORENTINE M. HOFFMAN	New Brunswick
ERNEST G. HUMMEL	Camden
ALLEN G. IRELAND	Trenton
I. W. KNIGHT	Pitman
DAVID A. KRAKER	Newark
THOMAS B. LEE	Camden
JULIUS LEVY	Trenton
THOMAS K. LEWIS	Camden
WRIGHT MACMILLAN	Passaic
CHARLES H. MITCHELL	Trenton
WATSON B. MORRIS	Springfield
STANLEY H. NICHOLS	Long Branch
B. S. POLLAK	Secaucus
LOUIS A. PYLE	Jersey City
HARRY L. ROGERS	Riverton
D. WARD SCANLAN	Atlantic City
MILLARD F. SEWALL	Bridgeton
JAMES H. SPENCER, JR.	Newton
S. EMLIN STOKES	Moorestown
THEODORE TEIMER	Newark
CHESTER I. ULMER	Gibbstown
H. ROY VAN NESS	Newark
H. B. WILSON	Hackensack

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Relations

D. WARD SCANLAN, <i>Chairman</i>	Atlantic City
WATSON B. MORRIS	Springfield
S. EMLIN STOKES	Moorestown
FLORENTINE M. HOFFMAN	New Brunswick
WRIGHT MACMILLAN	Passaic

Legislation

B. S. POLLAK, <i>Chairman</i>	Secaucus
SAMUEL ALEXANDER	Park Ridge
WILLIAM H. ARESON	Upper Montclair
CHARLES H. MITCHELL	Trenton
INGLIS F. FROST	Morristown

Public Health

STANLEY NICHOLS, <i>Chairman</i>	Asbury Park
THEODORE TEIMER	Newark
JULIUS LEVY	Trenton
HOWARD S. FORMAN	Jersey City
ALLEN G. IRELAND	Trenton
ERNEST G. HUMMEL	Camden
I. W. KNIGHT	Pitman

Medical Practice

THOMAS K. LEWIS, <i>Chairman</i>	Camden
H. B. WILSON	Hackensack
J. IRVING FORT	Newark
CHESTER I. ULMER	Gibbstown
D. LEO HAGGERTY	Trenton

Workmen's Compensation

DAVID A. KRAKER, <i>Chairman</i>	Newark
WILLIAM H. ARESON	Upper Montclair
H. ROY VAN NESS	Newark
J. IRVING FORT	Newark

To Study Report on the Uniform Medical

Practice Act

SAMUEL ALEXANDER, <i>Chairman</i>	Park Ridge
CHARLES B. KELLEY	Jersey City
HARRY H. SATCHWELL	Irvington
JAMES J. MCGUIRE	Trenton
GEORGE F. DANDOIS	Wildwood
WELLS P. EAGLETON	Newark
FREDERIC J. QUIGLEY	Union City
S. EMLIN STOKES	Moorestown

SPECIAL COMMITTEES

Constitution and By-Laws

CHARLES J. MURN, <i>Chairman</i>	Paterson
I. R. BOOTHBY	Clinton
E. J. CHAPMAN	Jersey City
ROBERT L. MCKIERNAN	New Brunswick
EDWARD W. SPRAGUE	Newark
FREDERICK P. WILBUR (Died Sept. 9, 1935)	Franklin

Committee on the Control of Cancer

HENRY B. ORTON, <i>Chairman</i>	Newark
J. CARLISLE BROWN	Atlantic City
E. E. DOWNS	Woodbury
ROBERT HALBACK	Toms River
GEORGE SOMMER	Trenton
*JOHN W. GRAY	Newark
*EDWARD J. ILL	Newark
*HARRISON S. MARTLAND	Newark
*Advisory members.	

Nursing and Nursing Education

HARRY H. SATCHWELL, <i>Chairman</i>	Irvington
RICHARD D. ANDERSON	Burlington
JOHN F. CONDON	Newark
GEORGE M. KNOWLES	Hackensack

Advisory Committee on Tuberculosis

B. S. POLLAK, <i>Chairman</i>	Secaucus
R. DOUGLAS	Englewood
SAMUEL ENGLISH	Glen Gardner
MARTIN COLLIER	Camden
JOSEPH MORROW	Ridgewood

Advisory Committee on Mental Hygiene

DAN S. RENNER, <i>Chairman</i>	Skillman
MARCUS CURRY	Greystone Park
J. BERKELEY GORDON	Marlboro
MATTHEW MOLITCH	Jamesburg
JAMES S. PLANT	Newark
ROBERT G. STONE	Trenton

Advisory Committee on Pneumoconiosis and Silicosis

CLYDE M. FISH, <i>Chairman</i>	Pleasantville
JAMES H. MASON	Atlantic City
HENRY H. KESSLER	Newark
SAMUEL B. ENGLISH	Glen Gardner
IRVING M. VANDERHOFF	Newark

Advisory Committee to the Woman's Auxiliary

EDWARD W. SPRAGUE, <i>Chairman</i>	Newark
B. FRANKLIN BUZBY	Camden
WILLIAM K. CAMPBELL	Long Branch

Medical Bills Committee

DAVID A. KRAKER, <i>Chairman</i>	Newark
HOMER I. SILVERS	Ventnor
SAMUEL SICA	Trenton
LOUIS A. PYLE	Jersey City
B. FRANKLIN BUZBY	Camden

State Medical Advisory Committee to E. R. A.

*E. ZEH HAWKES, <i>Chairman</i>	Newark
*CHRISTOPHER C. BELING	Newark
*GEORGE W. FITHIAN	Perth Amboy
*CHARLES H. SCHLICHTER	Elizabeth
*BYRON G. SHERMAN	Morristown
ALDRICH C. CROWE	Ocean City
JAMES A. FISHER	Asbury Park
WILLIAM J. SWEENEY	Weehawken
FRANK G. SCAMMELL	Trenton
MARCUS W. NEWCOMB (ex-officio)	Brown's Mills
ALSO THE CHAIRMEN OF THE COUNTY E. R. A. COMMITTEES	
*Executive Committee.	

Committee on Scientific Exhibits

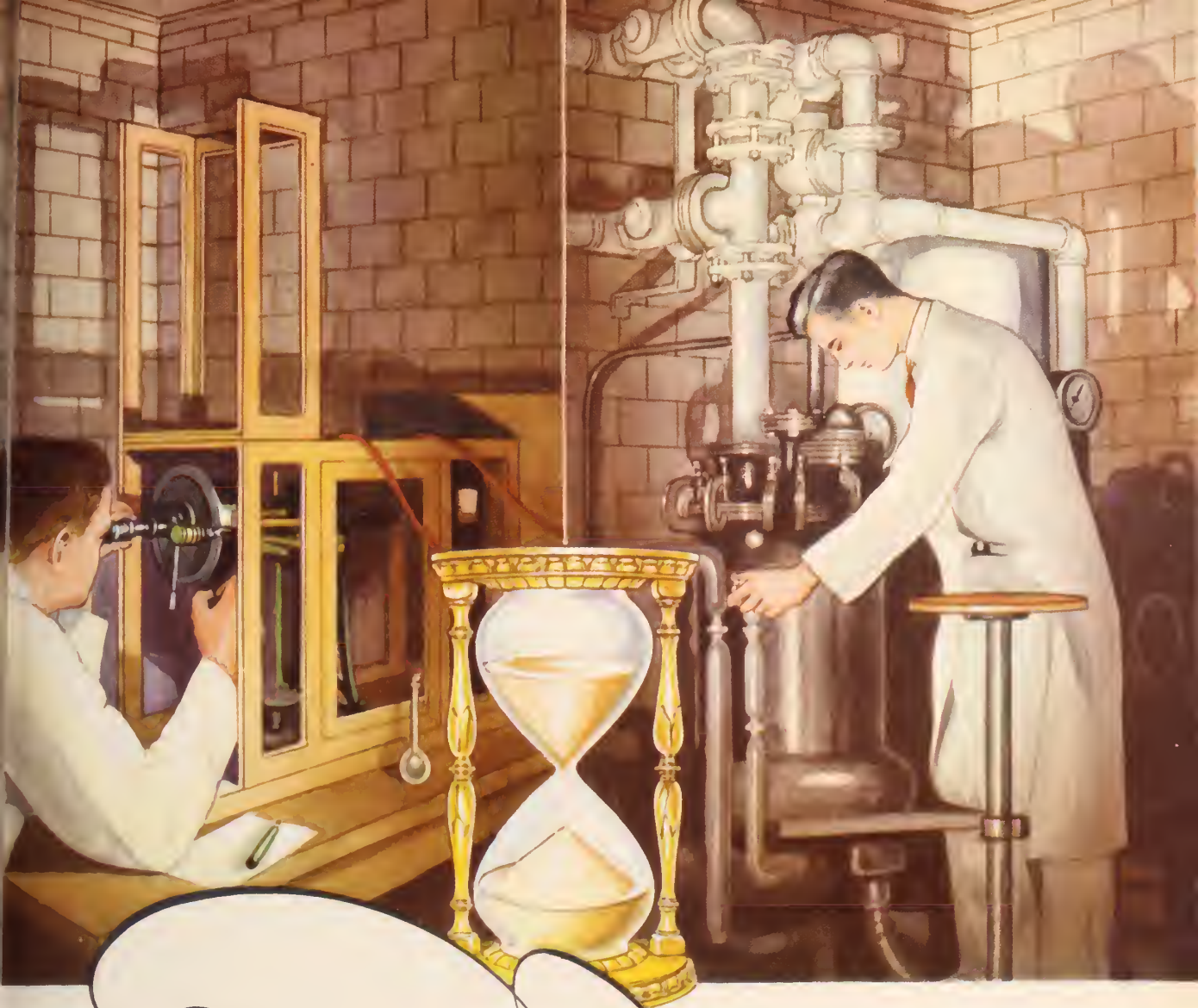
ASHER YAGUDA, <i>Chairman</i>	Newark
ELWOOD E. DOWNS	Woodbury
JOHN W. GRAY	Newark
ROBERT A. KILDUFFE	Ventnor
WILLIAM J. MARQUIS	Newark
HARRISON S. MARTLAND	Newark

Maternal Welfare

ARTHUR W. BINGHAM, <i>Chairman</i>	East Orange
MARY BACON	Bridgeton
J. CARLISLE BROWN	Atlantic City
P. DUBOIS BUNTING	Elizabeth
SAMUEL A. COSGROVE	Jersey City
ALBERT B. DAVIS	Camden
F. D. FAHRENBRUCH	Mt. Holly
CL. ILL	Newark
R. A. MACKENZIE	Asbury Park
WALTER B. MOUNT	Montclair
T. F. THOMPSON	Lakewood

Care of Crippled Children

ELMER P. WEIGEL, <i>Chairman</i>	Plainfield
B. FRANKLIN BUZBY	Camden
HENRY H. KESSLER	Newark
F. G. DILGER	Hackensack
THOMAS K. LEWIS	Camden



Time and Chance

Time and chance play an important role in discovery and invention. In the medical field, however, these factors can often be reduced by co-ordinating the work of physicians, chemists, biologists, and pharmacologists provided with suitable laboratory facilities. » » In the development of promising medical discoveries, the Lilly Research Laboratories and the associated large-scale production laboratories of Eli Lilly and Company provide investigators with the best known means for reducing time and eliminating chance.



Makers of
Medicinal Products
Since 1876

Eli Lilly and Company

INDIANAPOLIS, INDIANA, U. S. A.

THE WILL TO ACHIEVE • THE FACILITIES TO PRODUCE



Grinding Dehydrated Liver

Concentrated THERAPEUTIC POTENCY

Clinical effects exerted on known cases of pernicious anemia by twelve Pulvules Extralin — liver-stomach concentrate, Lilly — containing a total of approximately 6 Gm. of substance, lie within the range of those induced by the administration of from 200 to 275 Gm. of fresh, raw liver. » » Pulvules Extralin, therefore, represent a concentrated therapeutic potency of forty times their weight of fresh liver. They are tasteless, easy to carry. They provide adequate dosage and the full therapeutic activity of raw liver without its limitations.



Eli Lilly and Company

INDIANAPOLIS, INDIANA, U.S.A.

THE WILL TO ACHIEVE • THE FACILITIES TO PRODUCE

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

C. COULTER CHARLTON, *Chairman*Atlantic City
H. L. HARLEY, *Secretary*Atlantic City

Pediatrics

F. I. KRAUSS, *Chairman*Chatham
CHESTER R. BROWN, *Secretary*Arlington

Radiology

WILLIAM G. HERRMAN, *Chairman*Asbury Park
P. S. AVERY, *Secretary*New Brunswick

Gastro-Enterology

SIGURD W. JOHNSEN, *Chairman*Passaic
LOUIS L. PERKEL, *Secretary*Jersey City

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

ARTHUR W. BELTING, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	Carlisle J. Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	David Corn, Ridgefield Park.....	George M. Knowles, Hackensack..	Charles Littwin, Englewood
BURLINGTON ..	J. Howard Hornberger, Roebling..	George T. Tracy, Beverly	Parry M. Scott, Beverly
CAMDEN	Thomas K. Lewis, Camden	R. S. Gamon, Camden	William T. Read, Jr., Camden
CAPE MAY	John B. Townsend, Ocean City....	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND ..	Burton H. Walker, Vineland.....	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	A. Charles Zehnder, Newark	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER ..	*E. R. Ristine, Westville	Ralph K. Hollinshed, Westville...	Henry B. Diverty, Woodbury
HUDSON	Traugott J. Schuck, Hoboken.....	Thomas McG. Brennock, Jer. City	John N. Connell, Jersey City
HUNTERDON ..	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner ...	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX ..	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH ..	Warren K. Fairbanks, Freehold..	Dan'l F. Featherston, Asbury Park	James P. Pregnall, Asbury Park
MORRIS	William F. Costello, Dover.....	Attilio Galasso, Morristown.....	Marcus A. Curry, Greystone P'k
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Norman M. Dingman, Paterson...	Wayne W. Hall, Paterson	Sigurd W. Johnsen, Passaic
SALEM	C. L. Fleming, Pennsgrove	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	R. F. Hegeman, Somerville	A. F. W. Sferra, Bound Brook...	J. L. Young, Somerville
SUSSEX	F. J. Scott, Franklin	L. S. Voorhees, Newton	Frederick H. Morrison, Newton
UNION	Thomas J. Walsh, Elizabeth.....	Lorrimer B. Armstrong, Westfield.	Russell A. Shirrefs, Elizabeth
WARREN	William Varney, Washington	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.

* Resigned, Dr. M. F. Lummis, Pitman, Acting President, to fill unexpired term.

Laboratory Control HAS ALWAYS SAFEGUARDED Abbotts Ice Cream

At each farm—at our country creameries—at our Manufacturing plant—rigid laboratory control at every stage assures the uniform purity of Abbotts Ice Cream.

ABBOTTS

YOU CAN RECOMMEND IT
WITH CONFIDENCE

the **STANDARD** of Fine Quality in **ICE CREAM**

ABBOTTS DAIRIES, Inc.—Phila., Newark, Trenton Camden, South Jersey, Seashore, Elkton, Allentown, Reading

Kalak

TRADE MARK REG. U.S. PAT. OFF.

CARBONATED ALKALINE WATER

NOT A LAXATIVE
UNIFORM STRENGTH—PURITY

KALAK WATER CO. OF NEW YORK, INC.

6 Church Street

New York City

Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

for twenty years

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....

ALPHABETIC LIST OF ADVERTISERS

Abbotts Dairies, Inc.	V
American Can Company	XIII
Aurora Institute	XXIV
Anspach Bros.	XXIII
Bancroft School	XXV
Baum, W. A., Co., Inc.	VII
Belle Mead Sanatorium and Farm	XX
Bethlehem Laboratories, Inc.	XXII
Carnrick, G. W.	IX
Classified Advertisements	XX
Corn Products Refining Co.	XIV
Deuchler, H. C.	XXIII
Fairchild Bros. & Foster	IX
Fair Oaks Sanatorium	XXIV
Firemen's Pharmacy	XXII
General Electric X-Ray Corp.	XXVI
Hynson, Westcott & Dunning	XXII
Interpines	XXV
Kalak Water Co., Inc.	V
Larsen Company, The	VII
Lederle Laboratories, Inc.	XV
Lilly, Eli, and Company	XVI (insert)
Maltbie Chemical Company, The	XXVIII
Marquier's Pharmacy	XX
Marshall, R. E.	XXIII
Mead, Johnson & Company	X
Medical Service Company	XVIII
Merek & Co.	XXVII
Mountain View Rest	XXIV
Murdoch, Inc., J. T.	XVIII
N. Y. Polyclinic Med. School & Hosp., The	XXIV
Orange Publishing Co.	VII
Parke, Davis & Co.	XIX
Petrolagar	Insert
Philadelphia County Medical Society	XII
Pomeroy Company	XIX
Prescription Pharmacists of N. J.	XVIII
Reiss, J. C.	XXVIII
Representative Funeral Directors of N. J.	XXII
Ritter, F. A., Co.	XVIII
Smith, Kline & French	VIII
Squibb, E. R.	II
Storm, Dr. K. L.	XX
Towns, Charles B., Hospital	XXV
United States Fidelity & Guaranty Co.	VI
Walker-Gordon Laboratory Company	XI
Way Underwriting Agency, Inc., The	XVII

Important to Your Babies!



Larsen "Freshlike" Strained Vegetables are first quality garden fresh vegetables cooked, strained and sealed under vacuum to protect vitamins and mineral salts. For further protection we seal in special enamel lined cans.

All Varieties
10c
Per Can

LARSEN'S
"Freshlike"
Strained Vegetables



THE LARSEN COMPANY, Green Bay, Wis.

precise ACCURACY
with Portability
and these exclusive features:

- Calibration 260 or 300 mm.
- Size 1 1/2" x 3/4" x 1 1/4".
- Weight 30 ounces.
- Inflation system self-contained.
- Cast Duralumin Case.
- Manometer encased in metal.
- Nameplate cast in cover.
- Air-Flo Control.
- Individually calibrated Pyrex glass tube.
- Steel reservoir.
- Unobstructed legible scale.
- Lifetime guarantee against glass breakage.
- Perpetual guarantee for accuracy.
- Price \$29.50.

KOMPAK MODEL
SMALLEST
LIGHTEST
HANDIEST

Lifetime
Baumanometer
STANDARD FOR BLOODPRESSURE

W. A. BAUM CO. Inc. NEW YORK
SINCE 1916 ORIGINATORS AND MAKERS OF
BLOODPRESSURE APPARATUS EXCLUSIVELY

PRINTERS SINCE 1908

Specializing in

CATALOGUES STATIONERY
COMMERCIAL FORMS BOOKLETS

MEDICAL SOCIETY BULLETINS

ENGRAVED PROFESSIONAL STATIONERY
MODERATELY PRICED

The Orange Publishing Company

12 SOUTH DAY STREET
ORANGE, N. J.

—Printers to the State Medical Society—

COMPLETE PRINTING SERVICE

When a Liquid Vasoconstrictor is Indicated

Prescribe a Truly Economical Vasoconstrictor

Your patients will appreciate the very moderate prescription price of Benzedrine Solution—one of the least expensive of liquid vasoconstrictors.

But the physician realizes that true economy is measured in terms of something more than price alone. . . . And Giordano has shown that "Benzedrine in a 1% oil solution . . . gave a shrinkage which lasted approximately 18% longer than that following applications of a 1% oil solution of ephedrine."—(*Penna. State Med. J.*, Oct., 1935.)

Scarano previously reported (*Med. Record*, Dec. 5, 1934), "The secondary reactions following the use of Benzedrine were less severe and less frequent than those observed with ephedrine."

BENZEDRINE* **SOLUTION**

AN ECONOMICAL VASOCONSTRICTOR

For shrinking the nasal mucosa in head colds, sinusitis, and hay fever. Issued in 1 ounce bottles for prescription dispensing, and in 16 ounce bottles for office, clinic and hospital use.



* Benzyl methyl carbinamine 1% in liquid petrolatum with $\frac{1}{3}$ of 1% oil of lavender.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

ESTABLISHED 1841

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

"Owing to the fact of their ready secretion by the liver cells bile salts are the most reliable chologogues with which we are acquainted." Starling.

Powder, in $\frac{1}{4}$ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

FAIRCHILD BROS. & FOSTER

NEW YORK

ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.

Dependable Gland Products

2-24 Mt. Pleasant Ave.

Newark, New Jersey

The Story of MEAD'S OLEUM PERCOMORPHUM

A NEW, ECONOMICAL, POTENT SOURCE OF NATURAL VITAMINS A AND D

OLEUM PERCOMORPHUM, or Percomorph Liver Oil, is the achievement of an intensive, 10-year investigation conducted in the research laboratories of Mead Johnson & Company to find a natural oil more potent in vitamins A and D than cod liver oil and less expensive to the patient.

The U. S. Pharmacopoeia (IX, 1916, and X, 1925) recognized cod liver oil as the oil from the livers of fishes of the family *Gadidae*. There being some 50 species in this family, in addition to the type species, *Gadus Morrhua*, our first studies were directed at the examination of the more important species classed as cod. It occurred to us that somewhere in nature there might exist a species, or a family, or an order of fish, the liver oil of which would make possible a mixture comparable with Oleum Morrhuae but higher in vitamin potency.

The study was then directed to other species. By 1927 we had quantitatively compared the antiricketic value of oils from 15 species of fish and 11 other oils and fats. This was the most extensive survey of vitamin D sources reported up to that time. Outstanding in this list was puffer fish liver oil with a vitamin potency 15 times that of cod liver oil. Puffer fish were not available in commercial amounts, but the fact that one species of fish yielded so high a vitamin store provided great stimulus to investigators.

We discovered that the potency of fish liver oils increases with the leanness of the livers. With this revelation, we began a survey of all available commercial fish, as well as of rarer species. Collectors were sent to distant continents and to the islands of the Pacific and Atlantic oceans. From ports which never before knew cold storage we arranged to obtain refrigerated livers for our experiments. This ichthyological survey was interrupted (1928) at the time we introduced activated ergosterol.

In 1929 the Norwegian investigator, Schmidt-Nielsen, reported halibut liver oil to be superior to cod in vitamin A. Upon investigating, we felt then, as we do now, that while halibut liver oil

marked a distinct advance it left much to be desired since it was perforce an expensive source of vitamin D. Hence it came to be used chiefly to supply vitamin A as a vehicle for viosterol.

Continuing the search for fish liver oils, by 1934 our laboratory staff had made thousands of bioassays of oils from more than 100 species to determine their vitamin characteristics. The results, reported in scientific journals in January and April 1935, were the culmination of a search literally of the seven seas.

With cumulative data on more than 100 species, it became evident that the fish belonging to the order known as *Percomorphi* differ from others in possessing, almost without exception, phenomenal concentrations of vitamins A and D. Thus we find liver oils which contain 50, 100, 500, and even 1,000 times as much vitamin A or vitamin D as average cod liver oil!

Percomorph liver oils are seldom equally rich in both vitamins. By skilful blending of the A-rich oils with the D-rich oils, a mixture is obtained which is about 200 times richer than cod liver oil in both vitamins A and D. As this concentration is so great that an ordinary dose of the oil could not be conveniently measured, we dilute the percomorph oil with approximately one volume of refined cod liver oil.

The resultant product is Mead's Oleum Percomorphum, 50%, which is 100 times cod liver oil* in both vitamins A and D. By a further dilution we obtain Mead's Cod Liver Oil Fortified With Percomorph Liver Oil, 10 times as potent as cod liver oil* in both vitamins A and D. Their respective potencies are 60,000 vitamin A units, 8,500 vitamin D units; and 6,000 vitamin A units, 850 vitamin D units (U.S.P.) per gram.

Just as Oleum Morrhuae is a mixture of the liver oils of various cod species (cf. U.S.P. XI, 1935, p. 261) so Mead's Oleum Percomorphum is a mixture of the liver oils of various percomorph species.** The significant difference is that the improved product is 100 times as potent* in both vitamins A and D.

Mead's Oleum Percomorphum, 50%, is available in 10-drop capsules, 25 in a box; and in 10 cc. and 50 cc. bottles. Mead's Cod Liver Oil Fortified With Percomorph Liver Oil is available in 3 oz. and 16 oz. bottles.

*U.S.P. XI Minimum Standard.

**Principally *Xiphias gladius*, *Pneumatophorus diego*, *Thunnus thynnus*, *Stereolepis gigas*, and closely allied species.



MEAD JOHNSON & COMPANY, Evansville, Indiana, U.S.A.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

As the Twig is Bent



It may be safely said that the first few years of a child's life set the pace for all the others. For in that critical period is created the physical pattern that shapes his entire subsequent growth—to aid or hinder.

How important that every influence of those years is for the best! How important that the most important food of those years—milk—is *the* best.

No measures are too extreme for Walker-Gordon to use to produce a milk of the highest nutritional value. Every known device of science is enlisted to insure uniform and abundant vitamin content, scrupulous cleanliness and absolute safety.

Walker-Gordon Laboratory Company

Plainsboro, New Jersey

The Philadelphia County Medical Society

announces a

POST GRADUATE INSTITUTE

to be held at the

Bellevue-Stratford Hotel in

PHILADELPHIA

April 20th to 24th, 1936

A program of great interest to the members of the profession particularly those in general practice has been prepared.

The lecturers have been selected from the foremost teachers in this great medical center.

For further information address

POST GRADUATE INSTITUTE

PHILADELPHIA COUNTY MEDICAL SOCIETY

21st and Spruce Streets, Philadelphia, Pa.

CANNED FOODS AND THE PUBLIC HEALTH

II. Iron and Tin Salts

● The question is sometimes raised as to whether the metallic salts which canned foods may acquire from contact with tin containers are objectionable from the standpoint of public health. We are glad to present the facts in answer to this question.

The modern "sanitary style" can is manufactured from "tin plate". As the name implies, tin plate is made by plating or coating thin steel sheets with pure tin. This tin coating cannot be made absolutely continuous: under the microscope, minute areas can be noted in which the steel base is exposed.

Foods packed in plain or unenameled cans are, therefore, exposed to iron and tin surfaces. In enameled cans, foods are mainly in contact with inert lacquers baked onto the tin plate at high temperatures. However, because of minute abrasions in the enamel covering, unavoidably introduced during fabrication of the can, foods in enameled cans may also have limited contacts with iron and tin surfaces.

It is common knowledge that canned foods may acquire small amounts of these metals from contact with their containers. The acquisition of iron and tin salts in this manner is an electrochemical phenomenon (1); and the amounts of these metallic salts thus acquired will depend, among other factors, upon the character of the food. In general, the acid foods tend to take up more of these

metals; especially when air is admitted after the can is opened. However, the quantities of tin or iron present in canned foods, as a result of reaction with the container, are small; the analytical chemist reports these amounts in "parts per million".

As far as iron is concerned, it is commonly accepted that the amounts of this element—recognized as essential in human nutrition—which may be present in canned foods, are innocuous.

As to the tin salts which may be present in canned foods, the Department of Agriculture has authorized the following statement as the result of its own investigation:

"Our own experimental work, involving the ingestion of far larger amounts of tin than any previously reported, and supported by the experimental evidence of other investigators, leads us to the conclusion that tin, in the amounts ordinarily found in canned foods and in the quantity which would be ingested in the ordinary individual diet, is for all practical purposes, eliminated and is not productive of harmful effects to the consumer of canned foods." (2)

It may therefore be stated that the amounts of tin and iron salts normally present in commercially canned foods are without significance as far as possible hazard to consumer health is concerned.

AMERICAN CAN COMPANY
230 Park Avenue, New York City

(1) Kohman and Sanborn, Ind. Eng. Chem., 20, 76, 1373 (1928); ibid., 22, 616 (1930).

(2) "Food-Borne Infections and Intoxications", F. W. Tanner, Twin City Pub. Co., Champaign, Ill., 1935, p. 90.

This is the tenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.

TEN MILKS for INFANT FEEDING

but **KARO**
is a
**UNIVERSAL
MODIFIER**

	Milks	Indication
1	Whole Milk	Normal Feeding
2	Skimmed Milk	Infection Vomiting Diarrhea
3	Top Milk	Malnutrition Constipation
4	Soft Curd Milk	Intolerance Indigestion
5	Evaporated Milk	Prematurity Marasmus Eczema
6	Dried Milk	Intolerance Allergy Travelling
7	Acid Milk	Marasmus Diarrhea Celiac Disease
8	Protein Milk	Diarrhea Celiac Disease
9	Butter-Flour Mixture	Marasmus
10	Goat's Milk	Allergy

ARTIFICIAL feeding consists of cow's milk modified to the degree of adequacy of breast milk. The types of formulæ devised appear different—but successful mixtures contain approximately the same distribution in protein, carbohydrate and fat. Two-thirds of the total calories are supplied in milk and one-third in added carbohydrate. The formulæ contain 10-20% of the calories in protein, 20-30% in fat and 50-70% in carbohydrate.

Most infants tolerate whole milk. But those with irritable gastro-intestinal tracts, limited digestive capacities or allergic sensitivities, require milk adapted to their low tolerance. As a result, milk has been altered chemically in various ways to make it especially suitable for each type of infant feeding problem. The adjacent column reveals indications for various milks.

But the ten milks available for infant feeding can be safely modified with Karo. It is adapted to every type of formula devised. Karo consists of dextrans, maltose and dextrose (with a small percentage of sucrose added for flavor) practically free from protein, starch and minerals. Karo is a non-allergic carbohydrate, not readily fermentable, well tolerated, readily digested, effectively utilized and economical for both the baby and the budget.

Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. SJ3 17 Battery Place, New York City.



REFERENCES:

Kugelmass, Clinical Nutrition in Infancy and Childhood, (Lippincott).
Marriott, Infant Nutrition, (Mosby).
McLean & Fales, Scientific Feeding in Infancy, (Lea & Febiger).

*The general practitioner
now treats*

HAY FEVER

Successfully

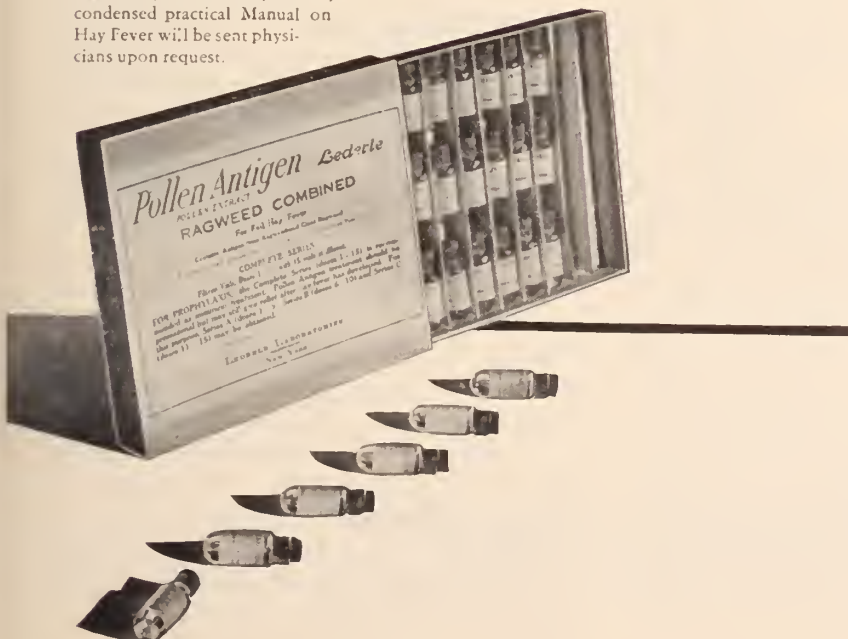
HAY FEVER, it is estimated, affects at least two per cent. of the white population of this country. This means that five of each 250 patients seen by the General Practitioner in the course of a year suffer from attacks of Hay Fever in the early summer or fall. Four out of five of these distressingly afflicted victims can be given decided relief by means of a standardized series of injections.

Such a series of injections is available when POLLEN ANTIGEN *Lederle* is employed.

Treatment sets comprise fifteen graduated doses which simplify the administration of appropriate amounts of the specific POLLEN ANTIGEN.

LEDERLE LABORATORIES maintain a Department of Allergy supervised by experts who welcome correspondence from physicians on all questions pertaining to Hay Fever in any locality. A condensed practical Manual on Hay Fever will be sent physicians upon request.

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.



ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products



The Diabetic Over Fifty

Coronary sclerosis is prevalent among older diabetic patients and it has been suggested that all diabetics over fifty years of age be treated as potential heart cases. Since an adequate blood-sugar level may be essential to cardiac nutrition, when Insulin is given in such cases there should be ample "coverage" with carbohydrate.

Iletin (Insulin, Lilly), the first Insulin commercially available in the United States, is supplied through the drug trade in 5-cc. and 10-cc. vials.

Prompt Attention Given to Professional Inquiries

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK OVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 3

MARCH, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

Promptness in County Society Meetings

A memorial volume was published by the Orange Mountain Medical Society in 1900, in honor of Dr. William Pierson, of the fourth generation of physicians, and President of The Medical Society of New Jersey, as were his father and his grandfather before him; and in it on page eight is the record.

"His energy and promptness were illustrated by his gavel calling the meetings to order at exactly eight o'clock, and by their adjournment at ten p. m. to the minute."

If adherence to schedule was valuable in Dr. Pierson's day, a generation ago, it has a still greater significance in these times of rapid transit, mental as well as physical.

Promptness in conducting a meeting of a county medical society is a virtue which condones many sins of both omission and commission. An announcement on a program is a contract which the officers are bound to carry out unless they are excused by the members who come together in response to the notice of the meeting.

Promptness in opening and closing a medical society meeting is of peculiar importance in these days of rapid travel by automobile. Busy doctors apportion their time by schedule, and allot a certain amount of time to a society meet-

ing. They expect the meeting will open on time and its business will be transacted so early that they may listen to the speaker of the evening with no distracting thoughts of engagement missed through needless delays in the meeting.

The guest speaker too appreciates the value of an early hour for his address, and of the responsiveness of an attentive audience that has plenty of time to listen to him. Promptness doubles the value of his address, and in addition it gives him the opportunity to meet the members to his his own advantage as well as theirs.

Closing a meeting on time is equally important as its prompt opening. Individual members can control the closing time for themselves, for they can walk out and go to the grill or home. Time is a relative thing, and a whole hour of sociability seems as short as a five-minute extension of formal remarks beyond their assigned limit.

A presiding officer need have no fear of criticism for his promptness in opening and closing a county medical society meeting. On the other hand, his promptness, being a characteristic with a universal appeal, will win him praise in greater degree than that resulting from expert work done behind the scenes.

New Jersey and the American Medical Association

The House of Delegates of The Medical Society of New Jersey and the Trustees, on several occasions during the past few years, have taken formal action along two lines:

1. *They have requested the officials of the American Medical Association to take the lead in the preparation of a plan, or plans, for meeting the present emergency in the field of medical economics, and to develop them into a permanent policy.*

2. *The Trustees have addressed specific requests to the Trustees of the A. M. A. that the Board shall call a special meeting of the House of Delegates during the present Spring, for the purpose of discussing and adopting those plans which offer the best prospect of relief for both the physicians and the people.*

The officials of The Medical Society of New Jersey have received no answer to their requests for information and action.

The A. M. A. House of Delegates, at a special meeting on February 15 and 16, 1935, received the report of its Reference Committee on sickness insurance and other phases of medical economics, which said: "There are now more than 150 plans for medical service undergoing study and trial in various communities in the United States. Your Bureau of Medical Economics has studied these plans and is now ready and willing to advise Medical Societies in the creation and operation of such plans." The House of Delegates adopted the report and instructed the Bureau on Medical Economics to prepare "model skeletal plans adapted to the needs of populations of various types" (N. J. Jour., March 1935, p. 159).

The report of the Bureau to the regular meeting of the House of Delegates on June 11, 1935, was printed in the A. M. A. Bulletin of June, 1935, and was summarized in the New Jersey Journal of August, page 500. It consisted of little more than an index of 161 plans which had been adopted in State and County Societies throughout the nation; and it gave no indication of their adaptation "to populations of various types". It suggested that each local society study the general principles and plans, and develop its own method of service.

In conformity with the suggestion of the A. M. A., representatives of The Medical Society of New Jersey met with those of six other State Societies of the Eastern States on October 13, 1935, in an Eastern Interstate Economic Conference; and the Conference

adopted a resolution advocating the *principles of the Washington Plan*, as specific suggestions for meeting the local needs of the participating States.

On November 3, 1935, the Board of Trustees of The Medical Society of New Jersey "voted to petition the Trustees of the A. M. A. to consider the recommendations that had been approved by the Eastern Medical Economics Conference, and particularly to call a special meeting of the House of Delegates of the A. M. A. in January or February, 1936, to consider only questions of medical economics".

On November 14, 1935, the petition was sent to the A. M. A. Trustees. A letter of information was also prepared under the direction of the Board of Trustees, and signed by President Newcomb; and was sent to the officials of the A. M. A., and to every State Society, informing them on the action of the Conference and of The Medical Society of New Jersey. (Jour., Dec. 1935, p. 720.)

The resolutions and requests of The Medical Society of New Jersey were appeals that the A. M. A. shall supply the advice and assistance that had been offered by its House of Delegates. Up to the present time The Medical Society of New Jersey has not been informed that any action has been taken by the A. M. A. Trustees in response to this letter of information and appeal.

The Board of Trustees of The Medical Society of New Jersey will give friendly support to the constructive policies of the American Medical Association.

California Asks for A. M. A. Action

The Trustees of The Medical Society of New Jersey have considered evidence that other State Medical Societies are not entirely satisfied with the inactive attitude of the American Medical Association; and have given particular attention to a letter received from the Secretary of the California Medical Association stating that on January 19, 1936, its Council had passed a resolution calling upon the Trustees of the A. M. A. to prevent one of its paid employees from profiting personally by syndicated columns of news and special articles signed with his name and the title of his position in the A. M. A. The Trustees of The Medical Society of New Jersey voted their approval of the action taken by the Council of the California Medical Association, which was as follows (*California and Western Medicine*, Feb. 1936, p. 123):

Whereas, The Editor of the Journal of the American Medical Association is a paid employee of the Board of Trustees and the House of Delegates, and
Whereas, This employed Editor has for some

years been conducting a syndicated column in the local press of the country by writing articles on medicine, health and allied subjects over his name to which is appended the title of "Editor of the Journal of the American Medical Association and Hygeia", for which he receives financial returns to his own personal profit and gain, and

Whereas, The public gains the impression that in these articles the Editor is the spokesman for the Association and its members and that the articles are endorsed by the Association, and

* * * * *

Whereas, The employed Editor is not the spokesman of the Association or its members as he has at times stated and implied, now therefore, be it

Resolved, That the Council and Officers of the California Medical Association do hereby respectfully petition and request the Board of Trustees of the American Medical Association to take action to instruct the employed Editor to immediately discontinue the use of the title "Editor of the Journal of the American Medical Association and Hygeia" after his name in his syndicated articles written for non-medical publications, and be it

* * * * *

Resolved, That the Board of Trustees require its employed Editor to devote his entire time to the editorial duties of that office.

FREDERICK C. WARNSHUIS, M.D.,

Secretary.

Missing Volumes of the Journal

Almost the only available source of information regarding the activities of The Medical Society of New Jersey is The Journal and its predecessor, the Transactions. The Executive Offices have complete volumes of the Transactions, but the annual volumes of The Journal are incomplete.

The Journal was first published in September, 1904, and the volumes are complete to the end of the year 1919; and also from the beginning of the year 1924 to the present time. But the volumes of the four years, 1920, '21, '22 and '23 are missing from the files.

Anyone having volumes, 1920-1923, will confer a favor on the entire membership of the Society by loaning them to the Society, or presenting them to the Society as outright gifts.

Aside from their historical value, the missing volumes have an exceedingly practical value. Calls for items of information contained in those volumes frequently come to the Executive Offices from the Trustees and other officers of the State Society, as the bases of their present actions.

When a new project is proposed, it is often disconcerting to have an older member recall the fact that the same project had been considered in previous years, and to be unable to find a record of the action taken and its results. It happens that complete volumes of The Journal are available in the libraries of some of the active members, but copies should also be on file in the Executive Offices where they are available for instant reference.

Who will loan or donate the missing volumes to the Society?

Exhibit on Historical Medicine

Familiar memories quickly fade away, and current news items soon become historical landmarks of which only fragments are discovered by research workers. Yet we are children of the past, and reproduce the characteristics of a long line of grandparents whose identity is lost, even to their names.

The Art and Hobby Exhibit of the Woman's Auxiliary is an opportunity to reconstruct some of the features of the practice of

medicine by our fathers and grand-fathers,—the turnkeys with which they pulled teeth, their amputating instruments, the leather-bound treatises which they studied, and their account books revealing the state of medical economics of their day.

If you have anything relating to medical history, enter it in the Art and Hobby Exhibit of the Woman's Auxiliary at the annual meeting.

Scientific Exhibits at the Annual Meeting

Scientific exhibits constitute one of the most interesting and valuable features of the Annual Meeting of The Medical Society of New Jersey. The committee offers the opportunity for any member to exhibit and demonstrate any phase of original work that may be shown in a visual manner. These opportunities range from x-rays to graphic tables; from dissections of pathological conditions to charts of organization; and from moving models to ani-

mated pictures. A requirement is that the exhibitor shall be at his booth during certain hours, in order to gratify the desire of inquirers for broader knowledge. An observer may study any feature as long and often as he chooses, and may discuss its details with the exhibitor.

A form of an application blank is printed on page 171 of this Journal. It is hoped that members will apply for space in greater numbers than ever.

Waves and Tides of Medical Progress

Medical progress comes in both waves and tides. Waves of progress produce much noise and disturbance, and often destruction, and their effects are seldom permanent. Tides of progress rise slowly and imperceptibly, and their effects are enduring and beneficent.

PUBLIC HEALTH

A quarter of a century ago the leaders in State Departments of Health were prone to ride the crest of every spectacular wave of popular participation in public health until it broke itself upon the shore of general disapproval. Yet these same waves that brought destruction to the frail canoes of older doctors, were the advancing surges of a rising tide of preventive medicine which has silently and imperceptibly filled the channels for the delivery

of medical services. Medical craftsmen are charting the new channels and developing vessels which can withstand the waves of adverse criticism, and bear their loads of suffering humanity to ports of safety.

STATE MEDICINE

Tidal waves of propaganda, fostered by organized "Foundations", are now beating upon the shores of medical progress, threatening to overwhelm the bearers of medical services unless they accept positions as crews on state-owned crafts whose captains are inexperienced office-holders.

The waves of propaganda are being followed with a rising tide of medical opinion that the medical societies shall deepen and broaden the channels along which family doctors may navigate their own life-saving crafts.

CHANNELS OF PROGRESS

No one has yet been able to harness and control waves of sentiment, or to control them for sustained usefulness. But The Medical Society of New Jersey is directing a rising tide of civic judgment and intelligent public opinion whose current, deep and silent, will carry

the traffic of an efficient medical service to all the people. Practicing physicians will be the designers, the owners, and the operators of the carrier system; and the state will be a silent partner as a limited financier for those with little or no means for sustaining themselves during a stormy voyage in the sea of sickness.

The Weather and Medical Societies

The doctor is expected to brave all sorts of conditions of weather and roads in order to attend his sick patients; yet roads are sometimes submerged beneath the drifting snow, and bridges are washed away, so that only emergency calls are possible.

Attendance at the meetings was compulsory during the early days of The Medical Society of New Jersey, and members had to give sufficient reasons for their absence. One of the most frequent excuses was the impossible conditions of the roads. The regular semi-annual meeting scheduled to be held in New Brunswick on the first Tuesday of May, 1769, was omitted for reasons given in the minutes of the meeting on November 7:—

"It was generally admitted that the violence of the storm at that time, and the height and rapidity of the brooks and rivers in different parts of the country in consequence thereof, were sufficient reason for the general absence of members."

The minutes of the same meeting also read:—

"An inquiry was next made whether the inferior medical societies (county societies) met according to custom; but it appeared that the uncommon severity of the season prevented those of February; and that the meetings of August naturally fell through in consequence of the failure of the general meeting in May."

The snow, sleet, and ice of February, 1936, have defied snow-plows, and gangs of W.P.A. workers, and compelled doctors to resort to the horse and buggy for transportation in order to reach their patients and medical society meetings. While society business has been carried on largely by letter and telephone, yet the enforced omission of meetings is reflected in The Journal in the smaller size of its sections on State Society Activities. However, we may certainly anticipate a return of the section to its normal extent for there is no evidence that the cold weather has diminished the zeal of the officers and committeemen; but rather has it increased their eagerness to be about the business of the society.

The 170th Annual Meeting

Plans are already well advanced for the 170th Annual Meeting of The Medical Society of New Jersey, to be held on June 2, 3, and 4, 1936, in Atlantic City. This is the event round which all other activities of the Society revolve. The Society will then renew its youth as it chooses new offices, and advances the experienced members to higher grades of service and trust.

The call for the organization meeting of the

Society, sent out 170 years ago, has such a modern appeal that it is an excellent editorial on the object of the Society at the present day, and is reproduced as follows:

THE CALL OF JUNE 27, 1766

"The low state of Medicine in New Jersey, and the many difficulties and discouragements, alike injurious to the people and the physician, under which it has hitherto labored, and which still continue to oppose its improvement in utility to the public, and its advancement to its native dignity,

having for several years past engrossed the attention of some gentlemen of the profession, and occasionally been the subject of their conversation; it was early last winter determined to attempt some measures of rescuing the art from that abject condition (not to say worse) into which it seemed too fast to decline.

"To this end, a Legislative interposition appeared, in the first place, greatly to be desired; and an application for that favor was proposed. But in this it was necessary to have the concurrence of the principal practitioners, and as many other persons of weight and influence as possible. A Voluntary Association, therefore, of such gentlemen of the Faculty as might approve of the design, was next projected. A Society of this kind, it was thought, besides considering of a proper application to the Legislature, and promoting it most effectually could in the meantime take such measures as were of immediate importance, and form such voluntary regulations as would greatly conduce to the usefulness and honor of medicine; and should the Legislature, in their wisdom, think it not expedient to interfere, might in a great degree answer the purpose of a more authoritative establishment. Not to mention that whether under a law, or otherwise, a medical society, well conducted, would naturally derive credit on the profession, and ever be of the highest advantage, both to the public and the several members. With these good views the annexed advertisement was inserted in the New York Mercury:

"A considerable number of the Practitioners of Physic and Surgery, in East New Jersey, having agreed to form a Society for their mutual improvement, the advancement of the profession and promotion of the public good, and desirous of extending as much as possible the usefulness of their scheme, and of cultivating the utmost harmony and friendship with their brethren, hereby request and invite every gentleman of the profession in the province, that may approve of their design, to attend their first meeting, which will be held at Mr. Duff's, in the city of New Brunswick, on Wednesday, the 23rd of July, at which time and place the Constitution and Regulations of the Society are to be settled and subscribed."

"East New Jersey, June 27th, 1766."

The record continues:

"In consequence of this, a large body (17 physicians) of the most respectable Practitioners in the Eastern Division of the Province, met on the day appointed, (July 23, 1766) at New Brunswick, where they formed themselves into a Standing Society and Voluntary Incorporation, according to the following plan:

"INSTRUMENTS OF ASSOCIATION AND CONSTITUTIONS OF THE NEW JERSEY MEDICAL SOCIETY"

"Whereas, Medicine, comprehending properly Physic and Surgery, is one of the most useful sciences to mankind, and at the same time the

most difficult to be fully attained, so much so that, indeed, perfection therein is perhaps never to be acquired, the longest life spent in its pursuit always finding something new to occur, and lamenting something still wanting to perfect the art.

"And, as every means, therefore, that will tend to enlarge the stock of knowledge and experience of the pursuit of this science, should be eagerly sought after and prosecuted; and whereas, among those gentlemen of particular towns, neighborhoods or districts, who have been already initiated in the healing arts and engaged in the practice, nothing seems better adapted to such a desirable end than a friendly correspondence and communication of sentiment, especially if united in a well-regulated society; the improvements of each, either from study or observation, being by this method diffused to many, and each member, as well as the public thereby being essentially benefited—exclusive of the pleasures of social intercourse and the many useful refinements that might flow from thence. And whereas, further considerable advantages of societies of this kind, properly instituted, might frequently arise, particularly where the laws or custom has not established necessary regulations respecting the admission of candidates, the due rewards for practitioners' services, the maintenance of the dignity of the profession, and the security of the public from impositions and the respectable practitioners of a city, county, or the like, it being in such cases, till better remedies be provided, in the power of a society, including larger district, to do much for the advancement of their art, and the interest of the people among whom they reside.

"Moved by sentiments of this kind, and with the most upright and sincere intention of promoting the above-mentioned and other good purposes, we, the subscribers, Practitioners of Physic and Surgery in New Jersey, now assembled, have agreed to form ourselves, and do hereby form and unite ourselves into an amicable and brotherly Society, to be called and known by the name of *The New Jersey Medical Society*. And for the better carrying our said good designs into execution, have voluntarily and unanimously consented to, ratified and confirmed the following Articles or Laws as the fundamental Constitutions of our Association; which Constitutions we do hereby engage, each for himself, to the whole, and to one another, as far as possible, inevitably to observe and fully to submit to, as obligatory on us."

Then follow fourteen sections of what are a combination of principles of medical ethics to govern the conduct of individual doctors, and of By-Laws, specifying the form of organization of the Society and the duties of its officers.

ORIGINAL ARTICLES

SURGICAL TREATMENT OF MASSIVE HEMORRHAGE OF PEPTIC ULCER

By LAWRENCE G. BEISLER, M.D., F.A.C.S., Hillside, N. J.

Read before the Gastro-enterological Section of The Medical Society of New Jersey at the Annual Meeting
in Atlantic City, May 2, 1935

1. A clinical classification of hemorrhage in peptic ulcers is presented, describing four degrees of hemorrhage.

2. A rational position for treatment is outlined in the light of present-day scientific and technical knowledge, allocating all cases to primary symptomatic care, excepting those

with progressive recurring hemorrhages with failing circulation.

3. In these latter cases, if early and uncomplicated, immediate surgical hemostasis is advocated. When late or complicated, medical supportive measures must be applied in preparation of the patient for operation.

Hemorrhage is a frequent complication of peptic ulcer. It is estimated that it occurs in one or more of its various degrees at some time during the course of the disease in approximately 95 per cent of cases. The chronicity and progressive course of the ulcerative lesion tends to produce penetration, erosion, and sloughing, which in turn are the direct causes of the hemorrhage.

TYPES

In studying the various types of hemorrhage, we find that they conform more or less definitely to four clinical types or degrees.

First Degree—Occult Blood Type. This group includes the large number of cases which exhibit occult blood in the stools with slight or no anemia.

Second Degree—Frank Intermittent Hemorrhage. Here belong those who have occasional tarry stools, dizziness or faintness with spots before the eyes, and slight to moderate anemia.

Third Degree—Profuse Subsiding Hemorrhage. These patients suffer from an attack of fainting, accompanied by abundant tarry stools and less often hematemesis and with more or less marked anemia. The bleeding may or may not recur, but a recurrence, if any, will be either light or so moderate as to indicate a subsiding tendency.

Fourth Degree — Progressive Recurring

Hemorrhage. This group may be further subdivided into:

A. Massive fulminating type.

B. Insidious type.

In this fourth group the tendency of the hemorrhages is to be persistently recurring, and the bleeding is of such frequency and quantity as to produce progressively increasing and dangerous anemia. The massive fulminating type case suffers from severe sudden hemorrhage accompanied by hematemesis, or melena, or both, with profound weakness, acute anemia, usually unconsciousness and shock. After a lapse of several hours to several days a second large hemorrhage occurs, accompanied by a similar chain of symptoms, and the patient appears to be practically exsanguinated. These patients are usually seen *early*.

The insidious hemorrhage case is usually of a progressive nature but not accompanied by the alarming symptoms of bloody vomitus and profound shock. There is, however, gradually increasing weakness and pallor, with stools containing half digested blood, until the patient is so seriously ill that, after several days to several weeks, he must take to his bed. The serious symptoms in these cases often develop *late* in the course of the disease.

As regards the frequency of frank hemorrhages, namely second, third, and fourth degree cases, Allen¹ cites 1804 patients treated

for ulcer with 200 cases of frank hemorrhage, or 11 per cent. Chiesman² records 1912 ulcer patients of whom 191 were treated for gross hemorrhages requiring urgent attention, or 10.6 per cent.

The hemorrhage cases conforming to both of the types listed under group four are approximately 5 per cent of all patients treated for ulcer. One-third to one-half of all patients admitted to the hospital with frank hemorrhages ultimately conform to one of the two types listed under group four. Of the two types in group four, approximately seven out of ten patients are of the massive fulminating type to three of the insidious type. The figures given by Allen are 119 cases of massive blood loss, eighty-three of which were of sudden onset, and thirty-six of gradual nature.

The mortality from hemorrhage in patients treated for all varieties of ulcer average about 5 per cent, the figures of various writers being as follows: Sara Jordon,³ 4 per cent; Boch,⁴ 5 per cent; Beven,⁵ 5 per cent; and Ross,⁶ 6.5 per cent. If we exclude the occult blood type, the death rate for the groups listed as gross hemorrhages by Allen¹ and Chiesman,² and also by Ross⁶ and by Hinton,⁷ average 17 per cent, while the death rate of those patients falling into the massive fulminating type of group four were 74 per cent, according to the figures of Chiesman,² and 60 per cent as listed by Ross.⁶ Four times as many men die as women from these hemorrhages.

Age is another interesting factor, since a higher percentage of deaths occur in patients with massive hemorrhage who are over forty years of age, as compared with those under forty. This is probably accounted for by the greater elasticity of the vessels in the younger groups. It is generally held that the first hemorrhage is rarely fatal. Death is due to exsanguination, or from complications incident thereto, such as hypostasis, sepsis, and tissue degeneration.

THE BLEEDING ULCER

Post-mortem findings are uniformly those of an eroded blood vessel lying in the crater of the ulcer. Contraction of the vessel and spontaneous permanent sealing of the lumen

have been prevented by peri-vascular fibrosis. The most common vessels involved have been the gastro-duodenal vessels. Some rare cases are reported, however, of erosion of the portal vein, the splenic artery, and the pericardium. Even the left ventricle has been eroded by adhesions of an ulcer of the cardia to the diaphragm.

TREATMENT

The treatment of first, second, and third degree hemorrhages is essentially medical since these hemorrhages have a subsiding tendency, and the patients recover with symptomatic supportive treatment. Surgery, if undertaken at all, may be elective.

The patients falling in group four, however, present a different problem. When seen early, that is, soon after a second severe recurring hemorrhage, the clinical picture of shock and profound anemia gives evidence that the situation is a desperate one, and it is justifiable to assume that there is arterial erosion. The blood pressure will have fallen markedly, often to seventy millimeters systolic. If such a patient has been engaged in active work or business, and a history of symptoms suggestive of peptic ulcer can be elicited; and furthermore if a blood count indicates the loss of one-half the blood volume, it is the writer's opinion that immediate replacement of blood volume and blood constituents by a generous transfusion is indicated, followed by *immediate* surgical hemostasis with the use of local or regional anesthesia. Delay in supportive and hemostatic treatment in fourth degree hemorrhage cases is, in our opinion, unjustifiable, since to be effective, the treatment must be promptly instituted.

EFFECTS ON OTHER ORGANS

When seen late, we have the combined picture of chronic anemia, plus cellular degeneration. Deficient oxygenation and nutrition of tissue results from the progressive and grave loss of blood. The organs most profoundly affected in this degenerative change are the active cells of the brain, kidneys, heart and liver. Duval and Grigaut⁸ found an increase in non-protein nitrogen in cases of this kind.

Ross⁶ states, "On microscopic examination of the kidneys in several fatal cases—I have found considerable renal degeneration, and in each of three ex-sanguinated patients of this type, the blood contained over two hundred milligrams of urea per one hundred cubic centimeters." When the clinical picture does not contain the concrete and compelling evidence of bloody vomitus, a patient having a recurring attack of faintness with symptoms of shock, increasing pallor, and tarry stools is often not considered seriously ill enough to warrant hospitalization. However, having seen two such cases terminate fatally after a period of treatment at home, it is strongly felt that all such cases should have the benefit of hospital care with frequent blood counts, and with promptly available material for blood volume replacement.

TREATMENT OF CLINICAL TYPES OF HEMORRHAGE OF PEPTIC ULCER

Group 1—*Occult blood type, or first degree hemorrhage.*

1. Primary; medical.
2. Elective; surgical.

Group II—*Frank intermittent, or second degree hemorrhage.*

1. Primary; medical.
2. Elective; surgical.

Group III—*Profuse subsiding, or third degree hemorrhage.*

1. Primary; medical.
2. Intermediate; supportive (transfusion).
3. Elective; surgical.

Group IV—*Progressive, recurring, or fourth degree hemorrhage (with loss of one-half blood volume, rapid weakened pulse and shock).*

- A. Massive, fulminating type (usually seen early).
 1. Primary; supportive and surgical (immediate).
- B. Insidious type (often seen late).
 1. Primary; supportive and medical.
 2. Elective; surgical.

FOUR CASES OF GROUP IV, TYPE A

Hemorrhages of Type A, Group IV, have thus far been treated surgically by the writer,

with recovery. There have been no recurrent symptoms, either of ulcer or hemorrhage in any of these patients to date. Outlines of four of these cases have been prepared, as follows:

Case 1

Fourth degree hemorrhage—Type A, massive fulminating (early).

Patient—R. G., male, aged 45; a cereal roaster.

1st Hemorrhage—July 28, 1932, 11 a. m.

2nd Hemorrhage—July 29, 1932, 1 p. m.

Previous History—Pain 2-3 hrs. after eating for 1 yr. with relief following food or alkali.

Blood Count—Red cells, 1,650,000; hemoglobin, 40 per cent; white cells, 14,000; 79 polys, 17 monos.

Treatment—Transfusion 500 c.c. pre-operative. Cauterization and suture of ulcer area, local and splanchnic anaesthesia. July 29, 1932. Transfusion 500 c.c. 1st day post-operative. Transfusion 200 c.c. 2nd day post-operative.

Blood Count—10 days later: R., 3,500,000; Hg., 40 per cent. March 13, 1935: R., 4,020,000; Hg., 90 per cent.

Lesion—Large infiltrating duodenal ulcer.

Result—Recovery.

Case 2

Patient—M. M. P., male, aged 52.

1st Hemorrhage—Sept. 6, 1934, a. m.

2nd Hemorrhage—Sept. 6, 1934, p. m.

History and Lesion—Similar to Case 1.

Treatment—Transfusion pre-operative. Cauterization and suture of ulcer area, September 6, 1934.

Result—Recovery.

Case 3

Patient—J. Z., male, aged 42, baker.

1st Hemorrhage—August 4, 1932, 11 a. m.

2nd Hemorrhage—August 6, 1932, 7 p. m.

Previous History—Pain one-half hr. after eating, for 2 yrs., with relief following food or alkali.

Blood Count—After 1st hemorrhage: R., 2,180,000; Hg., 66 per cent; white cells, 11,000; 63 polys, 20 monos, 16 endothelials. After 2nd hemorrhage: R., 1,400,000; Hg., 15 per cent; color index, 5 per cent.

Treatment—Transfusion 500 c.c. pre-operative. Gastric resection (posterior Polya), local and splanchnic anaesthesia. August 7, 1932; Transfusion 500 c.c., 1 day post-operative.

Blood Count—After 2nd transfusion: R., 1,330,000; Hg., 28 per cent. Three days later: R., 3,070,000; Hg., 54 per cent.

Lesion—Gastric ulcer lesser curvature with eroded vessel.

Result—Recovery.

Case 4

Fourth degree hemorrhage—Type B, insidious (late).

Patient—C. C., male, aged 56, blacksmith.

1st Hemorrhage—Continuous tarry stools several weeks before admission.

2nd Hemorrhage—November 25, 1931; attack of abdominal distress and unconsciousness; hospitalization, cyanotic and irrational on admission.

Previous History—Pain 2-3 hrs. after eating 5-6 yrs. with relief. Tarry stools and faintness 4 yrs. ago.

Blood Count—Red cells, 2,240,000; Hg., 58 per cent; white cells, 17,400; polys 69, monos 29. Macrocytes and microcytes. Three days later: Red cells, 2,630,000; hemoglobin, 45 per cent non-protein nitrogen, 75 mg.; creatinin, 3 mg. Blood pressure, 115/70. Urine 1 plus albumen.

Treatment—Abstinence 3 days. Transfusion 500

c.c. 1st day. Morphine. Infusions h. i. d. water, tea, milk q ½ hr. 4th day.

Blood Count—26th day, home: R., 2,960,000; hemoglobin, 60 per cent; white cells, 9,500; polys, 74; monos, 24; non-protein nitrogen, 66.6 mg.; creatinin, 3.33 mg.

Operation—Thirteen months later, blood picture normal; gastric resection, local and splanchnic anaesthesia.

Lesion—Large perforating gastric ulcer, posterior wall.

Result—Recovery.

DISCUSSION

Vincent Farmer, M.D., Hackensack, N. J.: Whether and when active surgical intervention should replace expectant therapy is a question to which no dogmatic answer can be given.

Dr. Beisler's idea of clinical classification of gross hemorrhage in gastric and duodenal ulcer is a very good one, and should be of undoubted value in reducing the mortality. Many physicians have the false impression that there is practically no mortality in bleeding from peptic ulcer.

It is important to correlate the clinical findings in order to ascertain, when possible, the underlying pathology; and to distinguish the bleeding from gastro-duodenitis from a chronic ulcer in which the

induration surrounding the vessel prevents the closure of the vessel walls.

The results of Dr. Beisler's reported cases show the value of surgery in properly selected cases, and it is my opinion that the use of anterior splanchnic anaesthesia as practiced by Finsterer is an advance in the treatment of these cases. My experience with this form of anaesthesia in gastric surgery, although limited to a small group of cases, warrants the conclusion that it is invaluable in the prevention of post-operative shock. Cases of profuse hemorrhage should always be attended by an experienced nurse; and the physician and the surgeon should make their frequent visits together to ascertain more definitely the progress of the case.

BIBLIOGRAPHY

1. Allen, Arthur W., and Benedict, Edward B.: Acute Massive Hemorrhage from Duodenal Ulcer. *Annals of Surgery*, 98:736, October, 1933.
2. Chiesman, W. E.: Mortality of Severe Hemorrhage from Peptic Ulcers. *The Lancet*, 2:722-723, October, 1932.
3. Jorden, Sara M.: Lahey Clinic, Boston, Massachusetts—Personal Communication.
4. Bock, H.: The Treatment of Profusely Bleeding Gastric or Duodenal Ulcers—*Zentral fuer Chirurgie*; 56:2575-2577, October 12, 1929.

5. Bevan, A. D.: Hemorrhage from Stomach. *Surgery, Gynecology and Obstetrics*, Vol. XXXVIII, page 358, March, 1924.
6. Ross, Keith: The Treatment of Hemorrhage from Peptic Ulcers. *The Medical Journal of Australia*, page 168, February 8, 1930.
7. Hinton, J. William: Bleeding Gastric and Duodenal Ulcers. *Annals of Surgery*, page 844, April, 1931.
8. Duval, P., and Grigaut, A.: L'intoxication par les plaies due guerre, La Retention azotée des blessés—*Compt. rend. Soc., Biol. Parl.* 815:873-881, 1918.

CHRONIC PROSTATITIS

By HERBERT M. ILL, M.D., Newark, N. J.

Read before Monday Night Club, November, 1935. From the Hospital of St. Barnabas.

I have chosen chronic prostatitis as the subject of my paper because it is probably the most common form of urological disease encountered by the general practitioner.

Chronic prostatitis often is the aftermath of an acute prostatitis; namely, gonorrheal; but by no means is this always the case, as the greater percentage of cases that have come to me have no acute stage.

At this time it may be interesting to recall that acute prostatitis is usually a complication of gonorrheal urithritis. It occasionally follows instrumentation, acute non-specific urithritis,

and cystitis. When the acute stage passes, the chronic form almost always persists.

DIGITAL EXAMINATION

A prostate examination must be made in all cases where there are indefinite and sometimes definite pain in the abdomen, back, perineum, genital organs, extremities, particularly the legs, and some mental disturbances. The digital examination alone is not sufficient, because we often find a perfectly normal-feeling prostate, which upon microscopic examination of the expressed secretion shows an abundance of

pathology. There should be no pain experienced while massaging a normal prostate. It is not uncommon to find a prostate that feels normal and the smear of which is normal, and yet is the cause of the patient's complaint, because massage elicits considerable pain. Therefore, prostatic disease may be diagnosed by one or more of three findings, namely:

1. Anatomical contour (size, shape, consistency).
2. Tenderness.
3. Pus, upon microscopical examination of the expressed secretion.

SYMPTOMS

The symptoms of chronic prostatitis may be classified in many different ways, but I think the simplest classification is:

- A. Without pain.
- B. With pain.

A. SYMPTOMS WITHOUT PAIN

1. *Generalized feeling of being under par.*
2. *Seeing threads in the urine.* This usually follows a urithritis.
3. *Morning drop*, which may seal the meatus. This also usually follows acute urethritis, but may be found in the ordinary chronic variety.

4. *Discharge of thin watery material.* This is often found in individuals where intercourse is practiced too frequently in a short period of time, for example: men who are away from home for three or four weeks or more and with their wives only a few days. Also, the man who does not wish to break the laws of his religion, has intercourse very frequently only the night before his wife menstruates.

5. *The young or middle-aged man who after apparently emptying his bladder expels frequent small amounts of urine by voluntary muscular contractions.* I believe that the prevention of conception is probably responsible for a large percentage of these cases. A withdrawal history is often obtained.

6. *Nocturia.* This is either due to residual urine from an enlarged inflammatory medium lobe or irritation in the trigone secondary to a diseased gland. The gradual filling bladder pulls on the inflamed trigone and gives the

patient a feeling of fulness, although the bladder may be only partly filled.

7. *Frequency and urgency.* Here there is usually a trigonitis and a deep urethritis, secondary to the inflamed gland. Pus in the urine is often found, not only in the first glass but throughout his voiding. The cause for this is the same as found in nocturia.

8. *Mental.* A person may be dull and listless and unable to concentrate as a direct result of prostatic disease. This is often seen in young men who have masturbated excessively. Tenderness of the prostate is often the only positive finding.

9. *Impotence.* The loss of the power of erections or the loss of erection on insertion is probably more often found as a result of a diseased prostate than any other cause. The mind plays an important rôle in this condition, but I feel sure that the abnormal prostate is the basis of the trouble. There are two distinct histories obtained; one, of a man who has been very active sexually since puberty and at the age of about 25 to 35 suddenly loses his sexual powers. The other is the man who does not wish to have intercourse until he is married and when finally married in early middle life, is unable to enter, due to improper erection or premature ejaculations. He often gives the history of erection and ejaculations while "making love" over a period of many years. He, of course, has incomplete ejaculations as a result of a congested prostate. I have had one man return to normal sexual life after complete impotence for twenty years.

10. *Sterility.* This man may have full sexual powers, normal spermatazoa as far as we know, and, in fact, no complaints whatsoever except that his marriage is sterile. I am assuming that it is understood that the wife is found normal. I know of at least four children who I feel sure are the result of prostatic treatment. The diseased gland must in some way affect the ejaculatory ducts and seminal vesicles to make the spermatazoa inactive.

11. *Excessive nocturnal erection.* These cases are probably the worst we have to deal with, as the mental complication is very severe. They lose a lot of sleep, become very irritable, and develop into physical and mental wrecks.

Fortunately, these are very uncommon. They are due to congestion of the trigone affecting the prostate and reflexly stimulating erections upon distention of the bladder. Unless these cases are carefully treated, particularly along the mental line, serious mental collapse may take place.

12. *Retention of urine in older men.* Not all men with residual urine require surgical intervention. I have seen many instances where treatments have shrunk the prostate to one-quarter or less its size, with subsequent removal of all residual urine. These cases are most grateful, because most of them have had advice for surgical interference, and are probably my best advertisers.

13. *Discharge of prostatic fluid during passage of stool.* This is purely mechanical in that a hard stool presses against the congested prostate and forces out the secretion.

14. *Too frequent desire for intercourse.*

15. *Absence of ejaculation.* This patient has intercourse over a long period of time, sometimes as long as two or three hours, without losing his erection, and still is unable to ejaculate. The prostate, of course, is diseased and often the mucous membrane over the glands is very coarse and horn-like.

16. *Absence of all sexual desire.*

B. SYMPTOMS WITH PAIN

1. Dull and occasional sharp pains in the meatus of the penis. It is very difficult to convince the patient that the pain is referred from the prostate in this complaint.

2. Dull pain along the urethra.

3. Dull aching pain in the testicles.

4. Dull aching pain in the perineum behind the scrotum. This is the most common group.

5. Dull pain in the rectum.

6. Dull pain over the symphysis.

7. Dull pain in one or both groins, along puparts ligament.

8. Dull and occasional sharp pains in lower back or sacrum.

9. Dull pain in the buttocks.

10. Dull pain in the thighs.

11. Dull pain in the legs.

12. Symptoms exactly simulating sciatica.

13. Sharp pain in kidney region and along ureter, exactly like a renal colic.

14. Dull pain directly over the kidney.

15. Dull and occasional sharp pain in the right lower quadrant simulating appendicitis.

16. Pain, dull or sharp, in the rectum or bladder neck or testicles or all three following sexual intercourse. Incomplete ejaculation, such as is experienced during withdrawal, frequently causes pain.

17. *Generalized arthritis.* Much is said of the prostate as a cause of arthritis, but it is generally admitted amongst urologists that very few cases are seen. I can recall only two arthritic patients that I have been able to help by prostatic treatment.

TREATMENT

The treatment of all chronic prostatitis cases is practically the same. Much experimental work is being done to treat the various types of infections in different ways, but so far this has not been accomplished. Since the beginning of the widespread use of the resectoscope, many of these cases have had parts of their prostates removed and some, the veru-montnum along with part of the gland; sterilizing the patient and without relieving any of his symptoms. I say this because I have tried it with very bad results; after reading glowing accounts of this procedure.

The infection must be worked out from within the prostate and not cut off from the top; and to do this, massage is probably the most important part of the treatment.

METHOD OF MASSAGE

The gland is massaged from above downward beginning at one upper side and withdrawing the bent finger to the membranous urethra. The tip of the finger should be used rather than the flat part. The finger is again inserted and another stroke is made starting directly next to the first one and ending in the same place as before. This is continued until the entire gland is massaged, not only one time, but at least six complete excursions. This should be done twice a week for about the first month and then once a week until the desired results are obtained. About 1 c.c. of

a 1 to 2000 solution of silver nitrate should be instilled in the deep urethra and prostatic urethra through a Bang syringe after the patient has voided, which he is requested to do directly after the massage. This should be done as a part of each treatment. Occasionally, particularly in older men, it is better to fill the bladder with silver nitrate 1 to 5000 or 1 to 10,000 before massaging, and have the patient wash out the secretions by voiding directly after massage. Usually it is better to give strong massage, but with certain patients, particularly the older men, mild massage brings better results.

The above is by no means the only treatment required. His diet should be regular, omitting alcohol and all spices. He should take hot sitz baths, just as hot as he can stand them, in no more than three inches of water, twice a day for fifteen minutes each. Hot rectal irrigations are, in some patients, more beneficial. Some

men use heat producing instruments placed in the rectum. Personally, I feel that the sitz baths are practically as good as the other methods and much less expensive to an already expensive series of treatment. The patient should do as little automobile riding as possible; a few miles at a time is permitted. Cane-seated desk chairs should be used to prevent sweating. He should have regular hours, with at least eight hours' sleep at night. Intercourse should be limited as much as possible—once in three weeks is permitted. He should not take any violent exercise.

In cases of impotence, sterility, and the other mental symptoms, the patient must be repeatedly assured that they are going to be well and no question as to this fact, which may or may not be true, must be divulged to the patient. It is occasionally necessary to obtain the assistance of a psychiatrist in the mental cases.

138 Clinton Avenue

PROPHYLAXIS OF COMMUNICABLE DISEASES

ARTICLE NUMBER ONE

By MAURICE L. RIPPES, M.D., Elizabeth, N. J.

Read before the Clinical Society of the Elizabeth General Hospital.

So many recent studies in the prevention of contagious diseases have been published recently that it may be of interest to review the present status of these various procedures. For the purpose of this paper I have been guided more by my own experiences and those of associated pediatricians than by a ready acceptance of the pertinent literature. I will discuss briefly the main methods of prophylaxis and the results one may expect from their application. I will not mention such procedures as the percutaneous inunctions or the nasal instillations in diphtheria and scarlet fever, because the results obtained do not warrant their general use. This paper will be limited to pertussis, measles, scarlet fever, and diphtheria, in the order named.

I. PERTUSSIS

A. *Active Immunization*

For permanent whooping cough prevention we need discuss only one method, i. e., the vac-

cine developed by Dr. Sauer, and now known as Sauer's vaccine. Over a period of seven years Dr. Sauer has been able to obtain 100 per cent results in the use of his vaccine. This included 167 transient and 30 cases of familial exposures (where a control child in the same family as the injected child came down with pertussis), in a series of 394 injected children without a single case of whooping cough developing. This series of cases were all treated with material grown in his own laboratories. Using an approved commercial vaccine, Sauer reports in a series of 1002 cases, 38 familial exposures with only three cases resulting; an immunization protection of 92.1 per cent. At a recent round table conference of the Academy of Pediatrics, several physicians reported very favorably on the efficiency of this vaccine. However, in recent conversations with four Newark pediatricians, I had reports of eight cases of pertussis developing at least four

months after completion of the treatment. Four of these cases were definitely milder, while the remainder were of moderate severity. In my own experience, although I have attempted immunization in 48 children, I have had only one case in which an injected child was exposed to a control case in the same family. This occurred 13 months after treatment. The child came down with unquestionable whooping cough of moderate severity, which lasted seven weeks. Although no cough plate was done, the symptoms and blood picture were typical. Another child, aged 5, developed a cough 10 months after injection which lasted six weeks. It was paroxysmal in type and the mother and her neighbors, at least, insisted that it was whooping cough. It certainly seemed so to me clinically. Neither a cough plate (only one was attempted) nor blood examination was corroborative. A younger brother, aged 4, who had been injected at the same time, did not develop any cough.

Using the commercial vaccines as we have had to do, we cannot guarantee that our prophylaxis will be effective. According to Dr. Sauer, the commercial production of this vaccine has not always been reliable. I would suggest that before using this vaccine you become acquainted with the more reliable products. We can only tell the parents that to date the evidence presented warrants a clinical trial of Sauer's method on any child below five years of age, with the probability that it will immunize more than 80 per cent and in all likelihood will reduced the severity in cases that have failed. The total of 8 c.c. (eighty billion bacilli) is divided into three weekly (bilateral) injections of 1 c.c., 1.5 c.c., and 1.5 c.c., respectively. In cases of reactions, the dose can be reduced so that four or five weekly injections may be necessary. The vaccine must be fresh, and kept cold; the needles and syringes free from alcohol and other chemicals. There is no objection to giving the vaccine on the seventh to the tenth day following a previous injection. I have never seen a severe reaction nor heard of any through other physicians.

B. Exposed Cases

For exposed cases and treatment, Krueger's undenatured pertussis endoantigen is being widely used at present. Various reports, all more or less favorable, have been published recently. From my own observations, I am not able to say that it is superior to similar doses of other vaccines. Two years ago I used the toxin-vaccine of the New York City Biological Laboratories, and believe my results then the equivalent of my recent cases injected with Krueger's antigen. In using this preparation (Krueger's) in exposed cases, I have been giving five injections using .4 c.c., .8 c.c., 1.3 c.c., and 2 c.c. each for the fourth and fifth injections; a total of 6.5 c.c. (65 billion bacilli). These doses are larger than any suggested, but it appears to give me better results than the smaller doses recommended by others. I believe that a susceptible child exposed to the disease should receive this treatment, and that about 30 to 40 per cent will not develop the disease if injections are given early enough, and most of the remainder will run a course of decreased severity, slightly shorter duration, and reduced mortality.

Stallings and Nichols reported in a recent paper that they were able to prevent the disease in 63 per cent of their contact (familial) cases, and obtained more definite amelioration of symptoms in the remainder than I was able to procure. Therapeutically its value is rather uncertain. At a recent round table conference of the Academy of Pediatrics, Dr. Frawley spoke of obtaining decided benefit by using as much as 5 c.c. daily, and of obtaining cessation of paroxysms in most cases within eight to ten days.

II. MEASLES

There is no method of active immunization against measles, but there are several efficient means of passive protection against this disease.

A. Placental Extract: Immune Globulin (Human)

Dr. C. F. McKhann and others have shown that the use of placental immune bodies has a definite value either in modifying the course

or protecting any contact against this disease. Its advantage over the use of convalescent blood or serum is essentially its availability. For the present, at least, we are accepting the dictum that a modified case of measles will confer a permanent immunity. Accordingly, most of us prefer in the normal child under private care to modify rather than to prevent the disease. In institutions or in cases of sickly or otherwise underpar infants or children, complete protection may be desired. In these cases the duration of immunization is from three to four weeks. Since there are several factors which affect the outcome of any injections with placental extract, one can predict only approximately the result in any given case. Dr. McKhann has shown that the factors influencing the result are:

1. Dosage.
2. Potency of the product.
3. Time of injection.
4. Age and size of the patient.

Drs. Schick and Karelitz have also demonstrated that the extent of exposure may play a large part in the seriousness of the attack, and Dr. McKhann is inclined to agree with them. If the contact is continuous, the maximum dose should be given to the exposed child.

Whenever possible, the extract should be given on the fourth day of exposure; and although 1 to 2 c.c. has been suggested, I believe 4 c.c. to be a more efficient dose for any age child. In many cases this will afford full protection, and in all the others it will modify the course so definitely that even the parents are elated with the result. It works out well in that the younger child is the one that is usually protected, the older child coming down with the modified type. This dose can be increased to 5 c.c. in cases where the exposed child is active in, or recovering from, some other illness. Where the contact has been transient, 2 c.c. will produce sufficient amelioration of the attack. Most of the modified cases will show only a scant eruption, often unrecognizable as measles, and very slight fever. They are kept in bed with difficulty. I usually allow them up throughout the course of the

illness or after one day in bed. There are practically no catarrhal symptoms. Although definite benefit can be expected if given before the tenth day, I have preferred not to give any immune globulin after the sixth day of exposure. I have used 1 c.c. additional for each added day of exposure, i. e., 5 c.c. on the fifth day and 6 c.c. on the sixth day.

Of eighteen private cases in which I have used it during the present epidemic (Spring 1935), eleven developed no measles; the others showed varying degrees of modification. Eight susceptible children and two nurses were exposed to a ward case that developed the eruption the sixth day in the hospital. All were given 4 c.c. each. There was complete protection in all cases. Although some pediatricians have told me that they have encountered severe reactions in their series, this has not been my experience. Soreness over the site of injection is present in all cases, but this usually does not last more than twenty-four hours. There is some fever reaction, but this is seldom higher than one encounters in giving vaccine, and is often entirely absent. For the site of injection I prefer the deltoid area or the thigh; the latter when the larger doses (more than 2 c.c.) are used. The buttocks should be avoided, as it results in more discomfort.

All in all, placental extract has been a definite advance in measles therapy.

Dr. C. F. McKhann et al., in a recent article in the *Annals of Internal Medicine* (October 1935), reviewed his results with oral administration of placental extract. The dosages used by mouth were two to three times as large as those used intramuscularly. The results were of definite prophylactic value, but not so efficient as hypodermically. Reactions, however, were entirely absent. Modifications of the technic of oral administration may improve its value in the future.

B. Human Serum and Whole Blood

A similar result can be obtained by using 8 c.c. of convalescent serum on the fourth day of exposure and twice the amount of normal serum of either parent or other donor of high anti-measles titer. If whole blood is used, twice

the serum quantities should be employed. The serum or blood of convalescents should be obtained at least ten days after defervescence. If whole blood is used, the buttocks should be the site of injection because of the large amount to be introduced.

III. SCARLET FEVER

A. *Active Immunization*

It has been accepted for a number of years that scarlet fever streptococcus toxin given under certain conditions will render a high percentage of positive Dick reactors negative. The controversy over its utility rests particularly on three points:

1. The frequency and severity of the reactions.
2. The duration of the immunity.
3. Whether the injections only prevent the skin manifestations and fail to render the recipient immune to the specific streptococcic toxemia or to its bacteriologic invasion.

At the last A. M. A. meeting in Atlantic City, Dr. J. Norman Henry, of Philadelphia, presented a paper in which he reviewed his results with scarlet fever toxin in immunizing 4000 children ranging from 1-16 years. They were given five injections of graduated doses at weekly intervals, as follows: 500, 2000, 8000, 24,000, and 80,000 S. T. D. Ninety-eight and one-quarter per cent were immunized. Only 0.2 per cent had reactions that were classified as severe. About 25 per cent had mild reactions but practically none of these lasted more than one day, and hardly any had to be put to bed. It was his decided opinion that the reactions did not contraindicate this form of therapy. From my own experience, I am in full accordance with Dr. Henry. I recently injected fifty children (all under five years) at the St. Walburga's Orphanage and had no reactions that could be classified as severe. Only five children were put to bed. In addition to a fever of more than 101, they complained of general malaise. All were out of bed after twenty-four hours. About 28 per cent had a temperature above 99.5, but if this had not been taken for statistical purposes it would not have been noticed, since they were as active and ate as much as usual. After the

fourth and fifth injections, more than half of them had a local area of redness and induration at the site of injection, which lasted from thirty to forty hours. The sisters at the orphanage (several of whom are graduate nurses) were all agreed that the reactions were mild and in themselves no contraindication to immunization.

The question as to the duration of immunity has not been settled. The paper by Dr. Ball (J. A. M. A., July 29, 1933) is the only one that has come to my attention in which the children were followed for any considerable time. After eight years, thirty-three immunized children, who were given five injections, were re-tested. Twenty-eight, or about 85 per cent, were still negative to the Dick test.

At present, I believe that for practical purposes, it can be accepted that a Dick negative child is not subject to scarlet fever. However, one must realize the difficulty in standardizing the toxin and constantly check the Dick material on human subjects. Whenever results do not show any definite positive reactions, I always test a group of children to see if the expected number of positive reactions occur. I believe the failure to re-check on the material used is a very common source of error in scarlet fever research. Children who are rendered negative not only do not get the scarlet exanthem but if they contract a tonsillitis of any degree, do not give evidence of any of the usual scarlet complications.

Immunization by any other method than injections cannot be accepted at this time. Dr. Martmer, in the Journal of Pediatrics, November, 1932, presented his results by inunctions. This consisted of rubbing the toxin mixed in anhydrous lanolin into the backs of the children. He obtained 66 per cent immunizations. No one as yet has verified his results. My own investigation (J. Ped., Dec., 1935) showed that among those children who gave the most positive reactions to the Dick test, the percentage who were rendered negative was very small—less than 20 per cent. The recent publication by Dr. Friedman et al. (J. Ped., Oct., 1934) on immunization by the nasal route suggests another method that may have possibilities. The

value of a scarlet toxoid still remains to be definitely answered. I am inclined to feel with the Dicks that as yet a true scarlet fever toxoid has not been demonstrated.

In summarizing, I believe the prophylaxis of scarlet fever is reliable if given in sufficient dosage hypodermically, and that in younger children the reactions are not severe enough to reject its use even in private practice.

B. Passive Immunization

The use of the antitoxin has fallen into disrepute and justifiably so. Its reactions are often severe and its effect unreliable.

IV. DIPHTHERIA

A. Toxoid

In children ranging from six months to six years the ordinary toxoid is given in two injections of 1 c.c. each at an interval of two weeks to one month. The reactions to the preparation are negligible. In older children, I have preferred to use the toxoid (rather than toxin-antitoxin), dividing the total amount given into three or four injections depending on the reaction. Above six years, I give .2 c.c. at the first visit, increasing to .6 c.c. if there is no reaction, and the following week 1.2 c.c. In my own experience over a period of six

years, I have found this toxoid to give 95 per cent immunizations. This compares approximately with the results of other observers.

B. Alum Precipitated Toxoid

The reports on this single injection method of active immunization have all been very favorable. Varying doses of .5 c.c. to 1 c.c. are used, resulting in 95-100 per cent takes. The slower absorption of this product induces a greater total antigenic response. Some authors recommend this to be given in two doses, using only .2 c.c. at the first injection and .6 c.c.-.8 c.c. at the second injection, three to four weeks later. This does not seem necessary and eradicates its main advantage, i. e., the elimination of the extra injection. I have only used this method of injection in nine cases, as I have been somewhat deterred by its murky appearance and slow absorption. Probably this is a superficial and non-important objection, but as the ordinary toxoid has given such splendid results, I prefer to wait a little longer before I abandon it in favor of the alum precipitated product.

Both toxoid preparations give splendid results and render susceptibles immune within from four to six weeks.

EARLY DIAGNOSIS IN ABDOMINAL SURGERY

By ELDRIDGE L. ELIASON, M.D., Philadelphia, Pa.

An outline of an address before the Burlington County Medical Society, March 14, 1935

The causes of "indigestion" in the order of their frequency were, gall-bladder disease, duodenal ulcer, carcinoma of the stomach, gastric ulcer, appendicitis. He then discussed each of these separately, having a thorough knowledge of the associated statistics, and placing special emphasis upon early diagnosis and appropriate treatment.

A few interesting quotations from Dr. Eliason are as follows:

"Thirty per cent of people dying after forty-five years of age show gall-stones at autopsy; sixty per cent show biliary disease."

"Twenty per cent of duodenal ulcer cases meet with some catastrophe sooner or later."

"Mortality in operating upon ulcer cases

with massive hemorrhage is higher than with medical treatment; unless operation is performed after bleeding has stopped."

"Fifty-two per cent of the cases of carcinoma of the stomach reach the hospital too late; yet have had symptoms referable to the stomach only a short time."

"When pain in the belly lasts persistently without diarrhea for more than six hours, a surgeon should be consulted."

"Fifty per cent of carcinoma of large bowel are within reach of the finger by rectal examination."

"X-ray will rarely show malignancy at the recto-sigmoid junction, but the finger and proctoscope will show it."

SIMPLE DIET FOR AMBULATORY DIABETIC PATIENTS

By BENJAMIN SASLOW, M.D., Newark, N. J.

From the Diabetic Clinic of the Newark Presbyterian Hospital

The purpose of this paper is, first, to consider in a general manner the ordinary dietetic treatment of diabetes mellitus; and then to present a simple and practical dietetic procedure that has been found to work satisfactorily in the diabetic clinic of the Newark Presbyterian Hospital. We intend to limit ourselves solely to *diet*, but it is needless to add that diet alone without a consideration of other important factors, such as urine, insulin, and complications, is but part of complete diabetic management.

An examination of the dietetic procedures in leading and representative American diabetic clinics shows a surprising variance in accepted carbohydrate, protein, and fat values for similar food items.

COMPOSITION OF FOODS

Table 1 shows this discrepancy in carbohydrate values. It will be noticed that similar vegetables and fruits are considered to vary from 1 to 14 per cent by different clinicians. This admittedly must make a great difference in a consideration of total available carbohydrate in the diet, since fruits and vegetables are the chief sources of carbohydrate in the diabetic diet.

TABLE 1

COMPARATIVE ANALYSES BY VARIOUS
CLINICS OF SIMILAR FRUITS AND
VEGETABLES IN TERMS OF AVAIL-
ABLE PERCENTAGE OF
CARBOHYDRATE

	Short	Duncan	Joslin	Barborka	Beardwood- Kelly
Brussels sprouts	3	9	3-5	3	3
String beans	3	6	3-5	6	8
Parsnips	10	—	15	15	12
Turnips	10	6	10	6	5
Carrots	10	9	10	6	8
Peas	20	9	15	6	17
Peaches	15	—	10	10	9
Raspberries	15	9	15	15	13
Muskmelon	10	6	—	—	9
Cherries	20	18	15	15	17
Grapes	15	15	—	15	20
Pears	20	15	15	15	14

Table 2 is a percentage consideration of foodstuffs¹ from which the protein needs of the diabetic are chiefly derived. Meats, nuts, cheeses, and fish are prescribed as such; and apparently no consideration is made for the enormous variance in the protein and fat values of the different members of the same food group. For example, if the patient chooses beef tongue, his intake from this source is 19 per cent of protein and 9 per cent of fat; and if he chooses tenderloin steak, his intake is 24 per cent of protein and 20 per cent of fat.

TABLE 2

PERCENTAGE OF CARBOHYDRATE, PROTEIN
AND FAT OF SOME COMMONLY USED
FOODS FOR DERIVATION CHIEF-
LY OF PROTEIN

	Car.	Pro.	Fat
<i>Cheeses</i>			
Cottage	4	21	1
Cream	2	26	34
American	0	30	38
Swiss	1	28	35
<i>Nuts</i>			
Pecans	13	11	71
Black walnuts	13	28	56
Chestnuts	42	6	5
<i>Fish</i>			
Salmon	0	22	13
Herring	0	20	7
Flounder	0	14	1
Bluefish	0	19	1
<i>Meats</i>			
Chicken	0	21	3
Squab	0	15	18
Roast turkey	0	28	18
Round steak	0	28	8
Boiled beef	0	26	35
Tenderloin	0	24	20
Beef tongue	0	19	9
Cooked veal	0	21	4
Cooked lamb	0	20	13
Meat (Joslin)	0	27	17
Chicken (Joslin)	0	27	10
Fish (Joslin)	0	26	0

Were these discrepancies of much significance, some clinics would obtain strikingly better results than others, but the fact remains that all formal diabetic clinics obtain comparably similar good results. The factors affecting the course of diabetes mellitus are so many in number, and their relationships to each other are so interdependent and reciprocal, that

we feel that quantitative exact food calculation or unqualified acceptance of food values from whatever source, to be redundant.

Chart 1 is a brief outline of the many factors that interplay constantly and inexorably in a case of diabetes mellitus.

CHART 1

FACTORS AFFECTING THE COURSE OF
DIABETES MELLITUS

- I. Metabolic.
 - a. Specific dynamic effect of protein foods.
 - b. Basal metabolic rate.
 - c. Glycogen metabolism in liver and muscles.
 - d. Total carbohydrates available from carbohydrate, protein and fat foodstuffs.
- II. Ingested diet.
 - a. Rate of absorption of carbohydrates, proteins, and fats.
 - b. Total prescribed diet in terms of availability for metabolism.
 - c. Vitamin content of diet.
- III. Glands of internal secretion.
 - a. Rate of secretion and amount of effective endogenous insulin.
 - b. Amount and spacing of exogenous insulin dosage.
 - c. Glandular antagonisms to liver and insulin by thyroid, hypophysis, adrenals and ovaries.
- IV. Glands of external secretion.
 - a. Effective salivary, gastric, pancreatic, hepatic and intestinal digestive enzymes.
- V. Degenerative processes.
 - a. Atherosclerosis and its complications.
- VI. Infections and toxemias.
- VII. Other factors.
 - a. Polyuria, hyperglycemia and glycosuria.
 - b. Age, duration of disease and heredity.
 - c. Exercise and emotional strain.
 - d. Unknown factors.

From 1932 to 1934, we have attempted to persuade patients to use scales for the weighing of diets, but we must admit our failure in the majority of our cases. In our experience, an office or clinic patient will generally not cooperate in using scales, chiefly because of the inconvenience, but also because each meal brings his illness to his own or to public attention. Our method subsequently has been a compromise, and is actually an elaboration and augmentation of the method of Collens,² plus a selection of food values from all authoritative sources. Our method is applicable particularly to the uncomplicated adult diabetic, who after all represents the majority of all cases.

No scales are used, but each patient receives a general food chart (Chart 2), where 100 gm. portions of suitable vegetables, fruits, and meats, and 30 gm. portions of cereals, breads and crackers, have been accurately weighed out.

CHART 2

DIABETIC FOOD SCALE

DIABETIC DIET

Approximate Measurements

VEGETABLES—100 GRAM PORTIONS

1 TO 3 PER CENT VEGETABLES

Celery	10 Medium Stalks
Cucumber	10 Medium Slices
Endive	10 Stalks
Lettuce	10 Large Leaves
Mushrooms	4 Medium Sizes
Cooked Rhubarb	$\frac{3}{4}$ Cup
Sauerkraut	$\frac{3}{4}$ Cup
Spinach, Cooked	$\frac{1}{2}$ Cup

5 PER CENT VEGETABLES

Canned Asparagus	5 Tips
Fresh Asparagus	4 Long Stalks
Romaine	10 Large Leaves
Brussel Sprouts	$\frac{3}{4}$ Cup
Cauliflower	$\frac{3}{4}$ Cup
Egg Plant	$1\frac{1}{2}$ Cup
Green Pepper	1 Medium
Radishes	5 Small
Canned String Beans	$\frac{1}{2}$ Cup
Fresh Tomato	Size of Egg
Water Cress	2 Cup
Canned Tomato	$\frac{1}{2}$ Cup
Cabbage—Grated	$\frac{1}{3}$ Cup

10 PER CENT VEGETABLES

Beets	$\frac{3}{4}$ Cup
Canned Green Peas	$\frac{1}{2}$ Cup
Carrots	$\frac{3}{4}$ Cup
Olives	$\frac{1}{2}$ Cup
Cooked Onions	$\frac{1}{2}$ Cup
Oyster Plant	$\frac{3}{4}$ Cup
Canned Pumpkins	$\frac{1}{3}$ Cup
Squash	$\frac{1}{2}$ Cup
Fresh String Beans	$\frac{1}{2}$ Cup
Turnips	$\frac{3}{4}$ Cup
Okra	$\frac{1}{2}$ Cup
Raw Onions	3 Small

20 PER CENT VEGETABLES

Canned Baked Beans	$\frac{1}{3}$ Cup
Fresh Lima Beans	$\frac{1}{2}$ Cup
Canned Corn	$\frac{1}{2}$ Cup
Cooked Macaroni	$\frac{1}{2}$ Cup
Mashed Potatoes	$\frac{1}{2}$ Cup
Cooked Rice	$\frac{1}{2}$ Cup
Cooked Spaghetti	$\frac{1}{2}$ Cup
Canned Succotash	$\frac{1}{2}$ Cup
Fresh Corn	6 Tbs.

FRUITS—100 GRAM PORTIONS

10 PER CENT FRUITS

Orange	1 Small
Fresh Peaches	1 Medium
Pineapple	1 Slice $\frac{3}{4}$ " Thick
Raspberries	$\frac{1}{2}$ Cup
Strawberries	$\frac{1}{2}$ Cup
Grapefruit	$\frac{1}{2}$
Blackberries	1 Cup

Pineapple Juice	½ Cup
Cranberries	¾ Cup
Watermelon	¾ Cup—Diced
Honey Dew Melon	4" of 8" dia. Melon
Apple	1 Small
Cantaloupe	¼ of 5" dia. Melon

20 PER CENT FRUITS

Fresh Apricots	2 Medium
Blueberries	½ Cup
Cherries	⅔ Cup
Grapes	18
Plums	3 Small
Bananas	1 Small
Pears	1 Medium
Grape Juice	½ Cup

CEREALS

(Uncooked) 30 Gram.=20 Calories

Grapenuts	3½ Tablespoons
Oatmeal	3 Tablespoons
Farina	3 Tablespoons
Shredded Wheat	1 Biscuit
Puffed Rice	1½ Cup
Cornflakes	1 Cup

BREADS

30 Gram.=13 Calories

White Bread	1½ Cut Slices
Jewish Rye	1 Small Slice
Roll	1 Medium-Hard

CRACKERS

30 Gram.=20 Calories

Uneeda Biscuits	4
Oyster Crackers	½ Cup
Pretzel	½ Medium
Saltines	5
Matzoths	6½" x 3"
Zwieback	2½

MEATS—100 GRAM PORTIONS

Protein—20 Gram. Fat—20 Gram

Squab	1 Large
Turkey	2 Slices, 3" x 3" x ¼"
Bologna	5 Thin Slices
Boiled Beef	1 Slice, 4" x 3" x ¾"
Corned Beef	3 Slices, 4" x 3" x ¼"
Roast Beef	1 Slice, 5" x 2½" x ¼"
Pork Chops	1 Medium Sized
Frankfurters	3 Small
Lamb Chops	3 Small
Duck	2 Slices 1¼" x 1½" x ¼"

Protein—20 Gram. Fat—10 Gram.

Capon	2 Slices, 3" x 3" x ¼"
Roast Pork	1 Slice, 3" x 3" x ¼"
Roast Lamb	1 Slice, 5" x 5" x ¼"
Chicken	½ Breast or 1 Thigh
White Chicken Meat	1 Slice, 5" x 4" x ¼"
Lean Ham, Fresh	1 Slice, 4" x 3" x ¼"
Lamb Kidneys	2 Average Size
Beef Tongue	3 Average Slices
Beef Steak	¼ Pound
Calves Liver	¼ Pound
Chicken Livers	2
Veal Cutlet	⅔ Cutlet
Beef Liver	1 Slice, 4" x 2½" x ½"

FISH—100 GRAM PORTIONS

Protein—20 Gram. Fat—20 Gram

Butterfish	¼ Pound
Canned Tuna	½ Cup
Sardines	4 Small
Fresh Salmon	¼ Pound
Smoked Herring	¼ Pound

Salt Mackerel	¼ Pound
Carp	¼ Pound
White Fish	¼ Pound
Salt Herring	¼ Pound
Pickled Herring	¼ Pound

Protein—20 Gram. Fat—3 Gram.

Bass	¼ Pound
Blue Fish	¼ Pound
Clams	8 Small
Crab Meat	⅓ Cup
Mackerel	¼ Pound
Lobster	⅔ Cup, Flakes
Oysters	4 Large
Shad	¼ Pound
Shrimps	10
Smelts	¼ Pound
Flounder	¼ Pound
Scallops	½ Cup, Raw
Halibut	¼ Pound
Cod	¼ Pound

DAIRY PRODUCTS

C=Carbohydrates

P=Protein

F=Fat

LIQUID—MILKS

	C	P	F
Evaporated Milk, 1 Tablespoon	1	1	1
Buttermilk, 1 Cup	8	2	1
Milk, 1 Cup	10	6	6
Skimmed Milk, 1 Cup	10	6	1
Cream, 20 per cent, 1 Ounce	1	1	6
Cream, 40 per cent, 1 Ounce	1	1	12
Sour Cream, 30 per cent, 7 Tablespoons	1	3	25
Whipped Cream, 40 per cent, 2 Tbs.	1	1	12

SOLID—CHEESES

	C	P	F
Pot Cheese, 3 Tablespoons	2	10	.5
Cream Cheese, 2 Tablespoons	1	6	8
American (Swiss), 1½" Square	0	9	11
Liederkranz, 2 Tablespoons	0	5	8
Roquefort, 2 Tablespoons	.5	7	9
Camembert, 2 Tablespoons	0	6	7

NUTS

	C	P	F
Almonds, 3 Tablespoons	4	5	13
Brazil, 5	4	4	16
Cashew, 15 Medium	5	4	4
Peanuts, 20	5	5	7
Peanut Butter, 2 Tablespoons	1	3	4
Pistachios, 20	1	2	5
Walnuts, 8	1	1	6

FATS

	C	P	F
Butter, 1 Tablespoon	0	0	12
Lard, 2 Tablespoons	0	0	10
Olive Oil, 2 Tablespoons	0	0	10
Mayonnaise, 2 Tablespoons	0	0	4
Mineral Oil	0	0	0
Chicken Fat, 1 Tablespoon	0	0	13
Goose Fat, 1 Tablespoon	0	0	13
French Dressing, 1 Tablespoon	0	0	10
Bacon Drippings, 1 Tablespoon	0	0	14

BEVERAGES

	C	% Alcohol
Cider, 1 Cup	9	—
Coca Cola, 1 Cup	8	—
Ginger Ale, 1 Cup	8	—
Root Beer, 1 Cup	8	—
Ale, 1 Cup	5	Varies
Beer, 1 Cup	4	4
Dry Wines, ½ Cup	3	10
Distilled Liquors, ¼ Cup	Varies	25

FOODS WITH NEGLIGIBLE VALUES

Agar-Agar	Mineral Oil
Bouillon	Water
Coffee	Pepper
Tea	Paprika
Mineral Waters	Salt
D-Zerta	Cocoa Nibs
Saccharin	Vinegar
Mushrooms	Gelatin
Twice Cooked $\frac{1}{3}$ per cent Vegetables	

TABLE OF EQUIVALENTS

4 Teaspoonfuls=1 Tablespoonful
2 Tablespoonfuls=1 Ounce
16 Tablespoonfuls=1 Cup
2 Cups=1 Pint
4 Cups=1 Quart
1 Drinking Glass=8 Ounces
$3\frac{1}{3}$ Ounces=100 Grams
1 Ounce=30 Grams
1 Tablespoonful=15 Grams
1 Gram Carbohydrate=4 Calories
1 Gram Protein=4 Calories
1 Gram Fat=9 Calories

TESTING URINE FOR SUGAR

1. Pour 1 Teaspoonful of Benedict Solution in a Test Tube.
2. Add 6 Drops Urine with Medicine Dropper.
3. Bring to Gentle Boil for 10 Seconds.
4. Let Test Tube Cool.
5. Read as follows:
 - a. Blue—No Sugar.
 - b. Green—Trace of Sugar.
 - c. Greenish Yellow—Small Amount of Sugar.
 - d. Yellow—Moderate Amount of Sugar.
 - e. Orange to Red—Large Amount of Sugar.

INSULIN

Units-10 Insulin—Blue Label
Units-20 Insulin—Yellow Label
Units-40 Insulin—Pink Label
Units-80 Insulin—Green Label
1 C.C. of U-20 Insulin=20 Units
2 C.C. of U-40 Insulin=80 Units
$\frac{1}{2}$ C.C. of U-10 Insulin=5 Units
$\frac{1}{4}$ C.C. of U-40 Insulin=10 Units

Since analytical differences by various analysts occur, particularly in the composition of fruits and vegetables due to different technical methods of analysis, and to the degrees of ripeness and maturity of these foods, we have tabulated an average carbohydrate percentage for fruits and vegetables. This list has been found to be suitable in our hands. We have divided meats and fish into fat and lean, and their percentages of protein and fat are an average from many sources.³

We have listed ordinary and popular portions of fats, milks, cheeses and nuts individually, according to their gram contents of car-

bohydrate, protein and fat, because no average gram or percentage value for any of these foods is within reasonable limits of accuracy.

Foods with negligible food values are also listed, so as to permit the patient extra food if the diet seems to be insufficient to him. Certain of the listed beverages are permitted to selected mild cases. This chart obviously dispenses with the unpopular weighing of food, and the patient can tell at a glance the amounts found in prescribed portions, in grams, of various food items. Furthermore, an abundant number of equivalent substitutes have been listed under each food type, to prevent any diet from becoming monotonous.

We seldom use any standard or "stock" diets. Each diet is individual for each patient; and their contents are determined by the following criteria,⁴ viz:

Total Calories Required

35 Calories per kilogram if the patient is under weight.
25 Calories per kilogram if patient is normal in weight.
20 Calories per kilogram if patient is overweight.

Gram Requirements of Carbohydrate, Protein and Fat

Protein— $\frac{2}{3}$ -1 gm. per kilogram of body weight.
Carbohydrate—About twice the number of grams of protein.
Fat—Enough grams of fat to make up the balance of prescribed diet.

SPECIFIC DIET LIST

After the individual diet has been determined, the patient receives his specific diet list. Chart 3 (p. 148) is the form used, and upon it is written the individual diet of one of our patients. The food values in the lower right-hand corner⁵ are for rapid calculation of the diet, either by the physician or by the intelligent patient. The exact number of grams or ounces of each type of food for each meal is clearly shown upon Chart 3; and by merely referring back to Chart 2, the patient determines quickly, easily, and accurately, the exact diet prescribed.

of toasting only removes water from bread, and consequently increases the carbohydrate concentration. Bread contains 53 per cent, and toast contains 60 per cent of carbohydrate. Whenever feasible, we advise a decrease of bread intake, and many cases with obstinate glycosuria will promptly become aglycosuric by curtailing the bread intake. Uneda biscuits, or 10 per cent vegetables, may easily be substituted for bread.

We never use gluten breads because they are of limited usefulness to the diabetic patient. They contain 54-65 per cent of protein, and not only is this excessive amount of protein a possible strain upon the kidneys, but it is well to remember that 58 per cent of protein is converted into carbohydrate after absorption. Gluten bread gives a false sense of security.

We feel that a careful history of the racial,

personal, and dietary preferences and customs of the patient should be investigated. We never ask the orthodox Jewish patient to use pork products, and his traditionally favorite sour cream, pot cheese, and fowl, are frequently prescribed. An Italian patient is delighted and gratified if he is permitted a bit of wine, olive oil, a little macaroni, or any food indigenous to his Italy. A diet that appeals to the patient and approaches his normal diet is most likely to be followed.

In the advent of an intercurrent infection, a special diet should be substituted for the ordinary one. This special diet should approximate the carbohydrate content of the accustomed diet and should be made up of liquid or soft digestible foods such as puddings, skimmed milk, custards, junkets, broths, pureed vegetables, fruit juices, ginger ale and thin cereal gruels.

CONCLUSIONS

1. Many discrepancies in the ordinary dietetic treatment of diabetes mellitus have been demonstrated.

2. An outline of the many interrelated variables brought to play in an ordinary case of diabetes mellitus has been presented.

3. A simple and practical dietetic method has been demonstrated.

4. A few practical and pertinent points in the dietetic management of diabetes mellitus have been considered.

BIBLIOGRAPHY

1. Beardwood, J. T., and Kelly, H. T.: *Simplified Diabetic Management*, Philadelphia, Lea & Febiger, p. 160-161, 1931.
2. Collens, W. S.: *Simple Method for Writing Scientific Diet*, J. A. M. A., 100:184-185, (Jan. 21) 1933.
- 3 (a) Joslin, E. P.: *The Treatment of Diabetes Mellitus*, Philadelphia, Lea & Febiger, 1935.

- (b) Bridges, A. Milton: *Food and Beverage Analysis*, Philadelphia, Lea and Febiger, 1935.
- (c) Barborka, Clifford J.: *Treatment by Diet*, J. B. Lippincott Company, 1934.
4. Duncan, G. G.: *Diabetes Mellitus and Obesity*, Philadelphia, J. B. Lippincott, p. 136, 1935.
5. Joslin, E. P.: *Diabetic Manual*, Philadelphia, Lea & Febiger, p. 51, 1934.

FAMILIAL HEMOLYTIC JAUNDICE

By JEROME G. KAUFMAN, M.D., Newark, N. J.

From the Medical Service of Dr. Frederick C. Horsford, Newark City Hospital, Newark, N. J.

Read at the Clinical Staff Meeting of the Newark City Hospital, December 6, 1934.

Familial hemolytic jaundice has been reported in the literature under many synonyms, such as hemolytic anemia, hemolytic jaundice, hemolytic splenomegaly, Minkowski-Chauffard disease, Hayem-Widal jaundice, and familial acholuric jaundice. It is the opinion of many observers that the types formerly described as acquired (Hayem-Widal) and congenital (Minkowski-Chauffard) should be considered under the one title of familial hemolytic jaundice. Murchison first described this condition in 1885. It was not until fifteen years later that Minkowski gave a detailed description of the disease and showed its hereditary tendency. This paper brought out clearly the fact that the jaundice is not obstructive, and that there is no evidence of disease of the liver. However, it was in 1907 that Chauffard described the increase in fragility of the red blood corpuscles, and thus explained the hemolytic aspect.

From the etiological standpoint, the disease is often traced through two or more generations. It is transmitted as a dominant characteristic, according to the Mendelian Law. Males and females are affected alike, and each sex is able to transmit the disease. No definite etiological factor is demonstrable at this time.

PATHOLOGY

The pathology is dependent upon the increased activity of the bone marrow, involvement of the reticulo-endothelial system, and congestion of the splenic pulp. The spleen is large, due, primarily, to the congestion of the pulp with blood. It is firm, and the cut surface is deep red. On section, the splenic pulp structure is entirely replaced with blood, the sinuses usually remaining empty. However, there is no definite pathological picture. There is evidence that much blood pigment is deposited in the reticulo-endothelial cells of the liver, spleen and bone marrow.

SYMPTOMS

Although jaundice is the outstanding clinical manifestation, the symptomatology is dependent upon the hemolytic anemia. The jaundice is usually established in early life, and may even be present in early infancy. It is a general rule that, once the patient is jaundiced, he remains jaundiced throughout life. There is neither pruritis nor bradycardia in this type of jaundice, since there is no retention of bile salts in the tissue; but there is, rather, an increase of bilirubin in the blood. The size of the spleen seems to be related to the severity of the anemia and the duration of the disease. It may vary also during periods of so-called "crisis", during which the spleen becomes greatly enlarged, and decreases in size when the crisis is over. Also, at the time of the crisis, the patient is more jaundiced, vomits a great deal, and complains of pain either over the spleen or, at times, over the liver.

A study of the blood usually reveals a severe secondary anemia, with a red cell count of between three and three and one-half million.

This count is markedly reduced during a crisis, falling to two million or less. Microcytes are found in large numbers in the blood smear of almost all cases of hemolytic jaundice; and it is the only type of jaundice in which microcytes occur. Another important finding is the presence of reticulocytes, in percentages as high as twenty or more. The diagnostic feature of this anemia is the increase in fragility of the red blood corpuscles in normal saline solution. Hemolysis in hemolytic jaundice ranges from approximately 0.4 per cent to 0.6 per cent, while the normal limits of hemolysis are from approximately 0.3 per cent to 0.45 per cent.

The course of the disease is essentially chronic, with exacerbations which have been termed crises. During a crisis, the patient's temperature increases, the spleen is enlarged, the jaundice is intensified, and the anemia is

more severe. With the onset of the remission, there is subsidence of the symptoms and physical findings.

The common and important complication is the occurrence of cholelithiasis in more than one-half of the cases. This is probably due to the precipitation of bilirubin from the bile, which is supersaturated with this pigment. The stones are composed of bilirubin calcium. Cholesterol is not found in these stones as a rule.

DIAGNOSIS

The diagnosis is not difficult in the majority of cases. There is usually the history of familial occurrence of splenomegaly, the history of jaundice of many years' standing, with periods of exacerbation and remission. From a laboratory standpoint, the diagnosis is confirmed by

the presence of anemia, microcytes, a high reticulocyte count; and finally, an increase in the fragility of the red blood corpuscles.

TREATMENT

Splenectomy is an accepted treatment today, despite the fact that the spleen is not the seat of the disease. This organ, however, is active in blood destruction and its removal is followed by a rapid improvement in the patient's condition. The jaundice wanes and the anemia lessens. However, there is a persistence of microcytes and the fragility of the red blood cells may be only slightly lessened. The operation should always be performed during a remission, and never during a crisis.

The following two cases are reported as typical examples of this disease:

CASE REPORTS

CASE 1

R. U., a white girl, aged 12, was admitted to the medical service of Dr. Frederick C. Horsford, New-ark City Hospital. Her chief complaints were pain in the chest, of acute onset and of three weeks' duration; vomiting, and pain in the epigastrium for about two years. She also complained of anorexia, but this symptom seemed to be present from early childhood.

Her past history was of very little importance. She had had, during early childhood, measles, chicken-pox, pneumonia. A tonsillectomy had been performed in 1929 for recurrent sore throats. With the exception of occasional pain in the epigastrium, she was well until this present illness, which was of three weeks' duration.

Physical Examination. On admission, the patient was found to be a pale, under-nourished young female. There was also a suggestion of jaundice. Examination was normal in every respect, except for the abdomen. The liver was palpable, just below the costal margin. The spleen was moderately enlarged, hard, and somewhat firm in consistency. It extended down and out toward the umbilicus.

Laboratory Findings. Temperature reached 100.6 on occasions. Pulse rate varied from 74 to 90 beats per minute. Urinalysis was negative on repeated examinations. Sedimentation test was well within normal limits. Blood chemistry: Urea N. 12 milligrams, sugar 110 mgs. per 100 c.c. of blood. Blood count: Red blood cells—3,900,000, hemoglobin—76 per cent (Sahli) with a color index of slightly less than 1.0; white blood cells—6,900, polymorphonuclears—61 per cent, lymphocytes—32 per cent, endothelial cells—5 per cent, eosinophiles—2 per cent. Icterus index was 10. Van Der Bergh test was negative. Reticulocyte count was 5 per cent. Cholesterol was 225 mgs. The blood Wassermann and

Kahn tests were negative. Fragility test showed initial hemolysis of 0.50 per cent, with complete hemolysis at 0.42 per cent, while the control test showed initial hemolysis at 0.44 per cent and complete at 0.34 per cent.

Diagnosis. Based on the splenomegaly, the anemia, the reticulocyte count, and the increased fragility of the red blood cells, the diagnosis of *familial hemolytic jaundice* was made. For this reason, the parents of the child were examined, and the mother was found to have a similar condition, and her case is reported as case number 2 in this paper. It was felt that, since this child's condition was good, a splenectomy should be performed.

She was transferred to the service of Dr. Haussling, and a splenectomy was performed on September 24, 1934. The spleen was found to be enlarged, as described above, and was removed. The following is a report of the pathological examination (reported by Dr. Harrison R. Martland):

Gross Examination. The spleen is about the size of an adult average spleen, measuring 12 x 7 x 3.5 cm. and weighing 200 grams. The capsule is not thickened, and contains no adhesions. It is stretched and under tension. On section, the spleen is a dark red color, a trifle soft, and the lymphoid follicles can just be seen as small greyish bodies.

Microscopic Examination. The splenic pulp is markedly engorged with red blood cells, which so obliterate the splenic architecture that it is impossible to state whether the sinuses contain blood or are empty. The lymphoid follicles are normal and show no atrophy. The media of the arterioles are normal and show no hyaline of any consequence. The RE cells can hardly be recognized, but there is certainly no hypertrophy of the endothelium of the sinuses. There is only moderate phagocytosis of hemosiderin.

Diagnosis. The above picture is consistent with the diagnosis of hemolytic icterus. The absence of much pigment and hypertrophy of sinus endothelium would suggest that the patient was in an active stage of her sickness.

Following her operation, this patient did very well and was discharged from the hospital on October 14th, 1934, with no further complaint. At the time of discharge, her hemoglobin had risen to 95 per cent and the red blood cell count to 4,400,000.

CASE 2

E. U., a female patient, aged 33, and the mother of the patient reported as case number 1, was admitted to the medical service, after a routine examination had revealed a large spleen.

History. About twelve years ago, the patient complained of severe pain in the lower abdomen, nausea and vomiting spells, and jaundice. This jaundice has persisted since its onset. For the past year, she has become progressively worse with frequent vomiting spells and dizziness. She believed that the jaundice had become intensified. She complained also of severe pain in the epigastrium, which radiated down towards the pelvis and lower back. She gave a history of constipation alternating with diarrhoea. For the past few months, she has had shortness of breath and weakness, in addition to the above symptoms. An appendectomy was performed in 1917. Up to this time no diagnosis had been made of her condition.

Physical examination revealed a deeply jaundiced woman who seemed very ill. The sclera were jaundiced, and the conjunctivae showed definite anemia. The remainder of the examination was essentially negative excepting for the findings in the abdomen. There was a right rectus scar from her previous appendectomy. The liver was enlarged, and extended about two fingers below the costal margin. The spleen was huge, firm, and stretched down into the pelvis.

Laboratory Data. Blood pressure, systolic, 128; diastolic, 78. Blood count: Red blood cells, 2,100,000; hemoglobin—42 per cent (Sahli); color index, 1.0; white blood cells—3600, with a normal differential count. The blood smear showed the usual changes of a severe anemia, with a large number of microcytes and a reticulocyte count of 5 per cent. The icterus index was 20. The Van Der Bergh test was positive, both direct and indirect. Examination of the stool was positive for bile. Examina-

tion of the urine was negative for bile, but positive for urobilinogen. The fragility test showed an initial hemolysis at 0.5 per cent, and a complete hemolysis at 0.36 per cent. The Wassermann and Kahn tests were negative.

Diagnosis. Because this was the second known case in the family, and because of the anemia, persistent jaundice, splenomegaly, and increased fragility of the red blood cells, the diagnosis of *familial hemolytic jaundice* was made. Since the patient was very ill, she was kept on the medical service for five weeks, during which time she received transfusions until her general condition improved sufficiently for her to be transferred to the surgical service of Dr. H. Comando. On October 18th, a splenectomy was performed and the spleen, which was found to be greatly enlarged, was removed. The patient was returned to the ward in good condition. However, late the same afternoon, her temperature began to climb, and the patient went into shock. Despite all attempts, the patient's temperature climbed steadily to 107 F. and she expired thirty-six hours after the operation, probably as a result of so-called "liver shock". Permission for autopsy could not be obtained.

Pathological Report (Dr. Harrison R. Martland). The spleen is greatly enlarged and measures 20 by 10 by 6 cms. and weighs 950 grams. The capsule is tense, not thickened, and there are no perisplenic adhesions. On section, the spleen is fairly firm, dark red in color, and drips blood. The lymphoid tissue is hardly visible.

A **microscopic examination** shows the splenic pulp to be enormously packed with red blood cells. The Malpighian bodies are moderately atrophic, there is no hyaline of consequence in the media of the arterioles, and no myeloid metaplasia. The greatly engorged pulp destroys the architecture of the spleen so that definite interpretations of other structures are difficult. The condition of the sinuses can not be ascertained. There is no hypertrophy of the reticulo-epithelial system, no marked changes in reticulum, and practically no hemosiderin and phagocytosis.

Diagnosis, inactive stage of hemolytic icterus.

Comment. Both spleens show no characteristics of any of the specific splenomegalies; such as Hodgkins, Gaucher, Banti, Nieman, etc. It should be recalled that the findings in hemolytic icterus, aside from the packing of the pulp with non-nucleated, mature red cells are not definite or characteristic, and that the mode of circulation through the spleen is still hazy and controversial.

BIBLIOGRAPHY

1. Boyd, W.: Path. of Int. Diseases, 1931.
2. Campbell, J. M. H., and Warner, E. C.: Quarterly J. Med., 19:333, April, 1926.
3. Chauffard, A.: Semaine Med., 27:25, 1907.
4. Hayem, G.: Presse Med., 1:121, 1898.
5. Krumhaar, E. B.; Musser, J. H., and Peet, M. M.: J. Exper. Med., 23:97, 1916.
6. MacCarty, W. C.: Proc. Staff Meetings, Mayo Clinic, 7:187, March 30, 1932.
7. Martland, H. R.: Personal Communication.
8. Minkowski, O.: Verhandl. D. deutsch. Kong. f. inn. Med., 18:316, 1900.
9. Murchinson, C.: Diseases of the Liver, London, 1885.
10. Piney, A.: Hematology—3rd Edition.
11. Reynolds, G. P.: Amer. J. Med. Sc., 179:549, April, 1930.
12. Widál, F.; Abrami, P., and Brule, M.: Presse Med., 15:641, 1907.

CLINICAL VERSUS X-RAY STUDY IN ACUTE MASTOIDITIS

By CHARLES W. BARKHORN, M.D., Newark, N. J.

Read before the Eye, Ear, Nose and Throat Section of The Medical Society of New Jersey at its 169th Annual Meeting, May 2, 1935, in Atlantic City

It is a well established fact particularly known to otologists that whereas valuable information may be obtained from a properly made x-ray of a mastoid, the decision to operate, must rest on a proper interpretation of the clinical phenomena, as they progress from day to day, regardless of the report of the roentgenologist. If there could be a combined study, with the coöperation of the otologist and roentgenologist during the course of an acute otitis media, it would result in greater diagnostic accuracy, and our ultimate result in mastoid surgery would be benefited.

In perusing the literature it is difficult to find material in which a combined study by a roentgenologist and an otologist has resulted in any really conclusive observations. It consists for the most part either of a discussion as to roentgenological technic, including a discussion of stereoscopic films; or otologists report clinical phases of an acute condition and merely mention the roentgenograms as a matter of routine examination. In October, 1933, in the American Journal of Roentgenology, Berg and Constans published a report of the "Clinical Roentgenological and Operative Findings in 158 Cases of Mastoiditis". To this article, as well as to an article by Beilin, a radiologist, in the Illinois Medical Journal, December, 1932, I shall refer later, and report some of their observations and conclusions.

It has been my good fortune to have interested two roentgenologists, Dr. Charles F. Baker and Dr. William James Marquis, of Newark, in an attempt to study, from both viewpoints, a number of cases of acute mastoiditis, from the beginning of the infection through the clinical course; and when operation became necessary, a reinterpretation and discussion was sought. We x-rayed cases many times as the clinical signs progressed and made a careful study of the films. Then after the condition had subsided, and if no operation was necessary, we re-x-rayed the mastoids to see how nearly to our accepted normal, or nega-

tive picture, the condition had returned. From a series x-rayed repeatedly, at the Essex County Isolation Hospital during scarlet fever, complicated by acute purulent otitis media, we were also able to draw some definite conclusions as to the value of repeated x-rays.

CLINICAL AND X-RAY CO-ORDINATION

It has always been and probably always will be the general fallacy that too little of a history of a case is given to roentgenologists. A few bare facts outlined on the x-ray requisition, and these alone, together with the films that a technician has taken, are submitted for interpretation. A very exacting report is expected; but if in error, there is a tendency for us to question the policy, or the need for a film, and we may neglect it in future work. Therefore, before we go any further, let me ask that in all fairness, be sure that adequate information is at the disposal of the roentgenologist before he is expected to report on his x-ray findings. This point holds particularly on films of the mastoids, where such facts as history of previous, or a repeated ear trouble, duration of the present illness, nature of the offending organism if known, and any present acute clinical signs or symptoms are very helpful for him to prognosticate the existing condition.

There is a certain group of roentgenologists who do not favor help from the clinical side. They prefer to interpret their pictures without history or help, and strive to arrive independently at the same diagnosis as the clinicians. They feel that an unprejudiced opinion results. However, my own feeling is that an interpretation of an x-ray by a competent radiologist, who has all available information at his disposal, as well as the coöperation of the otologist conducting the case, will result in more accurate and more clearly understood reports.

It is a well-known fact that many roentgenologists are not sufficiently informed as to

the anatomic and topographic details in an x-ray of the mastoid. This fact makes diagnosis more complicated; but with all available material on hand, and with the combined help of an otologist, who independently should be able to interpret his own films in an emergency, a more accurate report should be arrived at. This interpretation would be aided still more, if repeated x-rays could be taken during the course of the infection, and successive changes in the films noted, whether the condition was clearing up, remaining stationary, or advancing toward operative interference.

X-RAY SERIES

To the public this request for a series of x-rays might be misunderstood, but in most cases, with the coöperation on the part of the roentgenologist, and with an explanation to the people, it could be accomplished with little difficulty.

It is customary in Newark to take an anterior and a lateral picture of the mastoids in the Granger and Law positions. Since the advent of the stereoscopic films, there has been some question raised as to their real value. Some feel that for depth of perception they are of value, particularly in diploetic mastoids; but again we feel that an anterior and a lateral picture are sufficient for rendering an opinion. We also definitely feel that a series of pictures should be taken during the course of the infection. Very recently, since the advent of infections of the petrous apex, has the value of early pictures for later comparison been found extremely helpful.

To further aid our study, we have taken a number of x-rays of skulls and have prepared mastoid bones to help us in identifying definite anatomical landmarks, such as the antrum, semicircular canals, the external and internal auditory meatus, which, due to errors in technic, may not always be superimposed as the Law position requires, and the zygomatic cells. This latter group of cells constitutes a pathway of infection to the petrous tip, and is essential to be identified. With the help of a little lipiodol and strips of lead plates, these

structures have been marked off and the films taken.

As a matter of review let me say that, from an x-ray as well as from a clinical point of view, there are four types of mastoids: the infantile, the diploetic, the pneumatic and the sclerotic. As a clinician treating an acute otitis media, it is a great help to know just what kind of a mastoid we are dealing with.

INFANTILE TYPE

The *infantile* type, as seen in children under three years of age and which may present itself in later life in about one per cent of adult cases, consists, first, according to Law, of a well-defined antrum. This communicates freely with the middle ear, and is lined with the same type of mucous membrane through the aditus. Subsequently between the second and third year some periantral cells develop, and some cells extending to the sinus, in the region of the knee begin to show. Then, for the rest of the mastoid, there is only bony detail, lacking air spaces. When this type of mastoid becomes the seat of a purulent exudate, it is difficult to elicit any detail, and the whole area appears as a haze. The sinus wall may stand out more clearly in the diseased side, as compared with the normal side, a contrast known as Granger's sign; or the antrum may show up as a large cavity.

DIPLOETIC TYPE

Some of the infant mastoids may be classified as the diploetic type. This type persists in about twenty per cent of adult mastoids; hence the reason for making a separate group of this type. In roentgenograms a diploetic mastoid shows as a fine mesh work of diploe usually near the tip. It is finer than the smallest pneumatic cells, and is very difficult to observe, unless a perfect plate is obtained. Stereoscopic plates are advised in such suspected cases.

PNEUMATIC TYPE

The *pneumatic* type of mastoid, which is the most common of the adult forms, consists of small cells, large cells, or mixed types of cells, enclosed by trabeculae extending around the mastoid antrum, occupying the body of the

mastoid, the tip, and over the sinus plate well toward the occiput, also the squamous and zygomatic portions of the temporal bone. When this type becomes involved, there appears a general cloudiness, which later advances to destruction of the cellular wall. The trabeculae first are thickened, and then become obliterated. When this occurs there appears an increased density due to an accumulation of pus or granulations. At the same time there is a loss of the lime salt in the bone, and the sinus wall appears more prominent. This is an early indication, according to Granger, for operative intervention.

SCLEROTIC TYPE

The *sclerotic* type is similar to the entirely undeveloped one. However, in the undeveloped type the x-rays show a homogeneous bony texture, while in the sclerotic type there may have been an obliteration by chronic suppuration of the cells, and hard bone has replaced the cells, the process only occurring in a limited area. This usually begins at the knee of the sinus and extends downwards toward the tip.

THE RADIOLOGIST'S REPORT

According to Berg and Constans, the following points are especially noted and reported to the otologists before operation:

1. The type of mastoid.
2. The size of the cells; any unusual location and the presence of zygomatic cells.
3. The presence and degree of opacity in the mastoid antrum and cells.
4. Evidence of cell necrosis, i. e.:
 - a. Definite necrosis.
 - b. Signs of early necrosis, that is:

Cell walls would appear to be slightly widened; or

Density of the cell seemed to be slightly increased; or

Edge of the cell wall would show a fine fuzziness, but cell walls, however, could be traced out completely.
 - c. Presence of Granger's sign, i. e., the sinus plate could be clearly seen on the

affected side, and could not be visualized on the normal side.

5. Location of the lateral sinus:
 - a. Position in regard to distance posterior to antrum; anterior, median, or posterior.
 - b. Position in regard to depth from cortex: Superficial; or median depth; or deep.
6. Location of emissary vein.
7. Any unusual anatomical findings.

Also Beilin reports that the following pathological findings may be revealed on the roentgenograms:

1. Hyperemia of the mastoid cells.
2. Acute catarrhal mastoiditis.
3. Purulent mastoiditis.
4. Softening of the cell walls.
5. Necrosis of the cell walls.
6. Destruction of the sinus wall.
7. Destruction of the tegman tympanum.
8. Cholesteatoma.
9. Sclerosis.

In this latter classification we have found it very difficult to differentiate the above points with certainty, and question whether one can really be sure, in a film, of the presence of only inflammation, only pus, or a mixture including a repair granulation process.

PATHOLOGICAL REPORT

Considering mastoids clinically, we all know that the infection begins usually as an acute otitis media, only in rare cases does it originate in the mastoid bone without middle ear involvement; it begins as a hyperemia within the middle ear and shows itself on otoscopic examination of the ear drum. This hyperemia increases in amount, and the inflammation spreads along the mucous membrane of the middle ear. The hyperemia rapidly is followed by an exudate into the interstitial tissues of the mucous membrane, and into the tympanic cavity. This is at first sero-sanguineous, then muco-purulent or purulent, and by direct continuity the mucous membrane of the mastoid cells, through the aditus and iter, becomes involved.

The ear drum ruptures spontaneously, or is opened by a paracentesis. If the discharge is

free, and other conditions, such as resistance of the patient, virulence of the organism causing the otitis, and anatomical relations are favorable, the condition may clear, resolution may occur, the acute otitis may subside, and the middle ear may return to normal. But when conditions such as poor resistance of the patient, increased virulence of the organism, and unfavorable anatomical structures prevail, the process continues until mastoiditis develops.

If a film were taken at this early stage of the involvement, that is within the first twenty-four to forty-eight hours of an acute otitis media, all we would expect to find would be a slight difference in density in our two mastoids, a slight haziness of detail with no breaking down of the trabeculae. We could call this the *hyperemia stage* of mastoid involvement.

As we know, this condition may get well and within a short while clear up entirely so that a normal picture of the mastoid bone could be seen; but if the process continues, and pus begins to accumulate in excess of the drainage, in a variable period of time pressure would ensue and there would be a breaking down of the mastoid cells and decalcification would take place. This is the purulent, softening, and necrotic stage. It usually begins in the region of the knee of the sinus, or at the tip, with the result, at times, of the formation of a subperiosteal abscess; or if the process has continued for a longer period, perforation may occur on the inferior surface of the mastoid process, into the digastric fossa and form an abscess beneath the sternocleidomastoid muscle,—a *Bezold* abscess. Pus may also extend upward and form a *subdural* abscess through the roof of the antrum; or backward through the sinus plate to form a peri-sinus abscess; and even inward producing labyrinthine symptoms or the characteristic symptoms of involvement of the petrous apex.

We feel many of these conditions might never be reached, or at least, be detected as border-line cases and operated upon before more serious involvement has occurred, if repeated pictures at regular intervals during the course of the disease could be taken.

TIME FOR OPERATION

We all know that from a clinical standpoint, there is an ideal time to operate upon a mastoid. We should attempt to determine this time by every means at our disposal. If we are to depend wholly on clinical signs, there is a chance that this ideal time may be missed or overlooked; but with the help of repeated x-rays, and our clinical judgment, it should be more easily determined. If operative intervention is attempted before there is a walling off of the infection, let us say in the first week of the acute otitis media, the exception being definite signs of meningeal irritation, we can expect a stormy after-course. Because of sudden high temperature, exquisite tenderness, and profuse discharge early, we are often tempted to operate; but if an x-ray were taken, our entire attitude *might* be changed, for the picture would *probably* show no definite signs of cell necrosis, or any unusual appearance of the sinus plate. It would help us to feel that we could afford to wait a longer time before operating. If, however, the clinical symptoms continued into the second week without showing signs of clearing, or evidence of remissions, with continued high temperature, tenderness, and discharge, we would be more justified in operating upon the ear. At this time, another film with a reference to and comparison with the first picture, would help to show the presence of further destruction. On the other hand, some intercurrent condition might be the offender, and an x-ray would help to rule out advancing disease in the mastoid. Operation in this second week in a great majority of cases is not likely to be followed by a stormy post-operative course.

Finally, it is our feeling that if a middle ear discharges for three weeks and does not at the end of this time show clinical or x-ray signs of subsiding, the case should be operated on, and post-auricular drainage sought. Not that we feel the case might not clear in, let us say, six weeks, but during this time we must be prepared, if we delay, to accept the consequence, that is, the possibilities of a chronic running ear, permanent perforation in the ear drum, intra-cranial complications, or an impaired organ of hearing. Once again, a prop-

erly interpreted roentgenogram would help considerably in determining our policy of operation or conservative treatment.

With the help of Dr. Baker and Dr. Marquis many cases have been studied. I would like to report two that I feel illustrate several of the points that I have attempted to bring out.

Case One. F. C., aged 7, a boy, white, was seen, with the history that nine days previously, following chicken pox, he had pain in his right ear. The past three to four days he was restless and complained of severe pain in his right ear. He had chilly feelings; he had no pain in his left ear and no previous history of ear trouble. His entire past history was irrelevant to the present condition.

Examination showed an acute bulging drum on his right side, his left ear drum was normal. His tonsils and adenoids had been removed. His temperature was 102 by mouth. I performed a myringotomy on his right ear and obtained free pus.

The next day the child returned to the office. The ear was running profusely, he had no complaints, his temperature was 99.5.

Two days later he returned to the office with the story that the night previous he had had a temperature of 104. He looked sick. His temperature in the office was 102, and he was tender over the mastoid bone. The ear was discharging profusely. I hospitalized the child.

In the hospital the temperature was 102 on admission. The blood count showed 4,130,000 red blood cells, 76 per cent hemoglobin, 21,300 white blood cells, 78 per cent neutrophils, 9 band forms. His urine was negative.

X-ray of the mastoid showed presence of marked cloudiness and loss of detail in the right mastoid; trabecular shadows, however, were still dense. No evidence of perisinus or epidural abscess. The left mastoid showed no evidence of involvement.

Two days later his temperature fluctuated between 99.5 and 101.5; his right ear discharged profusely. The left ear drum now showed signs of acute involvement, and a paracentesis was done on it.

During the next eight days both ears continued to discharge. The temperature fluctuated between 99 and 101. The blood count: white blood cells dropped to 12,000, 66 per cent neutrophils. A second x-ray six days after the first showed practically the same condition on the right side but cloudiness without breaking down of the trabeculae on the left side.

The boy continued to improve. At the end of ten days his left ear was dry, and his right ear was discharging less. His temperature was between 98.5 and 99.5; his white blood cell count 9600, 75 per cent neutrophils. Another x-ray seven days after the second showed still further improvement on both sides.

The child was discharged from the hospital after seventeen days. His right ear ran three days longer, and then both drums showed signs of re-

turning to normal. He had no temperature. His hearing was still diminished, but was markedly improved as compared with the beginning.

Two months later the child was again seen. His ear drums were normal; his hearing was perfect, and new x-rays showed the condition had entirely cleared in the mastoid bone on both sides, with a normal-appearing film.

The case illustrates the following points:

1. With the clinical signs of high temperature, chilly feeling, and mastoid tenderness early in the course of condition, if an x-ray had not been available, operation might have been performed.

2. Repeated x-rays showed the conditions to be clearing and not advancing, just as the clinical signs showed the condition to be improving.

3. After a variable period a check-up x-ray showed the mastoids had cleared to our assumed normal.

Case Two. C. H., aged 9, girl, white. Scarlet fever six days before admission to Essex County Isolation Hospital. Pain in right ear three days before admission. Drum ruptured spontaneously night before admission. Past history was irrelevant.

Examination showed an acutely ill child with a temperature of 102. Profuse discharge from right ear, with tenderness over mastoid bone. Left ear drum negative. Throat red and inflamed. An x-ray of mastoids on day following spontaneous rupture showed cloudiness of mastoid cells, indicating a hyperemia without breaking down of the trabeculae.

The case was observed during the course of convalescence. The scarlet fever continued to improve. The temperature after several days dropped to 99 and remained between 99 and 100 throughout the remainder of the stay in the hospital.

A blood count on admission showed 4,350,000 red cells, 83 per cent hemoglobin, 32,000 white blood cells, 64 per cent neutrophils, 11 bandforms. Culture from the right ear was reported streptococcus non-hemolyticus.

The ear continued to discharge. X-rays taken six, fourteen and twenty days after admission showed progressively increasing involvement of the mastoid, with definite evidence of cell necrosis and breaking down of the trabeculae, with the presence of Granger's sign. The clinical course, however, showed no signs of temperature reaction nor did a blood count ten days after admission,—11,200 white blood cells, 55 per cent neutrophils,—give evidence of a progressing lesion. The discharge from the ear continued profuse, until the end of the second week of convalescence, then diminished in amount. The patient was up and about. During the third week of convalescence the ear discharge

suddenly became more profuse. This was the only clinical sign of a progression of the lesion.

Five days later mastoidectomy was performed. A large coalescing mastoid was found. Pus and granulations were found throughout the bone, with a perisinus abscess and granulations on the sinus in the region on the knee. After operation the child made an uneventful recovery.

1. Early x-raying helped to decide on postponing very early operation.
2. Repeated x-ray showed the condition to be advancing.
3. There was little clinical evidence of a progressing lesion.
4. The decision to operate could have been decided on by observing the x-ray films alone.

DISCUSSION

W. J. Marquis, Newark, N. J.: I am very happy to discuss Dr. Barkhorn's excellent paper and am in such hearty agreement with the ideas that he has presented that I can offer very little in a critical discussion. Therefore, I can only emphasize some of the ideas that he has expressed.

In the first place, we who are working with the Roentgen ray are finding that we need to coöperate more closely with the man who refers the patient to us. It seems that the x-ray department in the hospital or the roentgenologist's office is acting as a sort of clearing house for cases. The general man tends to refer his patient to the roentgenologist for an examination in order to find out whether it will be necessary to call in a specialist. Therefore, it is apparent that the responsibility of the roentgenologist is very great in that he must keep in close touch with the specialties so that he will be able to give reliable advice to the referring physician.

When one realizes the responsibility that rests with the roentgenologist, it becomes readily apparent that he should know all the facts about the patient. Whether the roentgenologist should express an opinion from his roentgenograms alone depends upon the circumstances under which he is working.

In some circumstances such as occurs in large institutions, the roentgenologist can express an opinion based upon his observation of the roentgenograms and not be misunderstood. If such an opinion, which is a purely roentgenological opinion, coincides with the clinical opinion, the chances are greatly in favor of the conclusions being correct. However, if there is disagreement, then a consultation will usually clear up the points of difference and an opinion based upon both the clinical and the roentgenographic evidence reached. It is unwise for the general roentgenologist to express an opinion in this way in the average case because his opinion must of necessity be somewhat limited, and without the clinical evidence he will often reach a conclusion which is not warranted when the clinical facts are known. So, usually, it is better for the

CONCLUSION

As a final conclusion, there are just three points that I would like to emphasize:

First, that adequate information be given to a radiologist concerning a case before a report be expected of him.

Second, that the otologist and radiologist work together during a mastoid infection, assisting each other from time to time, and procuring a series of roentgenograms during the course of disease.

Third, to impress the fact that there is an ideal time to operate upon an acute mastoid, which time should be determined by a combined x-ray and clinical study of the case.

roentgenologist to have available the salient clinical facts so that he can be guided in the interpretation of the roentgenograms. In this way only can the greatest amount of help be obtained from the roentgenologist.

It is becoming more and more apparent that it is impossible for the roentgenologist to express a definite opinion from a single mastoid examination. We have found that it is often necessary to make repeated examinations of an individual's chest in order to determine not only the exact pathology present but to arrive at some opinion in regard to the prognosis. This we are finding particularly true in mastoid work as Dr. Barkhorn has shown you. It is often impossible to tell from a single examination whether or not the mastoid is going to clear up of its own accord or will from necessity come to operation. Probably the greatest factor which hinders reëxamination is the cost but when one remembers that often an operation can be avoided the saving in the long run is probably greater where repeated examinations are made than in those cases in which needless operations are performed.

It should be necessary for men specializing in mastoid work to know certain important facts about roentgenograms of mastoids as regards technical factors. The first is that there should be uniform density in mastoid films so that comparison can be made between the different examinations. There should also be uniformity of position and it is very necessary that the greatest amount of detail be obtained. It is well, therefore, to become acquainted with roentgenograms made showing the different conditions enumerated above in order to be able to judge whether or not the examination is satisfactory. A very slight amount of movement will often give the appearance of a diseased mastoid due to the haziness and lack of detail. A re-examination without movement on the other hand would show that there was clear outlines present and that the apparent disease was due to faulty technic.

THE OPERATIVE TREATMENT OF CONCOMITANT SQUINT

By ALGERNON B. REESE, M.D., New York, N. Y.

Read before the Eye, Ear, Nose and Throat Section of The Medical Society of New Jersey, at the Annual Meeting in Atlantic City, May 2, 1935

I propose to give the more or less routine procedures for the operative treatment of concomitant squint as carried out in the particular group with whom I am associated. I appreciate the fact that views in regard to squints and their treatment are quite varied, and that our method is just one of many ways to the same goal. I hope, therefore, that my remarks will serve as an introduction to a general discussion and exchange of ideas on the subject.

ANAESTHESIA

Over the past few years we have changed almost entirely from local to general anaesthesia in squint operations on both children and adults. This has come about gradually as the advantages of the general anaesthesia have been appreciated. The preference for local anaesthesia in squint work is in part a sequela from the days when general anaesthesia was considered dangerous and extremely disagreeable. This no longer holds with the advent of gas induction to the administration of ether, and most of all, with the advent of avertin. With general anaesthesia, the squint operation is certainly made more pleasant for the surgeon, not only because the element of controlling and cajoling the patient is eliminated, but also because there is so much more relaxation of the muscles. This muscle relaxation is particularly advantageous in the resection operation when a large correction is necessary, for the stretching of a muscle occasions much discomfort to the patient. In such instances under local anaesthesia one is therefore liable to skimp on the resection and make up for it on the recession.

It is sometimes said that an advantage of local anaesthesia is that the surgeon can gauge the effect of his operation and make any necessary correction before the patient leaves the operating room. If the case is studied carefully before operation, one will not want to rely on the immediate effect on the operating

table where certainly some temporary dysfunction of the muscles involved has occurred as a result of the trauma occasioned by the operation. I have heard a very experienced surgeon say that he has always regretted changing his preoperative plans on the operating table.

OPERATIONS

There are many different muscle operations, all of which can be divided into two classes,—a lengthening and a shortening procedure. It is generally agreed now that the lengthening operation of choice is the recession. Such unanimity of opinion does not exist in regard to the shortening operations. The resection, the advancement, the tucking, the cinch, etc., all have their advocates. I do not believe any one of these procedures has all the virtues, but that good results can be obtained with any one of them. I therefore believe that one should select the shortening operation which one can do well and confidently, and employ this operation to the exclusion of the others. In this way, one not only becomes more adept at the actual technic, but also better judgment ensues as to what it will accomplish either alone or in combination with the recession. No matter how accurate our diagnosis is, no matter how accurate our muscle measurements are, and no matter how exact we are in millimeters regarding the amount of muscle lengthening, or muscle shortening, there still remains an empirical element in the surgical procedures to straighten eyes. Therefore, if we employ the same technic, we enhance our judgment regarding the effects of its various combinations. We happen to use the resection operation to the exclusion of all other shortening procedures, but I am sure the other methods give satisfactory results too.

In both the resection and the recession operations, I use silk sutures in all cases except young children on whom a general anaesthesia would be necessary to remove the sutures, and

in such instances I use chromacized catgut. Dunnington finds chromacized catgut satisfactory for all cases.

THE TIME TO OPERATE

We operate on squint cases when we are certain the eyes will not be straight by other measures. Therefore, we seldom operate on children under three years of age, because before this time an accurate refraction and a coöperation with orthoptic efforts is usually not possible. During this period though, glasses are prescribed and the child encouraged to wear them constantly. Furthermore, we make an effort to keep the vision in the two eyes equal by the use of an occluder and/or atropine. When it is apparent that only an operation will be of avail, then no time is lost, particularly if the child is of kindergarten or school age. We think a most important reason for operating on children with squint at an early age is not only the better chance of fusion and stereopsis, but also the prevention of mental trauma. Children are merciless regarding such afflictions of their schoolmates, and I firmly believe that the effects of such chiding may remain with a child for life. It is interesting to note that a child who goes into the school age with a squint will so often develop into one of two extremes—a seclusive, timid person, or an aggressive, bullying individual.

FACTORS INFLUENCING JUDGMENT REGARDING SELECTION AND AMOUNT OF OPERATION

The question of which muscle or muscles are to be shortened or lengthened, and the amount of each necessary to correct a given case of squint, cannot be stated in any rule of thumb. That is, one cannot say that so many millimeters of the one or the other are indicated in so many degrees or prism diopters of deviation. This is true because of the variable factors.

In a case of esotropia, if one finds that the internal rectus is hypertrophied, hypertonic, and taut, then dealing with this muscle becomes the most important part of the operation. It can be receded generously if necessary and the

recession will give a great deal of correction. On the other hand, if it is underdeveloped and hypotonic, then one should recede it sparingly and rely more on the shortening of the external rectus.

If the patient is quite young, then one should beware of fully correcting the esotropia for two reasons. First, any hyperopia present will tend to decrease as the patient becomes older. Second, the convergence preponderance of children tends to become divergence preponderance in adults due to the change in the shape of the orbits which places the globe in a less favorable position for action of the internus and more favorable for the externus. Therefore, a fully corrected esotropia in quite youthful patients may later show an exotropia. Patients with a high hyperopia should be corrected somewhat less than patients with a smaller refractive error.

Sometimes one sees a patient whose eyes are straight with glasses and converge without glasses. If one operates in such cases with the result that the eyes are straight without glasses, one can expect an over-correction in future years. In such an instance I have operated to straighten the eyes without glasses, as the patient was a young lady. I explained the situation to her, and she elected to have the operation and leave the question of a divergence to the future years and to the future husband she hoped to ensnare.

Sometimes in cases of esotropia, there is an upshoot of the squinting eye due to a spasm of the inferior oblique muscle. If this is slight, the mere straightening of the convergence, which takes the eye out of the field of action of the inferior oblique, will be sufficient. If the upshoot is marked though, it will be necessary to do a tenotomy and myomectomy of the inferior oblique in order to secure a satisfactory vertical correction. The spasm of the inferior oblique is thought to be due to a paresis of the superior rectus of the opposite side which also primarily initiates the convergence.

The decision as regards which muscle or muscles should have more shortening or more lengthening depends to a large extent upon a careful determination of whether the problem

is fundamentally a convergence, or a divergence anomaly. We follow in the most part these rules:

1. In convergent squint with active powers of convergence (convergence excess), we rely more on the recession of the internal rectus than we do on the resection of the external rectus.

2. In convergent squint with relatively poor powers of convergence (divergence insufficiency), we rely more on the resection of the external rectus than we do on the recession of the internal rectus.

3. In divergent squint with active powers of convergence (divergence excess), we do a bilateral recession of the external recti.

4. In divergent squint with poor powers of convergence (convergence insufficiency), we do a resection of the internal rectus and a recession of the external rectus of the same eye.

In cases of alternating convergent squint, where the right eye is used for objects on the left side and the left eye for objects on the right side, we do more resection of the external rectus.

POST-OPERATIVE CARE OF SQUINTS

It seems to me that the results of a squint operation can be influenced an appreciable amount by the first week to ten days of post-operative care. If a convergent squint is slightly undercorrected, then atropine should be instilled in both eyes to prevent accommodation and thus convergence. Also, both eyes should be bandaged for the first few post-operative days as then the eyes are normally divergent. If a convergent squint is slightly overcorrected, then the patient should be allowed to use the eyes and only a monocular dressing applied. Similar management is carried out in the case of slightly under and over corrected divergent squints immediately following the operation.

ORTHOPTIC TRAINING

The question of orthoptic training is in the process of being evaluated now. So far, there is no approach to a unanimity of feeling re-

garding its merits. Some acclaim its virtues and others reject it, and perhaps somewhere between lies the truth. Formerly, our sole object in a squint operation was a cosmetic result, but now we are striving for a restoration of function by means of exercises of various kinds before and after operation. It is agreed that the earlier such exercises are begun, the more chance there is of results; and that no results can be expected after the age of about twenty. It is also agreed that better results can be expected with convergent than with divergent squints, and that monocular squints respond better than alternating ones.

After an accurate refraction has been done, the vision in the amblyopic eye must be improved as much as possible by completely occluding the better eye. This effort to improve the vision in the amblyopic eye amounts really to overcoming macula suppression; and unless this is accomplished to the extent of at least 20/70, then simultaneous macula perception cannot be expected. Perhaps fusion cannot be accomplished without an acuity of about 20/40 in the poorer eye.

A very annoying feature of orthoptic training is the detection and overcoming of false macula projection. When present, suppression of the vision from the false site must be taught and vision of the real macula improved.

After the macula suppression, and/or the false macula projection has been corrected, then proper exercises with the stereoscope, or synoptophore, must be instigated to, first, produce simultaneous macula perception, then fusion, and ultimately stereopsis or depth perception.

At the present time, we feel that unquestionably certain cases of convergent squint can be corrected by orthoptic training, but that the cases that respond are so seldom, and they require so much patience and perseverance from the patients, parents, and doctor, that they are still to be regarded as a feat not practical for routine cases. I hope that the present interest in this subject will cause to be evolved some more practical procedures.

A certain number of squint cases get fusion

and stereopsis after operation, even when no effort in this direction has been made. No doubt, this accomplishment is sometimes credited to exercises; and so in evaluating post-operative exercises, the above-mentioned group must be discounted. I feel quite sure though, that we can increase the number of post-operative cases which obtain fusion and stereopsis by employing orthoptic exercises.

Before operating on the younger patients, it does seem advisable to make an earnest effort to improve the true macula vision in the amblyopic eye so that, when parallelism of the eyes is obtained, the patient is in a position, from the visual standpoint, to seek fusion. This can certainly be facilitated in some instances by exercises with the stereoscope, Keystone instrument or synoptophore.

DISCUSSION

Dr. Arthur E. Sherman, East Orange, N. J.: Although in the majority of cases operated for squint a fairly good result is obtained, there are, I believe, too many poor results that might have been avoided. There are a number of factors that make for more consistently good results.

Of foremost importance is proper measurement of the squint, as already pointed out by Dr. Reese. Lack of careful preoperative measurements is certainly a frequent cause of seemingly inconsistent operative results. Much has been written, and repeated, concerning the measurement of squint; but, at least in clinic work, there is still too little accurate measuring done. If there is little, or only moderate, amblyopia present, undoubtedly the most accurate method of measurement is by prisms; that is, covering each eye alternately and neutralizing with prisms. When making these measurements, one must constantly urge the patient to fix, and it is more accurate to slightly overcorrect than to undercorrect.

In the recording of squint measurements, one should make clear whether dioptres, centrad, or degrees of arc are the unit of measurement. Frequently one finds a squint recorded as 30°, for example, when the examiner meant 30 Δ . If the measurement of a squint is given in degrees of arc, it would certainly be less confusing if it were recorded as "degrees of arc". We must remember that a prism dioptre, and a centrad, is only slightly more than half a degree of arc.

There is no case of squint in which a measurement of some kind cannot be made. If the amblyopia is so great that central fixation is lost, or if the child is too young or too spoiled to cooperate for accurate prism measurements, a quick and fairly accurate estimate can be made simply by the location of the corneal reflex of an ophthalmoscope light from the amblyopic eye when the good eye fixes the light. Each millimeter of displacement equals about seven degrees of arc.

Dr. Reese has spoken about the treatment of amblyopia, when present. Too frequently this is ne-

glected, especially in clinic work. When we do so much to preserve vision in an eye suffering from optic neuritis, iritis, glaucoma, or etc., why should we allow a child to enter adult life with vision of 20/100, or worse, in one eye, when this might have been prevented?

There are a number of points in the operative procedure itself which I feel are important in attempting to achieve better results. These may seem trivial, but I think they are worthy of mention.

We should be careful when dissecting the conjunctiva from Tenon's and when opening Tenon's, because hemorrhage from accidental cutting of the muscle is not only annoying but adds to the difficulty of the operation.

If, when carrying out a recession, the suture is placed too far back in the tendon, and more than a very small amount of tendon is left at the stump, one is really resecting that muscle besides receding it.

Also, when resecting a relaxed external rectus, we can easily fool ourselves when placing the sutures in the stretched muscle, thinking we are resecting several millimeters more than we really are.

Too often, post-operatively, one finds weak adduction of the operated eye. This is usually due to too great a recession, but can be due to the checking action of a greatly resected externus. The tendency today is to recede less than formerly. A good rule to follow is to never recede an internus more than four millimeters.

Concerning Dr. Reese's remarks about post-operative treatment, I have never been entirely convinced that one can change the action of muscles that are firmly anchored by sutures, by uncovering the eyes early, or by keeping both eyes covered a prolonged time, or by atropinizing. Without uncovering the eyes early after operation, one usually sees a slight overcorrection disappear in a few weeks' time, and a slight undercorrection become slightly greater.

SCHÜLLER-CHRISTIAN'S DISEASE

REPORT OF A CASE

By SANDOR A. LEVINSOHN, M.D., Paterson, N. J.

Read before the Section on Pediatrics at the 169th Annual Meeting of The Medical Society of New Jersey,
May 2, 1935, in Atlantic City

This is a report of a case of Schüller-Christian's disease, a disturbance of lipid metabolism characterized by xanthomatous infiltration of the bones, and diabetes insipidus. X-ray treatment of the bones and the administration of pitressin has thus far resulted in symptomatic improvement.

The medical literature in recent years has been replete with case reports of disturbances of lipid metabolism, particularly that interesting syndrome known as Schüller-Christian's disease. Were it not for the fact that the case I am recording was incorrectly diagnosed and the child subjected to two unnecessary operations, it would scarcely merit a report. It would then constitute but one more case of xanthomatosis to be added to the fairly extensive list of those already recorded. The incorrect diagnosis, however, which can be avoided by bearing in mind the possibility of the true nature of the disease, and the seemingly favorable results thus far attained in this case by medical treatment, I feel are sufficient excuses for this paper.

In 1919, Christian,¹ under the title "Defects in Membranous Bones, Exophthalmos and Diabetes Insipidus,—An Unusual Syndrome of Dyspituitarism", reported a case presenting this syndrome and cited two similar cases previously described by Schüller.² Since then a number of cases have been reported by Hand,³ Grosh and Stiffel,⁴ Thompson, Keegan and Dunn,⁵ and others. Rowland,⁶ in 1928, published his classical paper on xanthomatosis, correlating the cases previously reported with two others that he cited. He discussed this condition from the standpoint of a general disturbance of lipid metabolism with infiltration of the reticulo-endothelial system by lipoids in excess of the body fluids, and showed the relationship of Schüller-Christian's disease to other reticulo-endothelial lipid metabolic conditions, notably Niemann's disease and Gaucher's disease.

PATHOLOGY

Schüller-Christian's disease is a xanthomatosis of the juvenile type which, when typical, is associated with defects in the membranous bones, exophthalmos, and diabetes insipidus. Not all cases, however, present all these symptoms. Either or both the exophthalmos and diabetes insipidus may be absent, but the defects in the bones are constant. These defects, which usually involve the skull, but which may also involve almost any other bone in the body, are due to infiltration of the bones by xanthomatous deposits.

The characteristic xanthelasmic cells of these nodular lesions, according to Chambard,⁷ are variable in size and form, with an abundance of protoplasm and small, darkly staining nuclei. When fresh, the protoplasm is loaded with small fatty droplets. Ordinary fixing agents dissolve out the fat and leave a fine areolar network, giving a foamy or vacuolated appearance, hence "Schaumzelle" or "foam cells". These cells never show karyokinesis. They are found free in the layers of connective tissue or may be grouped or separated by fibres of connective tissue.

The pathogenesis of Schüller-Christian's disease is not definitely known, but hyperlipoidemia is now considered the most common fundamental cause.

MICROSCOPIC PICTURE

Aschoff,⁸ in 1913, grouped certain body cells according to their function rather than their morphology. They are characterized by their increased ability to ingest, and may therefore be regarded either as a storage or a purifying system. These cells, commonly known as the reticulo-endothelial system, are intermediary between the blood and the tissues, and include:

1. The reticulum cells of the splenic pulp, lymphatic tissue and bone marrow.
2. The endothelial cells of the liver capil-

laries, lymph sinuses, splenic sinuses, bone marrow, suprarenal capillaries and hypophyseal capillaries.

3. The phagocytic cells in connective tissue.

According to Rowland, in Schüller-Christian's disease, the presence of excess lipoids in the blood stream causes irritation of the vessel walls, with a perivascular cell infiltration. First small round lymphoid cells appear, with little protoplasm; then by splitting the vessel wall, fusiform cells with abundance of protoplasm develop; and finally owing to fusion, multinuclear xanthoma cells are formed. These cells show a common vessel-endothelial origin, and all contain lipoids. They vary in size and form, but the nuclear structure is similar, and none show karyokinesis.

The cells of the reticulo-endothelial system are in constant renovation stimulated by "block",—that is, when the cells are loaded with one substance they become refractory to all other substances and stimulate the demand for more cells. The nodular lesions are therefore the result of perpetual blockage and increase not by multiplication of their cell ele-

ments, as do neoplasms, but by the addition of new cells, indicating a systemic process rather than an autonomous growth.

SYMPTOMS AND DIAGNOSIS

The symptoms of Schüller-Christian's disease depend on the location of the lesions, the extent of involvement, and the mechanical effects resulting from pressure and bone destruction. Subjective symptoms are rare except for tenderness and pain referred to the lesions. Diabetes insipidus may be due to pressure and irritation at the base of the brain, or to lesions involving the posterior lobe of the pituitary gland. Otorrhea may be due to mastoid involvement; and exophthalmos, to bone destruction of the orbit.

The diagnosis of this disease is based on the presence of bone defects, especially involving the cranium, polyuria, polydipsia, exophthalmos, and other pituitary disturbances such as dwarfism and dystrophia adiposogenitalis, the latter two symptoms being less common.

The following is a case of Schüller-Christian's disease, without exophthalmos.

B. F., a little girl, 5½ years old, was brought in Dec. 15, 1934, because she was not thriving well and was suffering from polyuria and polydipsia.

Eleven months previously, while being bathed, the child complained of tenderness over the left tibia. No redness or swelling was visible, and there was no fever. The tenderness persisted, and two months later a cast was applied to the leg, which she wore for three weeks. During this time, a soft tender swelling appeared behind the right ear, over the mastoid bone.

In April, 1934, about four months after the original tenderness was observed, the case was diagnosed as osteomyelitis of the left tibia, with metastasis to the right parietal bone. The tibial swelling was incised and drained, but no pus was obtained, the operative record showing that the soft tissue overlying the tibia revealed no inflammatory reaction.

The child was discharged from the hospital four days later, May 2, 1934, but was re-admitted May 5th with a diagnosis of metastatic osteomyelitis of the skull. Five days later, an exploratory incision was made which revealed complete destruction of both tables of the skull in the temporo-parietal region about one inch in diameter, with the brain substance protruding through the opening. No sequestrum or pus was found. One week after the second operation the child was released at the parents' request, her condition unimproved. The mas-

toid incision had healed by first intention; the tibial wound drained until September.

Following this hospital experience, the child's general condition improved, and she gained weight until September, 1934, when she began to drink large amounts of water, her appetite failed, she started to lose weight, and began voiding large quantities of urine. These symptoms continued until I first saw her three months later.

The family history was essentially negative. Her parents are both living and well. There is one brother, 2½ years old, in good health. There is a suspicion of a possible syphilis of the father, not confirmed by any test.

The patient had been a full-term normal baby at birth, weighing 7 lbs. 11 ozs. She was breast fed for seven months, and then weaned with the usual food additions. There was a history of measles and several common colds before the onset of her present illness.

Physical examination at the first visit revealed a little girl, about five years old, rather pale, somewhat tired-looking, and evidently somewhat underweight for her age and height. She limped a little when walking, appearing to favor the left leg. The skull showed four bony defects, which could be easily palpated. One was in the right mastoid process, two in the calvarium (in the parietal bones near the mid-line), and one in the occipital region. The area over the mastoid was tender, the others were painless.

The eyes showed equal pupils which reacted to light and accommodation. The eye grounds were normal, and there was no exophthalmos. The tonsils were enlarged and inflamed.

The chest showed a slight depression at the lower end of the sternum, but was otherwise normal. The heart and lungs revealed no abnormality. Examination of the abdomen was negative. The liver and spleen were not palpable and no masses could be felt.

The extremities showed a moderate degree of genu valgum. There was considerable atrophy of the left thigh and left leg. On the inner aspect of the upper end of the left tibia there was a deep scar of the first operation. The reflexes were normal.

The lymph glands showed no enlargement except for the cervical group.

A 24-hour urine specimen at this time totaled 6½ quarts, with a specific gravity of 1005. An attempt to concentrate the urine by feeding a large amount of salt was unsuccessful, the total quantity and specific gravity remaining unchanged.

A diagnosis of Schüller-Christian's disease was made and the child was hospitalized for further observation.

The tuberculin and Wassermann tests were negative. The urine, again examined, showed no other abnormality except a total quantity of six quarts per day and a low fixed specific gravity of 1005.

The blood sugar was 93 mgs. per 100 cc. of serum.

The blood chlorides showed 530 mgs. per 100 cc. of whole blood, which is almost within normal limits.

The blood calcium was 9.2 mgs. per 100 cc. of serum.

The blood cholesterol was 182 mgs. per 100 cc. of blood.

The blood count showed 5,250,000 red cells and 96 per cent Hb. (Sahli). The color index was 0.91. There were no abnormal changes in the red cells. The total leucocyte count was 7500, with 20 per cent lymphocytes, 8 per cent large mononuclear and transitional cells, 68 per cent neutrophils, 3 per cent eosinophils and 1 per cent basophils. There were no abnormal cells.

X-ray examination revealed several areas of decalcification in the parietal, occipital and sphenoid bones, a small area in the right eighth rib in the posterior axillary line, and several areas of decalcification in both tibiae and in the left femur. Further careful examination of the films showed

a small area of decalcification in one orbit, and a suspicion of involvement at the base of the skull near the sella turcica.

The child was first put on a full diet, with her fluids limited to four quarts daily. This made her quite uncomfortable, she suffered from thirst, and her urinary output ran parallel with her fluid intake, the specific gravity of the urine varying from 1003 to 1005.

After four days, with no other change, pitressin was started, 0.5 cc. being given three times a day subcutaneously. Immediately the urine output dropped to 1½ quarts daily, and the specific gravity rose to 1015. This was continued for three days, during which time the child was very comfortable, did not ask for water, kept her intake voluntarily at 45 to 50 ounces per day, and passed an equivalent amount of urine with a specific gravity which on one occasion rose to 1025.

The following day the pitressin was discontinued and posterior lobe of pituitary was substituted, administered intranasally as a snuff, one grain, three times a day. The polydipsia returned promptly and the child passed 5½ quarts of urine in 24 hours, with a specific gravity of 1003. The pituitary snuff was then increased to 3 grains three times a day, with no improvement whatsoever. The following day the child was discharged from the hospital.

Since then she has been getting pitressin, at first, 0.5 cc. twice a day, subcutaneously. On this dose she was very comfortable, her 24-hour intake and output being about two quarts. When the morning dose was discontinued, she would sleep entire night without waking or urinating, and would then void three quarts of urine during the day.

X-ray treatments of the entire body were given and completed within three weeks after she was discharged from the hospital.

Reëxamination March 30, 1935, showed a slight diminution in size of some of the decalcified areas. Another series of x-ray treatments have now been completed.

When last seen on April 5, 1935, there was no change in her condition. With one cc. of pitressin given at bedtime, she voids three quarts of urine daily, following a dry night. There appears to be a slight lessening of the anti-diuretic effect of the pitressin after it has been in use for some time. This has also been observed by others. The child is now on a diet low in cholesterol, but it is still too soon to report results.

BIBLIOGRAPHY

1. Christian, H. A.: Defects in Membranous Bones, Exophthalmos and Diabetes Insipidus: Contributions to Medical and Biological Research. New York, Paul B. Hoeber, 1919, Vol. I, p. 390.
2. Schuller, A.: Ueber eigenartige Schadeldefekte im Jugendalter. Fortschr. a. d. Geb. d. Roentgenstrahlen. 23:12, 1915-1916.
3. Hand: Defects of Membranous Bones, Exophthalmos and Polyuria in Childhood—Is It Dyspituitarism? Am. J. M. Sc., 162:509, 1921.
4. Grosh, L. C., and Stiffel, J. L.: Defects in Membranous Bones, Diabetes Insipidus and Exophthalmos. Arch. Int. Med., 31:76; (Jan.) 1923.
5. Thompson, C. Q.; Keegan, J. J., and Dunn, A. D.: Defects of Membranous Bones, Exophthalmos and Diabetes Insipidus. Arch. Int. Med., 36:650; (Nov.) 1925.
6. Rowland, Russel S.: Xanthomatosis and the Reticulo-endothelial System. Arch. Int. Med., Vol. 42, No. 5, (Nov.) 1928.
7. Chambard, E.: Des formes anatomiques du xanthelasma cutane, abstr., Ann. d. dermat. et syph., 10:5, 1878-1879.
8. Aschoff, L.: Ueber Lipoideninfiltration in den Kupfer'schen Sternzellen und in den Reticulumzellen der Milz und der Beziehungen zu den Xanthelasmaen. Ber. d. Naturforsch. Gesellsch. z. Freiburg, 1913, Vol. 20.

MATERNAL WELFARE**ARTICLE NUMBER THREE****OBSTETRIC ANALGESIA AND ANAESTHESIA**

The advances and research for the relief of pain in childbirth in recent years have been very admirable. It is no longer necessary for the parturient woman to bear the pain of labor and perhaps receive a whiff of ether or chloroform at the end of the expulsion period.

Among the drugs and agents used to alleviate labor's pains are chloroform, ether, morphine, scopolamin, avertin, novocain by local infiltration, sacral or spinal anaesthesia, the barbiturates and nitrous oxide.

The choice of an analgesic in any case should be based on the type of labor presented. It must not endanger the life of mother or child, but must be efficient in abolishing pain and add to the length of labor without causing undue excitation of the patient.

Chloroform retards and stops the progress of labor to a certain extent, and is dangerous when employed for a long labor or toxic conditions of any degree.

Ether retards and stops the progress of labor to a greater degree than chloroform, but is not as dangerous in its use.

Morphine slows or stops labor and is dangerous to the child. This is especially noticeable if administered near the termination of the expulsion period, making it more difficult to resuscitate the baby.

Scopolamin may retard or stop labor, and very often produces a very restless patient requiring expert attendance.

Avertin is relatively toxic, the analgesic effect is of short duration and must not be administered to patients with kidney or liver complications.

Novocain by local infiltration or a parasacral block promotes relaxation of the perineum and shortens the actual time of the delivery considerably. It is, however, more difficult of application.

Sacral or spinal anaesthesia is short in analgesic duration, and so it cannot generally be employed in the first and often not until late in the second stage. It retards labor to some degree and produces a fall in blood pressure. This, too, is more difficult of application.

The barbiturates may retard or even stop labor. Intravenously they cause a drop in blood pressure. They may produce a restless patient and weaken the expulsive efforts of the second stage, thus increasing operative procedures. A drowsiness in the baby is also quite marked. Of the barbiturates, pento-barbital

sodium has the greater sedative, but shorter hypnotic action, and does not cause as much restlessness.

Nitrous oxide and oxygen stimulates rather than diminishes the force of labor by allowing the parturient woman to use her voluntary muscles in the expulsion of the child without pain. It can be administered indefinitely without ill effects, the nitrous oxide being rapidly absorbed into the blood, forming a loose combination with it, and is as rapidly eliminated.

All that is said about nitrous oxide will also apply to ethylene, except that higher percentages of oxygen can be used with it, and that it gives more relaxation. Ethylene, however, has a disagreeable odor and is highly explosive.

Gwathmey,* in 1923, announced his method of rectal ether-oil analgesia. The routine intramuscular injection of magnesium sulphate, however, is primarily a surgical procedure, which has prevented its more general adoption by the general practitioner.

This method of analgesia has, however, been modified by the oral administration of pento-barbital instead of the intramuscular injection of magnesium sulphate. The morphine is given with the second dose of the barbiturate if the patient is a primipara and the labor active. The second dose of the barbiturate may also be given without the morphine if labor is not too uncomfortable and is not prolonged. When the effects of the morphine wear off, the rectal instillation is administered and may be repeated as often as required, the quinine being omitted after the second instillation. The morphine is omitted if delivery is anticipated within four hours, and is rarely necessary if the patient is multiparous. If delivery is anticipated within a few hours, the barbiturate and instillation can be given simultaneously.

Rectal ether is a very satisfactory analgesic in a greater percentage of cases, and is safe in its use. It is as applicable in the humble home as in the modern maternity, and requires no skilled person to administer the instillation. It does not prolong labor and consequently lessens operative interference.

Summarizing in general, it can positively be said that none of these methods or drugs have failed to give analgesia of varying degree and success.

* Gwathmey, J. T.; Donovan, E. P.; O'Reagan, J.; Cowan, L. R.: "Painless Childbirth by Synergistic Methods." Atlantic City Medical Society, May 11, 1923; *Am. Jour. Obst. & Gynec.*, Oct., 1923, VI., p. 466.

STATE SOCIETY ACTIVITIES

UNITY OF ORGANIZED MEDICAL SERVICES

Abstract of an address by William G. Herrman, M.D., Second Vice-President of The Medical Society of New Jersey, on February 4, 1936, before the Hudson County Medical Society

My presence before you tonight is in accordance with the editorial announcement of President Newcomb in The Journal of July, 1935, that the President-Elect and two Vice-Presidents should assume a share of the responsibilities which are associated with the presidential office, especially those for establishing and maintaining personal contacts with the county units. The unexpected illness of our President in the early Fall, and his legislative duties as Speaker of the Assembly, have made it necessary that his official visits to many County Societies shall be through the proxies of his associates in office.

Three hundred years ago Lord Bacon said:

"I hold every man a debtor to his profession, from the which, as men, of course, do seek to receive countenance and profit, so ought they, of duty, to endeavor themselves by way of amends to be a help and ornament thereunto."

Not so many years ago a State Medical Society existed for three reasons—to provide means for its members to join the A. M. A. and special societies; to provide an annual meeting for the presentation of scientific papers; and to publish a medical magazine for local medical news and the publication of papers read before Medical Societies. Conditions are now changed with the rise of medical economics fostered by "Foundations", and governments, both State and National. Welfare organizations, foundations, and hospitals are competing with the family doctor. They expect medical care to be delivered free to the indigents whom they select. But the doctor cannot continue to deliver his services free if he is deprived of the income which makes such contribution possible.

Individually the physician is powerless in the face of such organized opposition, whether it be open and above board, or under cover. Hospital staffs are often vocal, but impotent due to the unfortunate fact that medicine is highly competitive and each man can soon be replaced. Well organized County Societies, especially when well integrated into an effective State organization, can have much more weight and influence, but an active and aggressive County Society can be much handicapped by an adjacent lethargic or inactive organization. The national society is too large and its officers too

widely scattered and the problems and conditions too divergent in different parts of the country for the national association to be effective except upon the broadest policies. It is, therefore, your State Society that must serve as the guardian and protector of the private practice of medicine within the confines of the State. A State such as New Jersey is peculiarly fortunate in that within a small geographical area there is a considerable population, good transportation and communication facilities, and a compact medical service organization readily accessible to all.

The Welfare Committee under Dr. Read, of Atlantic County, is most active, through its four sub-committees, in striving to protect the legitimate interests of the practicing physician. Nearly ready is a uniform practice bill which will, if passed, bring the cults under control of the Board of Medical Examiners and raise the standards eventually to ours.

The Workmen's Compensation Act may be amended so as to provide for personal selection of his physician by the patient, and to include certain diseases such as silicosis.

We are watching legislation coming under the Social Security Act in order to urge that medical care for indigents shall be furnished under this act, and be paid for on an agreeable and fair basis.

We are seeking wider contact and coöperation with legislators and community public health agencies, so that all health measures taken, whether local or state, will be formulated and conducted with our aid and assistance, and not, as has been the case hitherto, without the medical profession even being consulted about them.

Our Public Health Committee wants to continue its efforts to recapture preventive medicine for the private physicians; and will therefore continue to try to interest physicians in different aspects of the private practice of preventive medicine in order to amplify the work in their public health hour and to get an increasing number of younger children immunized against diphtheria.

Mass tuberculin testing of teen-age school children in each county is recommended, but we insist that the work shall be done with the approval, coöperation, and supervision of the

county medical society. We also endeavor to see that preventive work is offered so far as possible, by private physicians.

The Medical Practice Committee, among other important duties, is trying to make a survey of the State in regard to the set-up in our hospitals regarding lay administration, staff organization, and the relationships between these two in medical practice as it relates to hospitals. There are many of us who feel that the difficulty of serving the truly indigent is secondary to the greater problem introduced through the competition of welfare organizations, certain hospitals, some of the industries and government agencies, (municipal, county, and state) with the doctor in private practice.

We are interested in the welfare of every physician in this State, whether institutional

or in private practice, and we would like to be of service in answering his personal problems; but as a State organization we are particularly interested in the maintenance of the rights of private practice. Paragraph five of our original constitution of 1766 states our desire to continue the privilege, held for centuries, of giving care to the needy without thought of personal gain; but even at that time notice was served that the community also had responsibilities in the care of the indigent, as well as had the physician.

Time does not permit me to give the program of all of the committees or to tell you all we are trying to do for you. Read your Journal each month for details and progress of committee work, and help to make our society even more effective and active, both locally and throughout the State.

TESTIMONIAL TO DOCTOR AND MRS. NEWCOMB

The following letters express the pleasure and satisfaction of Doctor and Mrs. Marcus W. Newcomb for the floral pieces sent by The Medical Society of New Jersey when the Doctor was inducted into office as Speaker of the House of Assembly of New Jersey on January 14, 1936:

My Dear Friends:

I wish to thank you for the beautiful flowers which you sent me at the opening session of the Legislature.

My desk was literally covered with baskets and bouquets so that I was able to give some to Fairview Sanatorium, Burlington County Hospital, and four Nursing Cottages, in addition to having enough to enjoy in our own home.

With kindest personal regards and best wishes, I am,

Very truly yours,

MARCUS W. NEWCOMB.

My Dear Doctor Wilkes:

I don't know just whom to thank for the beautiful flowers which the New Jersey State Medical Society sent me at the opening session of the Legislature. I certainly appreciated them more than I can adequately express. And the corsage of gardenias was lovely! Will you please tell the "responsible parties" just how happy the flowers made me?

With kind regards, I am,

Very sincerely yours,

(Mrs. M. W.) ANN R. NEWCOMB.

SUB-COMMITTEE ON PUBLIC HEALTH

A meeting of the Sub-Committee on Public Health of the Welfare Committee was held in the Academy of Medicine, Newark, February 5th, 1936, at 3 p. m. Those present were: Dr. Stanley Nichols, Chairman; Drs. Julius Levy, Allen G. Ireland, LeRoy A. Wilkes, Secretary, and Frederic J. Quigley.

PROCEDURES IN PREVENTIVE MEDICINE

Dr. Nichols emphasized the thought that the field of preventive medicine is not fully understood by physicians, and that very few of them were really functioning in all the various divisions on the preventive field. The committee

agreed that he should send out to the the members of the Medical Society, through The Journal, an outline of the field of preventive medicine as determined by the State Public Health Committee.

After some discussion, it was proposed that each of the special advisory committees to the Public Health Committee be asked to outline a brief statement of suggestions which the general practitioner could employ in his practice to represent the specialized field in which each of these groups is interested. The suggested assignments were as follows:

Infant and Pre-school Health Supervision—
Drs. Julius Levy and Stanley H. Nichols
School Health Supervision—Dr. Allen G. Ireland
Adult Health Supervision—Dr. Francis H. Glazebrook
Cancer Control—Dr. Henry B. Orton
Tuberculosis Control—Dr. B. S. Pollak
Venereal Disease Control—Dr. A. J. Casselman
Maternal Welfare—Dr. A. W. Bingham and his committee
Mental Hygiene—Dr. Dan S. Renner and his Committee on Mental Hygiene, with Dr. James S. Plant, of Newark.

It was emphasized that post-graduate courses in these special subjects, especially tuberculosis diagnosis and treatment, should be offered to the County Medical Societies under the auspices of the Special Advisory Committees and the Committee on Post-Graduate Education.

Further study of the Public Health Hour activities and suggestions for possible modification were discussed. It was decided for the present to continue the plan now in operation, pending further study and suggestions.

It was moved, seconded and unanimously passed that there be a Committee on Venereal Disease Control to be appointed by the President. Dr. A. J. Casselman was suggested as chairman, if the nomination is agreeable to the President.

It is hoped that with the help of Mr. MacDonald, of the State Department of Health, and possibly Dr. Frankel, statistician of the Department of Institutions and Agencies, a better evaluation of the results of tuberculosis testing in New Jersey schools, as conducted to date, can be arrived at, and its value more definitely determined; also we can see that follow-up or follow-through facilities are available and how these function to the benefit of the cases tested. It was emphasized that mere testing, with no subsequent follow-through and supervision and treatment furnished as needed, would be of little value.

It was suggested that the subject of how tubercular "contacts" shall be discovered and tested, be worked out by the three groups, the State Department of Health, the Medical Society and the Tuberculosis League. This, however, can come after the mass tuberculin plan is under way.

THE FIELD OF PREVENTIVE MEDICINE

The several fields of preventive medicine constitute the divisions in which the private practice of physicians may become the most important factor, in attaining our goal of "Every physician's office a Health Center", if the County Societies and the individual members thereof will make a continuous, well sustained, and unified effort during the year 1936 toward our gradual accomplishment of our slogan. These fields may be listed as follows:

1. The Public Health Hour
2. Maternal health
 - a. Prenatal
 - b. Improved obstetrics
 - c. Postnatal
3. Regular infant health supervision
4. Preschool age child health supervision
5. Child of school age—regular health supervision
6. Adult health supervision including periodic or birthday examinations
7. Cancer Control
8. Tuberculosis Control
9. Venereal Disease Control
10. Mental Hygiene
11. Prevention and Control of Blindness
12. Other County Society health activities in health education and preventive medicine.

The Public Health Committee asks each member of the State Society to consider these fields of preventive medicine, as outlined above, and to develop their practice along the lines of rendering as much preventive service as possible to their private patients.

To aid them we are asking the special advisory committees to outline minimum procedures which a physician might well carry out in each of these fields on behalf of his private patients. This development will gradually make the public regard the doctor's office as a Health Center, leaving masses of indigents and low-wage groups to be served along these same lines by plans mutually arranged between County Medical Society public health committees, and the health officials and health and welfare agencies of the individual counties.

The Public Health Committee is also requesting the Committee on Post-Graduate Medical Education to also offer assistance along the lines of special education in these various fields for the aid of the individual physician.

STANLEY NICHOLS; *Chairman,*
Sub-Committee on Public Health.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE BIOLOGICALS SINCE JULY 1, 1935

DIPHTHERIA TOXOID

County	To Jan. 31	Month of Feb.	Total to Feb. 29	Average per Month
Atlantic	113	74	187	23.3
Bergen	1393	171	1564	195.5
Burlington	659	104	763	95.3
Camden	193	13	206	25.7
Cape May	119	79	198	24.7
Cumberland	314	0	314	39.2
Essex	2779	1204	3983	497.8
Gloucester	170	3	173	21.6
Hudson	25	29	54	6.7
Hunterdon	124	0	124	15.5
Mercer	88	5	93	11.6
Middlesex	356	10	366	45.7
Monmouth	106	6	112	14.
Morris	263	139	402	50.2
Ocean	9	0	9	1.1
Passaic	1657	96	1753	219.1
Salem	84	1	85	10.6
Somerset	86	5	91	11.4
Sussex	21	0	21	2.6
Union	1042	42	1084	135.5
Warren	120	1	121	15.1
Totals	9721	1982	11703	1462.8

SMALLPOX VACCINE

County	To Jan. 31	Month of Feb.	Total to Feb. 29	Average per Month
Atlantic	102	28	130	16.2
Bergen	936	8	944	118.
Burlington	326	61	387	48.3
Camden	332	1	333	41.6
Cape May	149	4	153	19.1
Cumberland	357	0	357	44.6
Essex	2097	220	2317	289.6
Gloucester	426	35	461	57.6
Hudson	3	0	3	.3
Hunterdon	16	0	16	2.
Mercer	68	3	71	8.8
Middlesex	567	11	578	72.2
Monmouth	849	1	850	106.2
Morris	703	25	728	90.9
Ocean	14	0	14	1.7
Passaic	1532	63	1595	199.3
Salem	125	1	126	15.7
Somerset	132	9	141	17.6
Sussex	199	0	199	24.8
Union	1827	15	1842	230.2
Warren	219	0	219	27.3
Totals	10979	485	11464	1433.

WORKS PROGRESS ADMINISTRATION COMPLAINTS

From all over the State comes the information that, just as was the case of the Civil Works Administration bills, the bills submitted by the doctors for Works Progress Administration compensation work are being arbitrarily and materially cut. Dr. Thomas K. Lewis, Chairman of the Committee on Medical Practice, suggests that the members whose bills

have been arbitrarily protested, send to him the details of those cases and the medical work done. If enough information is supplied, Dr. Lewis will make a trip to Washington to present a formal protest to the central office of the Works Progress Administration and try to secure a satisfactory solution of the problem.

LEGISLATIVE BULLETINS

Number 3—February 5, 1936

A-118—Guiliano—To compel manufacturers of patent medicines to state on the label quantity and quality of ingredients, (Miscellaneous Business Committee).

A-128—E. Smith—To amend the act concerning mutual associations in stock companies writing workmen's compensation insurance. It limits the amount of money to be paid in the fund, and provides that persons injured in two separate accidents are compensable cases. (Labor and Industry Committee.)

S-115—King—To permit the State Department of Health and local boards of health compel the enforcement of health laws by proceedings in the Court of Chancery. (Public Health Committee.)

S-145—Reeves—To define as unprofessional conduct by optometrists the permitting his certificate of registration to be used so that other than licensed optometrists shall derive financial benefit, etc. (Miscellaneous Business Committee.)

Number 4—February 13th, 1936

DEDICATED FUNDS

A-171—Paul—To abolish dedicated funds and place money received by any department from

finances, fees or otherwise, with the State Treasurer. (Judicial Committee.)

A-308—Cavinato—To abolish all dedications of revenues and continuing appropriations for special purposes which are to be paid into the general State fund. (Judicial Committee.)

The titles of these bills indicate that the dedicated funds now available to the State Board of Medical Examiners would be turned into the State Treasury general fund. They are similar to the bills of last year and the year before which had the same purpose but were defeated. Copies of these bills are not yet available. More information will be sent to you as soon as copies have been obtained and analyzed.

WORKMEN'S COMPENSATION

The following group of bills relate to changes in the Workmen's Compensation Act, and have been referred to Dr. Kraker's Committee for study and advice.

A-158—Betts—To amend the Workmen's Compensation Act. Makes an attorney charging a fee in excess of the amount awarded him a misdemeanor. Fixes the same offense for a doctor in such cases to have an interest in the cases of in-

surance companies and gives preference to awards with the assets of employer or risk carrier. (Public Health Committee.)

N. B.—The above bill is apparently the most important bill affecting the doctor's interest.

A-180—Artaserse—To provide that the statute of limitations against personal injuries does not begin to operate until a person "knows" of such injuries. (Public Health Committee.)

A-184—Pesin—To amend the Workmen's Compensation Act by doubling the compensation for injuries sustained from machinery improperly guarded, after notice from the Department of Labor. (Labor and Industry Committee.)

A-185—Silkowski—To amend the Workmen's Compensation Act; revises the necessary elements of, and procedure in, hernia cases. (Public Health Committee.)

A-186—Silkowski—To amend the Workmen's Compensation Act; creates a State Workmen's Compensation Insurance Fund under the supervision of the Department of Banking and Insurance. (Judicial Committee.)

A-191—Gebhardt—To amend the Workmen's Compensation Act to permit the awarding of counsel fees in appeals to the Court of Errors and Appeals. (Judicial Committee.)

A-250—Walker—To amend the Workmen's Compensation Act, to provide that charity patients are not entitled to the benefits of the act. (Judicial Committee.)

A-322—Guillano—To amend the Workmen's Compensation Act to provide a procedure to compel the carrying of workmen's compensation liability insurance. (Labor and Industry Committee.)

A-331—Guillano—To provide a quasi-criminal proceeding to compel employers to pay awards of workmen's compensation where they fail to carry insurance. (Insurance Committee.)

SOCIAL SECURITY ACT PROVISIONS

The following bills relate to legislative changes necessary in New Jersey to conform with the federal Social Security Act provisions.

A-197—Jamieson—To decrease from 70 to 65

years, the age when a person may become eligible for old age pensions. (Claims and Pension Committee.)

S-204—Durand (for the President)—Amends existing State legislation to bring it in conformity with the Federal Social Security Act. (Judicial Committee.)

S-207—Durand (for the President)—To amend State statutes respecting aid for the blind to bring them in conformity with the Federal Social Security Act. (Judicial Committee.)

S-208—Durand (for the President)—A general revision of old age relief statutes to bring in conformity with the Federal Social Security Act. (Judicial Committee.)

S-212—Durand (for the President)—To revise the State Statutes concerning assistance to dependent children and mothers to conform with the Federal Social Security Act. (Judicial Committee.)

S-215—Stout (by request) To make general provision for unemployment compensation. (Labor and Industry Committee.)

N. B.—This bill apparently provides for unemployment compensation independent of the Social Security Act.

MISCELLANEOUS

A-149—Scovel—To amend the act regulating beauticians in certain technical respects affecting penalties. (Miscellaneous Business Committee.)

A-167—Goldberg—To provide that employees under civil service in municipal Boards of Health and city hospitals shall automatically become a member of the Pension Fund upon qualification. (Claims and Pensions Committee.)

A-172—Paul—To provide for the licensing and regulation of swimming pools. (Public Health Committee.)

A-380—Kelley—A revision of the act regulating the practice of nursing. (Public Health Committee.)

A-395—Geddes—To provide for the sterilization of imbeciles, idiots and epileptics. (Public Health Committee.)

POST-GRADUATE INSTITUTE

A Post-Graduate Institute, offering an intensive and interesting study of the newer work in the field of *cardio-vascular and renal diseases*, will be conducted by the Philadelphia County Medical Society during the week of April 20 to 24, inclusive, in the Bellevue-Stratford Hotel, Philadelphia. The program has been designed to meet the needs of all members of the profession, but particularly those in general practice. Physicians from all parts of the Eastern and East-central United States are invited to attend.

The Philadelphia County Medical Society, in conducting the Post-Graduate Institute, is meeting the demands of many physicians who have felt that the organized profession should provide them with this type of opportunity for keeping abreast of medical progress, and thus maintaining the highest standards of medical service. The only charge is a \$5.00 registration fee to cover the Institute's expenses. It is hoped to make the event an annual one, giving special attention each year to a different subject. (See adv. page xii.)

APPLICATION FOR SPACE IN THE SCIENTIFIC EXHIBIT
MEDICAL SOCIETY OF NEW JERSEY

Annual Meeting, June 2, 3 and 4, 1936

Hotel Haddon Hall

Atlantic City, N. J.

Application is hereby made to the Committee on Scientific Exhibits for space for an exhibit on

1. Title of Exhibit

(State exact title of exhibit for the program and Journal announcements.)

2. Description of Exhibit (number and character of specimens, charts, photographs, models, etc.)

3. Space Requirement:

A. Amount of floor space desired..... Square Feet
(The depth of the average booth will be 7½ feet.)

B. Amount of wall space desired..... Square Feet
(Top of booth is 8½ feet high, with shelf 2½ feet from floor, leaving 6 feet available for charts.
The linear dimensions multiplied by 6 will give the square footage of wall space.)

C. Shelf space Lineal Feet
(Shelves will be 7" wide and can be arranged for any desired height.)

D. Electrical outlets, number and location

4. Will motion pictures be used as part of the exhibit?

5. X-Ray Exhibit (Number and size of films)

Amount of space required..... Square Feet

6. Has this exhibit been shown in whole or in part at any other scientific meeting?.....

If so, when and where.....

Date.....

(Signature of Applicant)

(Full Address)

The Committee on Scientific Exhibits will furnish uniform, painted signs for each exhibit.

Please fill in the following blank carefully. This is for copy for the sign painter:

Title

Subtitle (if any)

Name of Exhibitor(s).....

Institution (if desired).....

City State

Send application to the Chairman, Scientific Exhibits, 88 Clinton Avenue, Newark, N. J.

THE SOCIETY OF SURGEONS OF NEW JERSEY

The twenty-fourth Annual Meeting of the Society of Surgeons of New Jersey was held on January 15, 1936, at Jersey City, and was called the Donald Miner meeting. Inspection of the Margaret Hague Maternity Hospital

preceded a luncheon at the Jersey City Hospital, which staged afternoon clinics. This was followed by a dinner at the Carteret Club, where a testimonial was read to Dr. Donald Miner, of Jersey City, a former President.

OBITUARIES

MEMORIAL TO DR. R. M. A. DAVIS, SALEM

At a special meeting of the Board of Trustees held Sunday, February 2nd, the following resolutions on the death of Dr. R. M. A. Davis were adopted:

"Whereas, an all wise Providence has brought to an end the labors of our friend and colleague, Dr. Richard Miller A. Davis, and

"Whereas, the Board of Trustees of The Medical Society of New Jersey feel keenly the loss of one who has faithfully served the Society many years as Trustee, and as a member, and chairman of the Welfare Committee, and has at all times given of his best to further the aims of our Society, and

"Whereas, we individually feel the loss of a colleague who has endeared himself to us by his friendliness, his coöperation, his honesty of purpose, and other high characteristics of mind and heart:

"Be it resolved, that we express to his family our deepest sympathy in their loss, and that we cause to be spread upon our minutes this expression of our sorrow, that a copy of the minutes containing this resolution be sent to his County Society, and be published in 'The Journal' of the Society."

HERBERT W. NAFÉY, M.D., *Secretary.*

DR. DANIEL TRAVERSO

Dr. Daniel Traverso, of Belmar, N. J., died on January 28, 1936, at the Fitkin Memorial Hospital, Neptune, after a brief illness of lobar pneumonia. He was a member of the staff of the Fitkin Hospital.

Born thirty-seven years ago in Asbury Park, the son of Mr. and Mrs. Louis Traverso, he was prominently identified with civic and fraternal organizations. He was graduated from the Asbury Park

High School and Little Rock College, Little Rock, Arkansas. He then attended the University of Arkansas Medical School, and received his degree in 1926. He served his internship at St. Elizabeth Hospital, Elizabeth, N. J., and then came to Belmar, where he has since practiced.

Dr. Traverso was a member of the Elks Club, No. 128; Loyal Order of Moose, No. 1327, Belmar; the Monmouth County Medical Society; the Phi Rho Sigma Medical fraternity; Asbury Park Knights of Columbus; and the Belmar Kiwanis Club.

He is survived by his widow, the former Rose Rymond, of Hazelton, Pennsylvania, and a son, Daniel, five years old. Also his parents, Louis and Mrs. Jennie Traverso; a brother, Rocco Traverso, and four sisters, Genevieve, Elizabeth, Rose, and Angela.

DR. WILLIAM C. ALLEN

Dr. William Cline Allen, 64 years old, a physician in Blairstown for 36 years, died at his home there on February 7, of pneumonia, after a few days' illness.

Active in affairs of the community for more than three decades, Dr. Allen, before settling at Blairstown, had practiced medicine at Philadelphia, and Delaware, N. J.

Dr. Allen was born at Delaware, N. J., a son of Mrs. Sarah Jane Allen and the late Michael C. Allen. He was graduated from Jefferson Medical College.

He was a member of the Warren County Medical Society, the American Medical Association and of the Blairstown Lodge of Masons, of which he was a past master. He was also a member of the Presbyterian Church.

DECEASED PHYSICIANS

Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Frank Brouwer	65	Jan. 24, 1936	Toms River New Jersey	Same	Arterio sclerosis. Cancer of prostate.
Edgar K. Conrad	65	Jan. 27, 1936	Hospital Ave., Hackensack	Same	Cancer of pancreas.
Daniel Traverso	38	Jan. 28, 1936	Fitkin Memorial Hosp., Neptune	705 D st., Belmar	Lobar pneumonia.
Edward B. Funkhouser	66	Jan. 26, 1936	N. J. State Hospital, Trenton	23 Pordicaris pl., Trenton	Coronary occlusion.
James S. Green	71	Jan. 30, 1936	463 N. Broad st., Elizabeth	Same	Carcinoma of stomach.
Lewis B. Hoagland	77	Jan. 9, 1936	Oxford	Same	Chronic myocarditis. Cerebral edema.
Joanna G. Leary	84	Jan. 25, 1936	511 N. Broad st., Elizabeth	Same	Chronic myocarditis.
Charles D. Pedrick	73	Jan. 24, 1936	209 Main st., Glassboro	Same	Cerebral hemorrhage.
Pasquale Turi	48	Jan. 29, 1936	St. Francis Hosp., J. City	211 Summit av., Jersey City	Acute primary hemolytic agranulocytopenic anemia.
Kalman C. Von Haitinger	53	Jan. 19, 1936	68 Barkley av., Clifton	213 Dayton st., Passaic	Acute cardiac dilatation.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

MARCH

3 Camden	12 Passaic
3 Hudson	13 Atlantic
10 Bergen	18 Middlesex
11 Mercer	19 Gloucester
11 Ocean	19 Morris
12 Burlington	25 Monmouth
12 Essex	Sussex

APRIL

7 Camden	10 Atlantic
7 Cape May	10 Salem
7 Hudson	14 Bergen
8 Mercer	14 Cumberland
8 Ocean	15 Middlesex
8 Union	16 Gloucester
8 Passaic	21 Warren
9 Burlington	22 Monmouth
9 Essex	28 Hunterdon
9 Somerset	

ATLANTIC COUNTY

Robert A. Kilduffe, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held Friday, February 14, 1936, at the Hotel Ambassador, Dr. S. L. Salasin presiding. There were forty-six members and guests present.

In the absence of Dr. J. C. Brown, who is confined to the hospital with a fractured leg. Dr. J. S. Irvin read the minutes, which were accepted.

Progress was reported for the Broadcasting, Post-Graduate Education, and Library Committees.

Dr. Allman made a motion, which was passed, that a letter of sympathy on the recent death of his wife be sent to Dr. Charles L. Bossert.

NEWSPAPER PUBLICITY

Dr. W. J. Carrington, reporting for the Liaison Committee for Newspaper Release, stated that the committee was sponsoring the series of health articles appearing in the Sunday Press. Twenty-seven of sixty promised contributions have already been accepted, and the ones already published have been well received. The Municipal Advertising Committee is interested in the publication of these articles. Dr. Carrington urged every member to prepare an article, to be approximately 1000 words long, to be typed in double spaces, and to submit four copies. The committee has the right to revise and edit all articles, and would like to have all papers in by March first. The order of appearance will be left to the Editor of the Press.

PUBLIC HEALTH

Dr. E. H. Harvey presented a very detailed and enlightening report for the Public Health Committee for 1935. This report in full will be kept on file. Letters from Dr. Wilkes and Dr. Read and Dr. Nichols were read and any action to be taken left with the Public Health Committee to do as it deems necessary. Dr. Barbash, as Chairman of the Publication Committee, asked to publish Dr. Harvey's report in the Press.

MATERNITY HOMES

Dr. J. L. Mahaffey, of the New Jersey State Health Department, requested the Society to recom-

mend the maternity homes of Dr. L. Rodi, and Mrs. Previti in Hammonton, and Mrs. Florence Filling at Pomona. The matter was referred to the Maternal Welfare Committee for its prompt action.

WOMAN'S AUXILIARY

Dr. Salasin appointed Dr. Whims to attend the Reciprocity Tea of the Woman's Auxiliary at the Hotel Crillon.

The Auxiliary to the Society has requested space in the Monthly Bulletin. This will be provided and the Auxiliary advised to have all material in the hands of the Publication Committee not later than the 15th of the month.

DATE OF TAKING OFFICE

Upon motion of Dr. H. S. Read that the fiscal year of this Society be changed to coincide with that of the State Society, Dr. Salasin will appoint a committee to study the advisability of taking the necessary steps to make this change.

A CASE OF CRIMINAL ABORTION

Dr. Irvin requested that the Society take some action in the matter of a person who has been arrested by the Prosecutor's Office following the death in the Atlantic City Hospital of a woman who was the victim of a criminal abortion. After considerable discussion, a motion was passed that the President appoint a committee to confer with the Prosecutor and to offer him the assistance of the Society in the prosecution of this individual.

SCIENTIFIC PROGRAM

The scientific feature of the program was an address by David M. Davis, M.D., Professor of Genito-urinary Surgery, Jefferson Medical College, whose subject was "Some Remarks on Prostatic Obstruction".

Although, as Dr. Davis remarked, the subject was somewhat time-worn, he brought to it, nevertheless, a new angle, and a valuable and interesting presentation.

Beginning with a very clear and practical discussion of the mechanism, symptoms, and sequelae of prostatic obstruction, Dr. Davis then discussed

the various methods of treatment and of operative approach.

His own methods of examination and diagnosis as well as his personal experience with the punch operation were covered in some detail.

He then showed a very interesting series of slides pertinent to the subject. The paper was most informative and interesting, and of outstanding practical value.

Dr. Davis's paper was discussed by Dr. Karl M. Scott, and Dr. Stanley M. McGeehan and from the floor.

BERGEN COUNTY

Charles Littwin, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Holy Name Hospital on February 11th. The minutes of the January meeting were read and approved. The minutes of the Executive Committee were approved as printed in the Bulletin.

NEW MEMBERS

The following were elected to membership:

To Regular—

- Dr. Walter W. Mockett, Cliffside Park.
- Dr. William Grosfeld, Ridgewood (by transfer from Oneida County Society, Utica, New York)

From Junior to Regular—

- Dr. Frank Austin Blalock, Oradell.

To Junior—

- Dr. Samuel Loman, Cresskill.
- Dr. Theodore Miller, Hackensack.
- Dr. Edward M. Mancene, Lyndhurst.

The following applications for membership were read:

To Junior—

- Dr. Emil J. Kakascik, Garfield.
- Dr. Joseph B. Basralian, Hasbrouck Heights.

COMMUNICATIONS

The following communications were read:

1. Letters from Dr. J. F. Benjamin and Dr. R. E. White requesting a transfer of membership to the Passaic County Medical Society.
2. A letter from the Philadelphia County Medical Society announcing the Post-Graduate Institute from April 20th to 24th.
3. Dr. LeRoy A. Wilkes' report of the meeting of the Sub-Committee on Public Health of the Welfare Committee.

POST-GRADUATE COURSES

Dr. David Corn announced that the Post-Graduate Course would be given some time in March, on Wednesday, from 4-5 p. m. The cost of the six lectures would be \$2.00 per person. Two hundred dollars had been given by an anonymous donor to help pay for the course.

MALPRACTICE SUITS

Dr. W. J. Sweeney, Councilor for the Second District of New Jersey, spoke on the work of his com-

mittee. All malpractice suits within the Second District are reported to him, and many suits involved Bergen County doctors.

Two interesting clinical cases were reported: A case of allergy by Dr. G. M. Levitas and a case of a diaphragmatic hernia by Dr. A. Bernardini.

Dr. M. Sandler introduced the principal speaker of the evening, Dr. Israel Strauss, Attending Neurologist, Mt. Sinai Hospital, New York City, who spoke upon "Neurological Signs and Symptoms for the General Practitioner". He emphasized the importance of external and internal examinations of the eyes, and a few deep and superficial reflexes. His talk was most interesting. In the discussion he brought out the fact that head injuries often leave permanent defects.

CUMBERLAND COUNTY

E. S. Corson, M.D., Reporter

Amid scenic surroundings of ideal Winter weather, the *Cumberland County Medical Society* met at Dr. Reba Lloyd's Sanatorium on Tuesday afternoon, January 14th, with President H. B. Walker in the chair.

Dr. L. E. Myatt was appointed chairman of a committee to investigate irregular practice of medicine.

MEMBERSHIP

The request of Dr. P. C. Lummis, formerly of Bridgeton and now of Pennsgrove, asking for a transfer to the Salem County Medical Society was granted with regret.

The application of Dr. Sidney L. Segal, of Millville, for membership was received.

PUBLIC HEALTH HOUR

Dr. I. W. Knight, of Pitman, District Public Health Officer, spoke against the mass application of diphtheria and tuberculin testing, and urged the doctors to continue the Public Health Hour.

PRESIDENT NEWCOMB'S ADDRESS

Dr. Marcus W. Newcomb, President of The Medical Society of New Jersey, and a native of Cumberland County, gave a resumé of the work of the Society and its objectives. He emphasized the Public Health Hour and urged all physicians to continue their efforts to immunize children during the first year, and especially during the pre-school age.

Dr. Newcomb spoke of the probable discontinuance of the E. R. A. and urged the doctors to be prepared to carry on as formerly and to care for the indigent sick according to the ethics of the profession.

Dr. Newcomb described the preparations of the State Medical Society meeting in Atlantic City and the modifications which will be made to make the meeting increasingly attractive to both the members and their wives.

He also touched upon medical legislation, a subject in which Dr. Newcomb is especially interested, inasmuch as he is Speaker of the House of Assembly. He urged every doctor to get in touch with the legislators of his county, for medical appropria-

tions are hard to get because bridges, roads, and public improvements take precedent over health.

Dr. Newcomb also urged the employment of a full-time county secretary wherever feasible so as to keep all the work of organized medicine up to the most efficient standard. The central office of the State Society is now efficiently organized, but there is a lag in the response of County Societies to letters and appeals. A competent assistant to the Secretary would speed up the work of the County Society and permit efficiency of both the County and State Societies.

SCIENTIFIC

Dr. James R. Martin, of Philadelphia, was the guest speaker, and discussed the subject of backache.

ESSEX COUNTY

Reported by John J. Flanagan, M.D.

The regular monthly meeting of the *Essex County Medical Society* was held on February 13, 1936, with about forty members present, the small attendance being the result of the inclement weather.

The President, Dr. Zehnder, announced that the Vice-President of the Essex County Medical Society, Dr. Edgar A. Ill, had been appointed a member of the Hospital Council; and that Dr. Sprague had been made a member of the Newark Health Council.

The resolution made by Dr. Condon at the previous meeting, that the Courtesy Staffs of all the hospitals in Essex County be open to any member of the Essex County Medical Society in good standing, subject to the rules of the hospital, was tabled until the next meeting, due to the fact that this is an important resolution and there was not a fair representation of the Society present.

HOSPITAL COMMITTEE

Dr. Sprague reported that the Hospital Committee has been working exceptionally hard along various lines. The committee went on record as condemning flat rates for tonsillectomies and maternity cases. Steps are being taken for adequate care of the chronically ill and aged. Dr. Sprague further commented that if we are to control our own profession, we must give evidence of our ability to take care of all the indigent sick.

PUBLIC HEALTH HOUR

Dr. Edward C. Klein, Jr., reported that the records of vaccination and immunization performed by the physicians of Essex County in their offices has compared favorably with the record of the year before under the supervision of the Board of Health. Thirty-six hundred vaccinations and immunizations were performed in the past year by the physicians, while 4000 cases were done the year before by the Board of Health. This committee recommends the sending of another circular card to the members of the Essex County Medical Society to encourage them to perform vaccinations and immunizations in order to keep this practice in the hands of the

doctors, where it belongs, instead of in the hands of the Board of Health.

The survey still being conducted by the P. W. A. in Newark has greatly aided in swelling the number of inoculations during the past six weeks. Health officers of the other county communities Health officers of the other county communities tee in an effort to imitate this plan throughout the county. If this survey, and its resultant shunting of all cases to the physician for protective inoculation, culminates in its logical fruition, then 100 per cent protection of the public against diphtheria and smallpox will have been attained.

QUARANTINE

Standardization of quarantine regulations throughout the county is recommended. The accomplishments of this unification of the code will be of real value to the physician and public alike.

HEALTH EXAMINATIONS

Periodic health examinations are being encouraged as the most logical method of preventing and arresting disease. Education of the lay public to the realization of this fact will be the first step toward attainment of the millennium, preventive medicine.

ECONOMICS COMMITTEE

Dr. Satchwell reported that the results of the Medical-Dental Service Bureau have been most satisfactory and pleasing. During the first five weeks of its existence, \$13,000 worth of collectable business was obtained. The two weeks from January 15 to February 1, 1936, \$7000 of collectable business was transacted, showing the rapid growth of this bureau. Dr. Satchwell further announced that the Employers Corporation of Northern New Jersey, which represents 2100 industries, has accepted the Essex Plan.

MEMBERSHIP COMMITTEE

This committee announced that ninety-seven new members had been admitted to the Society in the past year.

LUNG COMMISSION

Dr. Dieffenbach reported definite progress.

HEART COMMISSION

Dr. Teeter pointed out the need of longer hospital and convalescent care in cardiacs. Rheumatic fever should be a reportable disease, so that its incidence may be known.

Dr. Satchwell reported further on this heart condition, stating that steps should be taken for the physical rehabilitation of cardiacs.

PHYSIOTHERAPY COMMITTEE

Dr. J. Irving Fort reported that the purpose of this committee is to return the physiotherapy work to the physicians. Beauty parlors have consented to remove eleven physiotherapy equipment, except dryers and vibrators. Circular letters are being sent to the hospitals to determine the types of their

physiotherapy departments, and the manner under which they are run. A night for physiotherapy is being arranged at the Academy in order to establish better interest in and obtain a more thorough knowledge of physiotherapy.

DUES

Dr. Edgar Ill brought out the fact that physicians who have not paid their dues in the Essex County Medical Society are not considered to be in good standing in the Society and therefore their professional liability insurance, which requires the physicians to be in good standing in the Medical Society, is null and void.

IRVINGTON PHYSICIANS' ASSOCIATION

At the annual meeting of the *Irvington Physicians' Association* held on February 18, the following officers were elected for the coming year:

President, Morris Weinstein.

Vice-President, John T. English.

Secretary, Hyman Friedman.

Treasurer, Ernest W. Mierau.

Trustees: Robert Y. Hubbard, I. B. Rothstein, Eugene P. Schaefer.

This association has sponsored three health bills at Trenton during the past year. Two members are now on the Council of the Essex County Medical Society.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held at the Woodbury Country Club, with President Lummis presiding. The Society now has forty-one members,—the largest in the 117 years of its history.

Drs. W. J. Burkett, R. K. Hollingshed, and E. E. Downs were appointed a committee on a memorial to Dr. Charles D. Pedrick, of Glassboro (Journal, February, p. 112).

SCIENTIFIC

The speaker of the evening was Dr. David W. Kramer, Assistant Professor of Medicine, Jefferson Medical College, who spoke on "Advances in the Treatment of Peripheral Vascular Disease".

Members of the Woman's Auxiliary were guests of the Society at a supper following the meeting.

Members present were: Drs. M. F. Lummis, W. J. Burkett and I. W. Knight, Pitman; R. K. Hollinsed, Westville; Don Weems and R. D. Zapf, Wenonah; H. B. Diverty, E. E. Downs, Ralph Moore, Fuller G. Sherman, Harry Nelson, Duncan Campbell, J. Harris Underwood and Dorothy Rogers, Woodbury; C. I. Ulmer and T. M. Gairdner, Gibbstown; Oran A. Wood, H. L. Sinexon and A. J. DiMarino, Paulsboro; B. A. Livengood, Swedesboro; Frederick G. Wandall and A. G. Gillis, Clayton; Ralph C. Venturo, Glassboro, and Dr. Oram Kline, Camden County delegate.

The Gloucester County Medical Society now has forty-one members, the biggest membership in its history.

HUDSON COUNTY

John N. Connell, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on Tuesday, February 4, 1936, at the Carteret Club. The meeting was called to order by the President, Dr. Schuck, at 9:30 p. m.

AMENDMENTS TO BY-LAWS

Dr. Schuck stated that the Society had to consider Dr. Hasking's report of the last meeting with reference to amending the By-Laws. The two questions that came up were: (1) Recommendations of Dr. Kelly; and (2) those of the Maternal Welfare Committee which were left for further consideration by Dr. Hasking and which will be presented at this meeting.

The following amendments were offered to the Constitution and By-Laws by that committee:

Chapter 4, New Section to be No. 20—

"A Maternal Welfare Committee shall consist of nine members elected annually for a term of three years, three to be elected each year. Upon the adoption of the By-Law, three members are to be elected for a term of one year, three for a term of two years and three for a term of three years. The committee shall elect its Chairman. This committee will cover all phases of Maternal Welfare, but gives special attention to Maternal Welfare in this County. It shall cooperate with the Maternal Welfare Committee of the State Society as well as those of other County Societies. It will report from time to time to this Society on matters of Maternal Welfare. They will familiarize themselves with conditions existing in this County and will make such recommendations as may be necessary to this Society. It shall furnish an annual report to this Society."

Chapter 3, New Section to be No. 9—

"The Secretary, Treasurer and Trustees shall be bonded in some authorized Bonding or Surety Company. The amount of the bond to be fixed by the Society at its annual meeting, based on the financial reports submitted by them. The cost of such bonding is to be paid by the Society."

PUBLIC HEALTH COMMITTEE

Dr. Jaffin reported that the Public Health Committee has held several meetings and has acted on several projects of the State Medical Society.

Visiting Nurses.—The nursing service of the Metropolitan Life Insurance Company submitted for the approval of the Public Health Committee standing orders for the visiting nurses as prepared by the State Medical Society of New Jersey. The company is willing to adopt these if approved by our County Medical Society. The orders were read to the committee as submitted and approved unanimously. The Public Health Committee recommends their adoption and that a statement to that effect be sent to the local representative directly or through the Public Health Committee.

Diphtheria Immunization.—With reference to immunization against diphtheria, Dr. Jaffin stated that Dr. Forman, as chairman of the sub-committee in charge of the program, was ready to report at the

last meeting of the County Society on the decision of this committee. The committee decided that, in view of past experience, it is unlikely that the diphtheria situation will be improved unless the city authorities pass an ordinance requiring immunization against diphtheria for all children before admission to schools or public institutions. These ordinances should also take care of any children who were not previously immunized. The committee recommends that as far as possible, these immunizations be referred to the family physician.

Tuberculosis.—Dr. Jaffin stated that the Public Health Committee received from Dr. LeRoy Wilkes, Executive Officer of the State Society, notice of the fact that at a meeting of the New Jersey State Tuberculosis League with the New Jersey State Roentgen Society, the latter approved mass tuberculin testing and mass paper x-ray filming, "believing that its advantage in mass work would outweigh its deficiencies".

The committee believes the ultimate result of such surveys should be the development of proper legislation to compel the parents and guardians of children who enter school life to submit proof of vaccination against smallpox, the toxin-antitoxin test for diphtheria, and a tuberculin skin test; that this work should be under the control of the County Medical Society through the appointment of properly qualified members. These plans were then adopted by the State Public Health Committee and the State Welfare Committee, the chairmen of which state in their letter:

"The Medical Society of New Jersey believes that such procedures properly conducted and approved by the Medical Society tend to reestablish the leadership of the medical profession in all health matters. Also this method of discovering those in need of treatment for tuberculosis who are not already under medical care will hasten referred patients to the family physician for such care and result in mutual advantage to all concerned. Will you please call this action of the Welfare Committee to the notice of your County Medical Society officers and membership and urge their support of this recommendation by our Executive Committee."

Dr. Jaffin recommended that the various communications with reference to mass tuberculin testing and x-raying be published in full in the next bulletin so that every member of the Society will be fully informed of the desirability of favorable action on these recommendations at the March meeting.

Diphtheria.—Dr. H. Forman stated that at the December meeting the Diphtheria Committee rendered its report; also a request from the Health Committee of the State Medical Society that this Society act on the question:—

"Should we continue our present method of attempting to get the people of the city to take their children to private physicians for immunization against diphtheria? or should we hand this matter over to the Department of Health and the Board of Education to act with our coöperation?"

Dr. Forman said that voting on this question had been postponed for two meetings. The Diphtheria Committee was unanimously in favor of coöperating

with the municipal authorities in this matter, and recommended first that we make an earnest effort to have an ordinance passed in each one of the municipalities of our county requiring the immunization of every child in school.

Dr. Forman then moved the adoption of this recommendation.

Dr. Quigley moved that the report be adopted. After a general discussion entered into by Drs. Piskorski, Jaffin, Maras, Cosgrove and Quigley, the motion was carried.

COMMUNICATIONS

A communication from Dr. William Scanlan, Chairman, Public Relations Committee of The Medical Society of New Jersey, was read by Secretary, Dr. Brennock, giving the six activities for County Medical Societies which had been planned by the Sub-Committee of the Public Relations Committee, of the Welfare Committee of the State Medical Society, and adopted by the Society. (See Journal, February, 1936, page 99.)

Dr. Scanlan said: "I am sincerely asking you to coöperate and diligently encourage your County Society members to continue activity throughout this year, in accomplishing something of value in relation to these six points. It might be advisable to appoint a separate County Public Relations Committee instead of delegating the work to the existing Public Health Committee.

"It is very necessary that you select three or four members who can give public addresses and will take the time to study a few subjects in medical economics and the relations of the Medical Profession in Public Affairs, particularly health matters, and be prepared to address any organization in your county or address other County Societies.

"An article will appear, 'Contacts of Physicians', by LeRoy Wilkes and Frank Overton, in the February Journal which explains pretty well the purpose of the Public Relations Committee." (P. 93.)

SCIENTIFIC SESSION

Second Vice-President of the State Medical Society of New Jersey, Dr. W. G. Herrman, gave a brief talk on the "Unity of Organized Medical Services". (See page 167.)

Dr. Carl Eggers, Attending Physician at the Lenox Hill and the Post-Graduate Hospitals, gave an address on the subject—"Surgical Conditions of the Sigmoid".

MERCER COUNTY

A. Dunbar Hutchinson, M.D., Reporter

The *Mercer County Medical Society* met in the Trenton Country Club on February 12th, President Stone presiding.

A communication was read from Dr. Samuel L. Salasin relative to the qualifications of Dr. W. J. Carrington for the office of Second Vice-President of the State Society.

A letter of acknowledgment was read for flowers sent at the opening session of the Legislature to Dr. M. W. Newcomb, Speaker of the House, and President of The Medical Society of New Jersey.

OBITUARIES

A memorial on the death of Dr. A. W. Atkinson, of Trenton, was presented.

A committee was appointed to draw up a memorial on the death of Dr. E. B. Funkhouser, of Trenton.

TUBERCULIN TESTS

It was voted that the recommendation of the State Welfare Committee, relative to mass tuberculin testing of school children be approved. (Jour., Feb., p. 100.)

PUBLIC RELATIONS

President Stone appealed for coöperation upon the part of the members in assisting him with the various activities as suggested in a communication from Dr. D. W. Scanlan, Chairman of the State Public Relations Committee.

NEW MEMBERS

The following applications for membership were read: Drs. S. B. Lavine, A. Lowenstein, H. S. Magee, K. F. Metzger, S. R. Miller, B. Salway, and H. W. Swertfeger.

Drs. Edward K. Hawke, Robert F. Rapp, and W. J. F. Wittenborn were regularly elected to active membership; and Dr. Charles E. Clark to associate membership.

AN EXECUTIVE COMMITTEE

Dr. G. W. Williams, Chairman of a Committee to present a report relative to the formation of an Executive Committee, submitted a resolution, upon which he discussed the several functions and duties of such a committee.

Many interesting questions arose in the course of the lengthy discussion which followed, the final disposition rested upon the motion made, that the report be embodied in the form of an amendment to the By-Laws of the Society. This motion was duly seconded and carried.

MATERNAL WELFARE

A motion was made, seconded and carried that the chiefs of the Department of Obstetrics in each hospital be appointed as a Maternal Welfare Committee.

SCIENTIFIC

Dr. Bret Ratner, Clinical Professor of Pediatrics, New York University Medical School, delivered a most instructive address on the subject, "The Pathogenesis and Treatment of Allergy in Children". Moving pictures illustrated some of the phases manifested in these several conditions.

MIDDLESEX COUNTY

Charles H. Calvin, M.D., Reporter

The regular monthly meeting of the *Middlesex County Medical Society* was held Wednesday evening, February 19th, 1936, at "The Pines", Metuchen, with President Mann presiding. The entire meeting was devoted to business.

PAPER X-RAY FILMS

Dr. Marshall Smith, stated that the committee to investigate the value of paper x-ray films, does not approve x-raying lungs by paper films for the following reasons:—

1. Diagnostic detail is inadequate.
2. Paper is 60 per cent less efficient than celluloid.
3. Accurate diagnosis of a tuberculosis lesion is impossible.
4. Cheapness of the paper does not compensate for an erroneous interpretation.

Dr. E. Klein informed the Society that the Radiological Society of New Jersey, at its recent meeting, went on record opposing the use of paper films.

On motion, the Middlesex County Medical Society voted its opposition to the use of paper films in any mass x-raying of the heart and lungs.

PUBLIC HEALTH HOUR

Dr. London, Chairman of the County Public Health Committee, said that the State Public Health Committee has stressed three problems around which center the activities of physicians, and which might be considered the general program of the Public Health Committee:—

1. The Public Health Hour project.
2. Emphasis and promotion of preventive medical practice.
3. Coöperation in meeting health implications in the Social Security Act in a way that will protect the doctors' interests as well as those of the public.

He reported that Boards of Health and Education of Perth Amboy were coöperating by sending folders to the parents explaining the Public Health Hour. The school nurses and teachers were also urging the parents to have their children immunized. So far the results have not been very good. Perth Amboy has gone two years without any diphtheria, but this year it has reports of two cases.

In addition to the above, the Health Officer also sends letters to the parents of every child on reaching its sixth month's birthday, urging them to have the baby immunized. Physicians themselves must take an active part in this program if it is to be a success.

NEW MEMBERS

Henry A. Belafski, 472 Rahway Ave., Woodbridge
H. B. Copleman, 50 Livingston Ave., N. Brunswick
Ira H. Degenhardt, 51 Livingston Ave., N. Brunswick
P. E. Downing, Jamesburg
Benjamin F. Glasser, 316 George St., N. Brunswick
H. C. Goldberg, 182 Market St., Perth Amboy
Eugene A. Hauber, Sayreville
J. J. Jablonski, South River
Murray B. Jacobson, 241 State St., Perth Amboy
Alexander Klein, High St., Perth Amboy
S. M. Lazow, Broad St., Matawan
Vincent O. Lesh, 114 Stevens Ave., South Amboy
Lawrence H. Lief, Jamesburg
G. W. Pashchal, Jr., 195 N. Main St., Milltown
Anthony J. Pellicane, 185 Livingston Ave., N. Bruns.

Robert B. Pinerman, Bordentown Ave., S. Amboy
I. E. Rineberg, 93 Bayard St., New Brunswick
William Stein, 71 Livingston Ave., New Brunswick
N. Szuch, 68 Main St., South River
J. S. Uhr, 131 Livingston Ave., New Brunswick
Price T. Watson, Milltown

W. P. A.

Dr. Mann stated he has received many complaints from members of the Society that the W. P. A. in Perth Amboy has selected two or three doctors to do all its accident work, to the exclusion of the rest. He did not think this fair to the other physicians. Dr. Faulkingham moved to submit to the W. P. A. the names of all doctors in the Society, and to suggest to them that the injured person be allowed to make his own choice of doctor.

PHYSICIANS PRACTICING 50 YEARS

Dr. Mann stated the following physicians of Middlesex County, Alonzo Hunt (1881), Grover Applegate (1883) and Jesse Beeckman (1888), have been in practice of medicine for fifty years or more. (Jour. Feb. p. 110). He felt that the Middlesex County Medical Society should, in some way, honor these men; possibly by electing them to Honorary Life Membership. Dr. London moved, and it was seconded and carried, that these three physicians be given Honorary Life Memberships in the Middlesex County Medical Society.

After adjournment refreshments were served.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A very interesting meeting of the *Morris County Medical Society* was held the evening of Thursday, February 20th, at the Morristown Memorial Hospital. President Costello called the meeting to order with about forty-five present.

The program was arranged by the staff of Morristown Memorial Hospital and was most interesting presented in the following order:

1. "Gas Bacillus Infection", by Dr. George J. Young.
2. "Surgery in Gas Bacillus Infection", by Dr. Frank H. Pinckney.
3. "Lesions of the Thyroid Gland", illustrated by lantern slides, by Dr. Attilio F. Galasso.

4. "Modern Methods of Diagnosis and Treatment of Pulmonary Disease", with lantern slide illustrations, by Dr. Grant Thorburn, of New York City, specialist in chest diseases and affiliated with Bellevue Hospital and Lenox Hill Hospital.

While the impression was that "gas bacillus infection" was a rather rare condition, the importance of its proper handling when met with was stressed, and the therapeutic and surgical procedures revealed. Dr. Pinckney was congratulated on being able to present a patient of this type whose right arm was amputated above the elbow and was definitely on the way to complete recovery after "guillotine" amputation.

The discussion on "Gas Bacillus Infection" was led by Dr. Glazebrook, who was followed by Dr. Griscom, Dr. Teskey and others.

In presenting his slide illustrations on "Modern Methods of Diagnosis and Treatment of Pulmonary Disease", Dr. Thorburn stressed the importance of advantage being taken of the present modern facilities for x-ray and laboratorial work, as contrasted with the scarcity of these things and the extreme cost at the beginning of the present century; also of the early diagnosis and of the importance of a thorough examination and check-up of families where a member has been found to be positive. He cited a case where one member of a family had come to a clinic; and found three of the four children and the mother were also positive. This would not have been revealed if the one member had not progressed to the extent of coming to the clinic. The importance of x-ray also was stressed for revealing non-tuberculosis lesions.

Dr. Thorburn's presentation was quite generally discussed by Dr. Rubin, Dr. Lathrope, Dr. Foster, Dr. F. Grendon Reed, Dr. Douglas and others.

After a very interesting scientific meeting which did credit to the staff of Morristown Memorial Hospital, refreshments and informal discussions were enjoyed.

PASSAIC COUNTY

Sigurd W. Johnsen, M.D., Reporter

The regular meeting of the *Passaic County Medical Society* was held with the Passaic Practitioners' Club and the Passaic County Pharmaceutical Society, at the Passaic City Club, Thursday, February 13, 1936, at 9 p. m., Dr. MacMillan presiding as President.

A communication regarding the endorsement of a maternity home at Pompton Lakes was read and referred to the Board of Censors for action.

NEW MEMBERS

The following physicians were unanimously elected to membership:

- Dr. J. F. Benjamin, Associate Member
- Dr. Conde DeS. Pallen, Associate Member
- Dr. J. Howard Gould
- Dr. Faust Chelton
- Dr. Fred James Crescente

The following resolution was presented by Dr. Samuel Ginsburg, regarding the death of Dr. Kalman Von Haitinger, to be sent to the sons of Dr. Von Haitinger, and to be spread in the minutes of both the Passaic County Medical Society and the Passaic Practitioners' Club:

"Whereas, it has pleased Almighty God to remove from our midst our associate and colleague, Dr. Kalman Von Haitinger, and *whereas*, the said Dr. Kalman Von Haitinger was a member of the Passaic County Medical Society and the Passaic Practitioners' Club for many years, during which time he devoted his life to the practice of his profession among the poor and disinherited of our community; and *whereas*, his untiring efforts in behalf of those afflicted with tuberculosis contributed so much to the building of Valley View Sanatorium, on whose Board of Managers he served for eight years, the last as President of the Board;

"Therefore be it resolved, that the Passaic County Medical Society and the Passaic Practitioners' Club, at their joint meeting on February 13, 1936, hereby express their sorrow at the untimely death of Dr. Von Haitinger, and express the sympathy of the membership to the bereaved family.

"It is further resolved that this resolution be spread on the minutes of both organizations, and that a copy be sent to the children of Dr. Von Haitinger.

"Committee on Resolutions,
"Samuel Ginsburg, M.D., Chairman."

PUBLIC RELATIONS COMMITTEE

Dr. MacMillan gave a report on the meeting of the Public Relations Committee, a Sub-Committee of the Welfare Committee, held at Atlantic City on January 12, 1936. One recommendation made was that a Public Relations Committee be appointed in each County Society. Dr. MacMillan therefore appointed the following members:

Dr. Irving Okin
Dr. Theodore K. Graham
Dr. Sigurd W. Johnsen, Chairman.

The second recommendation made was that the Reporter of each Society send reports to the press of matters which have a public interest.

BIRTH CONTROL CLINIC

Dr. Hall next read a resolution from the Federation of Holy Name Societies, condemning the proposal to establish a Birth Control Clinic in Passaic County.

A communication was read from Reverend Dr. Hamilton, Rector of St. Paul's Episcopal Church, Paterson, requesting the advice and counsel of the Passaic County Medical Society in establishing a Birth Control Clinic. Both communications were filed for future reference and action.

SCIENTIFIC MEETING

Dr. MacMillan, on behalf of the Passaic County Medical Society, and the Passaic Practitioners' Club, then extended a welcome to the members of the Passaic County Pharmaceutical Society.

Dr. MacMillan then introduced Dr. William H. Areson, of Montclair, a member of the New Jersey State Welfare Committee. Dr. Areson gave a splendid talk, and discussed points of difference existing between the Physicians and the Pharmacists, and made a number of suggestions as to how a closer coöperation could be secured between the two professions.

Dr. MacMillan then introduced Dr. Adolph Marquier, Professor of Pharmacy at Rutgers' University, New Brunswick, N. J. Dr. Marquier gave an excellent talk and discussed matters from the Pharmacists' viewpoint. He made a number of suggestions regarding new Pharmacopial preparations now available for use.

The meeting was then opened for discussion, and a number of physicians and pharmacists participated.

Mr. Garabrandt, President of the Passaic County Pharmaceutical Society, then expressed his appreciation of this splendid coöperative endeavor, and invited the physicians to meet with the pharmacists at a future meeting.

Dr. Ginsburg then made a statement that the first step in coöperation would be to have the pharmacists stop counter prescribing for patients. He cited the case of one pharmacist in town who treated and prescribed for all ailments including gonorrhea and syphilis. Mr. Bell, a pharmacist, replied that the remedy in this instance was very easily had, namely, prosecution for practicing medicine without a license.

Many others participated in the discussion, bringing out facts that were enlightening to all.

The meeting adjourned with a general realization by all that the closer coöperation between physicians and pharmacists was greatly needed, and that both professions were engaged in caring for the sick, and had many common problems that could be worked out satisfactorily.

SOMERSET COUNTY

Albert W. Pigott, Reporter.

The December meeting of the *Somerset County Medical Society* was held at the Nurses' Home of the Somerset Hospital, Somerville, on Thursday evening, December 12, 1935. Members present were—Doctors Barbour, Maurice Borow, Brittain, Craig, Day, East Ely, Field, Gray, Halstead, Hegeman, Knight, Lawton, Pogoloff, Renner, Smalley, Stillwell and Sferra. Guest members were Doctors Crane and Fitch of Plainfield. President Hughman presided.

NEW MEMBERS

The Board of Censors recommended for membership Dr. S. S. Edelberg, Bound Brook; Dr. G. M. Bendix, Raritan, and Dr. M. Q. Hancock, Somerville. These were duly elected. Dr. Stillwell rendered a report for the E. R. A. Medical Advisory Committee.

Two applications for membership were received and referred to the Board of Censors.

PUBLIC HEALTH HOUR

A letter from the State Public Health Committee was put before the Society for discussing the following question: "Do your members prefer to have the Department of Health and the schools do the free immunizations against smallpox and diphtheria?" After a lengthy discussion it was decided to continue the public health hour in the doctors' offices in this county. A County Public Health Committee was then appointed consisting of Dr. Brittain as chairman and Drs. Cooper, Flint, Meigh, Stillwell, Sferra, and Pigott.

SCIENTIFIC

Dr. Lindsay E. Robinson of the Greystone Park State Hospital Staff presented a paper on "Mental Hygiene and Endocrine Therapy," which was thoroughly enjoyed by all present.

THE WOMAN'S AUXILIARY

THE NEWS LETTER OF THE A. M. A. WOMAN'S AUXILIARY

The National Woman's Auxiliary issues four News Letters during the year, each giving attention to one of its four districts in turn. The January News Letter is an *Eastern States* number, and consists of 18 mimeographed sheets, 11 of which are devoted to ten State Auxiliaries.

The report from New Jersey was the longest, two and a half pages being devoted to it. Two articles from The Journal of The Medical Society of New Jersey of September 1935, were reproduced almost in full. The first was the "Greetings" by Mrs. Frederick A. Kinch, President of the State Auxiliary, from page 563, in which the plans for the year were outlined.

The second article quoted was an editorial from page 510 urging that each auxiliary adopt a major project, and suggesting that it be the promotion of contacts of the county societies with lay health organizations.

A. M. A. EXHIBIT ON HEALTH ACTIVITIES

The first article in the News Letter was on the *health exhibits* of the A. M. A. on popular health subjects, such as health posters, Hygeia, dangers of self diagnosis, foods, cosmetics, and quackery. These exhibits may be secured by local auxiliaries at the cost of the transportation charges one way. Information

may be obtained from Dr. Thomas G. Hull, Director, 535 North Dearborn Street, Chicago, Illinois.

LOCAL PUBLICITY

The National President, Mrs. Rogers N. Herbert, Nashville, Tennessee, makes the following excellent suggestion in her page of "Greetings":—

"Publicity and the originality that makes for news is essential in promoting any work that is to be placed before the public, and should not be neglected by any Auxiliary. A suggestion may be gained from the story of the noted brass-clock manufacturer who contrived to keep his name continually before the public by a succession of improvements, many of them exceedingly slight, which he invariably made known through the newspapers. Sometimes he added a new cog, or wheel or two, or altered the arrangement of the old ones, and sometimes he slightly remodelled the case, but no matter how trifling the change, it was invariably blazoned in the newspapers.

"Publish accounts of your Auxiliary meetings in the newspapers; and attempt to have such outstanding speakers or novel programs that the message contained in the news will be given enough space to attract the eyes of every reader."

THE ART AND HOBBY EXHIBIT

By MRS. H. D. CORBUSIER, Plainfield, N. J.

Vice-President and Co-chairman of the Art and Hobby Exhibit

Is there anything new to be said about hobbies? Probably not, except that they are always new to those affected by them. We have long been convinced not only of the advisability, but of the necessity, of some sort of avocation, or form of recreation. Indeed, if you haven't a hobby, how can you be in the running? In times of stress it is especially essential that the person whose mind and nerves are strained in pursuit of material or professional accomplishment, should have some form of mental relaxation such as a hobby supplies.

Recreation, or culture, or hobbies;—which is the larger term? Are hobbies recreation; or may recreation be a hobby? While golf, fishing, yachting, etc., are recognized as diverting and healthful, real hobbies must be of such absorbing interest that they occupy all their owner's thought and conversation,

and turn him into a bore. A wise hobby provides material for much interesting talk, and is the occasion for many valuable contacts.

LISTS OF HOBBIES

There are *creative* hobbies, and *acquisitive* hobbies; and also *cultural* hobbies, which may be related to either or both of the other two, for when a person acquires a hobby it opens a field of study which may become engrossing. Of course, almost anything may be made a hobby; selecting one is really a serious matter, so much so that books are written on how to select a winner, with such titles as "Book of Hobbies", "The Care and Feeding of Hobbie Horses", and, less figuratively, "Guide to Civilized Loafing".

It is futile to try to make a list of popular hob-

bies, but it may be rather amusing, after all. Probably the most popular hobby today is *art* in some form. Physicians especially seem to turn to that form of expression, as the exhibitions at the New York Academy of Medicine testify. Much creditable work and some very excellent art has been created in oils, water colors and pastels; in modeling and carving; and in photography.

Pottery attracts many; much beautiful jewelry has been made; and some have become expert workers in iron and brass. Carpentry and cabinet-making have their lure; ship-modeling, requiring great delicacy of technic and accuracy of design, is a fascinating hobby; also models of houses, or of the stage, complete with setting and properties; and some there are who delight in models of machines. Marionettes are a delightful hobby, both their manufacture and their operation; book-binding too; and, one of the most popular—gardening.

Very absorbing, too, is writing in various forms: poetry, novels, essays, biography; the autobiography of a busy physician can be most interesting and inspiring, as witness Dr. Morriss' "Fifty Years a Surgeon". Music, both writing and performing, has its devotees, as is shown by the radio hour called "Music Is My Hobby".

These are the more tangible things, but cultural hobbies may be equally absorbing, such as the study of astronomy, geology, mineralogy, and a close acquaintance with birds and flowers. It is immensely satisfying to be able to call one's friends in nature by name and to know something of their habits. The uses of plants, medicinal and other, make an enthralling study. Archaeology and ethnology have great possibilities; and who does not intend at some future time to devote himself to the study of genealogy?

Most of these hobbies attract both men and women, though some might be classed as masculine, while needle work, knitting and their like might be called feminine, although we hear of men in high, even royal estate, who indulge in them.

Then there are the *acquisitive* hobbies. Almost everyone, I suppose, likes to collect some sort of thing. Favorites are stamps and coins which are interesting for varied reasons. Books on special subjects, and pictures, perhaps, come next. A collection of etchings is always of interest, and a library of books of travel or of any "ana" has never failing lure. Objects characteristic of places one has visited,—these we all collect. I know of a collection of caps from Brittany. Native jewelry and articles of adornment, the typical embroideries and fabrics of different countries are charming, as

are dolls dressed in national costumes. I even read recently of a young girl in Kentucky who is collecting samples of dirt from all the states; she doesn't call it soil—just dirt. A friend once gave me a collection of about seventy-five specimens of ferns, and I prize it highly.

Of course antique articles are the accepted prey of all collectors. Much that is beautiful and valuable has been preserved by this hobby—and much that is neither. But Morris' dictum that we should accept only what we "know to be useful or believe to be beautiful" does not apply to the collecting hobby. I believe its most worthwhile and purposeful function lies in preserving the things of today which are slipping into the past. The Indians in our West still live as they did at least 400 years ago; the negroes in the South still have some remnant of the life of pre-war days. Whoever captures some portion of these passing things and preserves it for the future is performing a real service as well as enjoying a most enthralling hobby. It is not the things of great intrinsic value which are of the greatest interest, but the things that hold the picture of every-day life, the folkways of a people. Nothing brings back the past so vividly as the costumes, the toys, the everyday domestic utensils. The things that were made or handled and used by every-day home-folks are the most articulate.

HOBBY EXHIBIT AT THE STATE SOCIETY

The Medical Society of New Jersey has for several years been promoting among its members and their families an interest in hobbies. In charge of a Committee of Art and Hobbies, it is becoming more and more popular. Last year this work was placed in the hands of the Auxiliary and a very successful exhibit was held. One hundred and fifty-two articles were shown and visitors to the exhibit were much interested.

Again this year the committee will arrange your exhibits attractively in the Derbyshire Room during the Annual Convention. It is the aim to make this room a convenient and comfortable place for social meeting. Tea will be served, and inspection of the concrete expression of your hobbies will be both entertaining and suggestive. You will feel repaid for bringing some entries to represent your avocations, and adopting as your slogan "Meet me at the Hobby Room".

Mrs. Ily P. Beir, 114 South Virginia Avenue, Atlantic City, is chairman of the committee. Obtain entry blanks from your County President, similar to the one on the next page.

Medical history is an art, and the high interest which it arouses is the satisfying reward of its devotees. Physicians themselves will find the greatest appeal of the Art and Hobby Exhibit to be that of the department relating to medicine. Physicians of seventy-five years ago revered their predecessors, and preserved their memories in histories of local societies published in the Transactions of the State Society.

Many physicians know of historical mementoes which are not available for exhibition, but which might be seen and studied in the homes of their owners. The exhibit will have a book in which a visitor may record the address of the owner of a medical relic, or of some one through whom it may be traced. A description of the mementos printed in the Journal will have a wide appeal to physicians.—*Editor's Note.*

ART AND HOBBY EXHIBIT

Annual Meeting The Medical Society of New Jersey

June 2, 3, 4, 1936

All members of the Society, members of the Woman's Auxiliary, and any other members of a physician's family are invited to participate. Exhibits must be in the hands of this Committee by 11 a. m., Tuesday, June 2. Every effort will be made by the Committee to safeguard exhibits, and all exhibits must be removed by the owners by Friday noon, June 5. Cases will be furnished for such exhibits as are suitable for showing in cases. Kindly indicate the classification under which you wish to exhibit and advise us as to amount of space required.

☐

ART

SPACE REQUIRED

Painting
Sculpture
Modeling
Etchings
Engraving

SPACE REQUIRED

Drawing
Needlework
Plastics
Miscellaneous

☐

PHOTOGRAPHY

NUMBER

Still
Color

☐

HISTORY

(Related to Medical Interests in N. J.)

NUMBER

Instruments
Documents
Photographs

Movie {	16 mm.	Number of reels	Footage
	35 mm.	Number of reels	Footage

☐

HOBBIES

Collections

Kind

Trophies

Kind

SPACE REQUIRED

SPACE REQUIRED

Address exhibits to Art and Hobby Exhibit Committee, The Medical Society of New Jersey, Haddon Hall, Atlantic City, N. J.

Sign this blank and mail before May 1st to Mrs. Ily R. Beir, 114 S. Virginia Ave., Atlantic City, N. J.

Name

Address

Atlantic County

Reported by Mrs. Samuel L. Salasin

The *Woman's Auxiliary to the Atlantic County Medical Society* held its executive board meeting at 2 p. m. on February 10, 1936, at the home of Mrs. Edwin Harvey, 20 North Florida Avenue, Atlantic City.

Important among the events discussed and planned was the Reciprocity Tea to be given in conjunction with the Women's Club in their club rooms at the Hotel Crillon on February 18th, which will be attended by leaders of many local organizations. A very carefully planned talk on Socialized Medicine will be delivered by Dr. Hilton S. Read. A musical program will also be rendered.

An announcement that the regular meeting will be held on Friday evening, February 14, at the Ambassador Hotel was made.

Reports were given by chairmen of the committees.

A resumé of the board meeting held at the Stacy Trent Hotel, Trenton, N. J., was given by our President, Mrs. Carl Surran.

At the meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* held Friday night, February 14, 1936, at the Ambassador Hotel, arrangements were completed for a number of interesting affairs to be held in the near future. The reciprocity tea which the Auxiliary is having Tuesday afternoon, February 18th, with the Woman's Club at the Hotel Crillon, will be attended by representatives of thirty local organizations. Mrs. Frederick Kinch, of Westfield, N. J., President of the State Auxiliary, will be an honored guest.

Preceding the tea the Auxiliary will hold a luncheon at the Hotel Madison for members who will assist in arranging details for the State Convention of the Medical Society to be held here June 2, 3 and 4. Mrs. Samuel Salasin is chairman of the program committee; Mrs. Carl Surran, registration, and Mrs. I. R. Bier, arts and hobbies.

During the meeting Miss Mary Carrington spoke on the Peace Council, and urged their support of measures in which the Council is particularly interested, such as the neutrality bill. Five new members were welcomed by Mrs. Carl Surran, President.

At the close of the business meeting a delightful program was presented. Mrs. Edwin Harvey showed several motion pictures of Mexico, including an official film of a bull fight. She also presented colored motion pictures of local scenes. A musical program was presented by D. N. Rosenberg, vocalist, and Joseph Lilley, pianist.

Present were: Mrs. Carl Surran, Mrs. Manuel Malley, Mrs. Arthur Von Delion, Mrs. Hilton S. Read, Mrs. Clarence Whims, Mrs. Philip Marvel, Mrs. E. H. Harvey, Mrs. Charles Hyman, Mrs. Brown Holoman, Mrs. G. Ruffin Stamps, Miss Evelyn Martin, Miss Mary Carrington, Mrs. William J. Carrington, Mrs. I. R. Beir, Mrs. William Her- sohn, Mrs. Lawrence Wilson, Mrs. John Irvin, Mrs. Baxter Timberlake, Miss Isabel Burke, Mrs. Norman J. Whitehill, Mrs. John Newland, Mrs. Abra-

ham Krechmer, Mrs. Morton Major, Mrs. Peter Marvel, Mrs. Samuel Salasin, Miss Betty Harley, Mrs. Bernard Crane, Mrs. David Allman, Mrs. Blair Stewart, Mrs. Samuel Winn.

Camden County

Reported by Mrs. Cora W. Shafer

The *Woman's Auxiliary to the Camden County Medical Society* meets four times a year, on the first Tuesday of October, January, March and May.

The October first meeting was held in Mrs. Joseph E. Robert's home in Haddonfield, and was devoted to a reception to the new members. Routine business was transacted and tea was served.

The meeting of January 7 was held in the home of Mrs. A. Haines Lippincott. Dr. Thomas K. Lewis, Chairman of the Committee on Medical Practice of The Medical Society of New Jersey, spoke on "The Future of Organized Medicine". Mrs. Lewis R. Dick gave some poetry in its lighter vein.

A contribution of \$250 was made to the Camden County Tuberculosis Association.

Guests of honor were Mrs. W. B. Odenatt, President of the Auxiliary of Pennsylvania; Mrs. M. F. Percival, President of the Philadelphia County Auxiliary, and Mrs. Frederick A. Kinch, of Westfield, our own State President.

Essex County

Reported by Mrs. Herman C. H. Herold

At the meeting which was held on January 27, at 2 p.m., at the Academy of Medicine Building, the *Woman's Auxiliary to the Essex County Medical Society* enjoyed an interesting program. The first address was by Dr. George Gallut of the Institute of Public Opinion of New York City, on "Measuring Public Opinion".

The methods used in taking referenda to indicate trends in public opinion were described in detail and the value of such information to persons in public life was explained. Figures were given to indicate how close to actual conditions such polls have proved to be. Frequently a personal canvass is made of groups of people who are unlikely to send answers to written inquiries as in such cross-sections of the opinion of the country on large problems as he makes, certain groups must not be considered but the country as a whole, and all types and classes of people interviewed. It was explained, moreover, that while a comparatively new method of investigating public opinion, it has been found to be remarkably exact.

The second address was a special feature given by the Public Service Electric and Gas Company, and was a motion picture presentation of the "Science of Seeing". The speaker was introduced by Mrs. H. Roy Van Ness.

The President, Mrs. Kenneth C. Forsyth, presided at the business session. Tea was served at the close of the program.

Gloucester County

Reported by Mrs. Paul M. Pegau

The regular monthly meeting of the *Woman's Auxiliary to the Gloucester County Medical Society*

was held Thursday evening, February 20, 1936, at 9 p. m. at the Woodbury Country Club, with twelve members present.

After a brief business meeting the meeting adjourned and the members joined the doctors at supper.

Hudson County

The *Woman's Auxiliary to the Hudson County Medical Society* held its monthly meeting on February 3rd, 1936, at the Y. W. C. A., in Jersey City. The President, Mrs. A. E. Jaffin, presided.

Mrs. Louis Dodson, Chairman of Entertainment, gave a detailed report on a Dessert Bridge held at the Jersey City Y. W. C. A. on January 22, 1936. It was very successful both socially and financially, and the organization gave a vote of thanks to Mrs. Louis Dodson for her splendid work.

Mrs. Frank Facciolo, Public Health Chairman, reported on a plan to read five-minute health articles before other organizations to which our members belong, provided the plan is approved by the Presidents of these organizations and the Hudson County Medical Society.

Mrs. Miles T. Long, Membership Chairman, reported that fourteen new members have joined our Auxiliary since the first of the year. They are as follows: Mrs. G. Irving Levine, Mrs. James H. Hollywood, Mrs. Benjamin J. Macchia, Mrs. Henry T. Von Deesten, Mrs. Louis Franklin, Mrs. Perry O. Hall, Mrs. Joseph Koppel, Mrs. Leo Koppel, Mrs. Robert Bitton and Mrs. Joseph Cowan, of Jersey City; Mrs. T. J. Schuck and Mrs. William E. Stuart, of Hoboken, and Mrs. J. J. Danielson and Mrs. David R. Godlin, of North Bergen.

The meeting was then adjourned and Mrs. Jaffin introduced our speaker, Dr. Iago Galdston, who spoke on the subject "The Doctor's Wife". Dr. Galdston explained that by "doctor" he did not mean only the physician, but any man of learning, really the middle class of society, educated, cultured, from which achievement comes; by "wife" he meant the relationship between the present-day man of the middle class and the present-day woman.

He went on to explain that he divides women into two classes; those who are prominent, make a lot of noise, and do nothing; and those who work but do not feature prominently, this being the one to which "the doctor's wife" should belong.

Dr. Galdston called the present a day of paganism, defining a pagan as one who thinks only of himself. "We are all too egocentric", he stated. He deplored "professionalism" in women and their unwillingness to play a subordinate rôle.

A very enjoyable social hour followed with Mrs. William Matthews serving as hostess.

Middlesex County

Reported by Mrs. William H. McCormick

The *Woman's Auxiliary to the Middlesex County Medical Society* held its regular meeting on January 29th at the Hotel Pines in Metuchen.

Prior to the business meeting, the Auxiliary enjoyed an interesting address on the subject of Medi-

cal Economics given by Dr. Morris Fishbein, Editor of the Journal of the American Medical Association, who was the guest of the Medical Society.

The regular business meeting was presided over by the President, Mrs. John J. Mann. The Auxiliary had as its guest Mrs. Frederick A. Kinch, President of the State Auxiliary, who gave the members many interesting and helpful suggestions on their organization and projects for the year.

After the meeting refreshments were served.

Somerset County

Mrs. C. F. Halsted, Reporter

A regular meeting of the *Woman's Auxiliary to the Somerset County Medical Society* was held at the Nurses' Home, Somerset Hospital, Thursday, February 13, 1936, at 8:30 p. m. Mrs. R. K. Adams, Vice-President, presided, our President, Mrs. Stillwell being in the South.

Six members and two guests were present: Mesdames Adams, Ely, Knight, Meigh, Renner, Halsted, Mrs. S. T. Snedecor, and Miss Wunder, our guest speaker.

Mrs. Ely gave a short account of the Board meeting at Trenton the second Monday in January.

Delegates to the State Convention were appointed as follows:

Mrs. Stillwell; alternate, Mrs. Gray.

Mrs. Renner; alternate, Mrs. Borow.

Mrs. Meigh; alternate, Mrs. Hegeman.

Miss Wunder gave us a most interesting account of her work as social worker for the Gould Foundation. She spoke at length of the many problems confronting such organizations and of the splendid work done for the unfortunate.

The meeting adjourned for a social hour and refreshments.

Union County

Reported by Mrs. Herschel S. Murphy,
Roselle, N. J.

A meeting of the *Woman's Auxiliary to the Union County Medical Society* was held Wednesday evening at the home of Dr. and Mrs. Charles H. Schlichter, of Elizabeth.

Dr. Norman W. Burritt, of Summit, who is Chairman of the Public Health and Legislation Committees of the Union County Medical Society, spoke on the benefits to be derived by testing school children for tuberculosis. Those between the ages of twelve and sixteen are the logical ones to be x-rayed in this plan.

Following this was the business meeting. Then Dr. and Mrs. Schlichter's daughter and son-in-law, Mr. and Mrs. Edward McConahay, entertained the group with moving pictures, in color, of Baden-Baden, where the home of Dr. Schlichter's father is located; then pictures of their grandchildren, and lastly the beautiful country around Rockport, Massachusetts. In this film there was a series of unusual aerial glimpses of the dirigible Los Angeles as she floated against the clouds and blue sky.

Refreshments were then served by the hostess, assisted by Mrs. Gilpin and Mrs. Laird.

AUTOMOBILE PROTECTION

With your car insured under the State Medical Society's
endorsed policy you receive

*Unquestioned Company
Financial Strength*

Sound Future Protection

*Unequalled Service and
Prompt Loss Settlement*

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized
agent on automobile insurance for the State Medical So-
ciety will furnish you with full details.

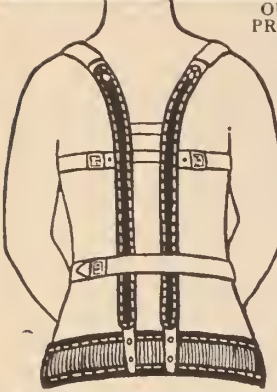
Way Underwriting Agency

INCORPORATED

**605 BROAD STREET
NEWARK, NEW JERSEY**

Telephone Mitchell 2-0613

OTHERS ASK UP TO \$50.00

TAYLOR SPINAL BRACEOUR PRICE **\$18⁰⁰**

A well padded surgical steel spinal support furnished with apron and perineal straps.

Made to order in 24 hours
Take measurements around iliac crest, umbilicus, distance from sacro lumbar articulation to 7th cervical vertebra prominence.

OTHERS ASK UP TO \$10.00

THIS HIGH GRADE

SACRO-ILIAC BELT OUR PRICE **\$3⁵⁰**

Beautifully made of six inch orthopedic webbing, well reinforced, supplied with perineal straps.

Take measurements around the hips three inches below the iliac crest.

WE ALSO MAKE—

Abdominal Belts, \$3.50 — for hernia, obesity, maternity, ptosis, post-operative.

Hood Truss ----- \$ 4.00
Thomas Leg Splints 4.00
Ambulatory Splint-- 15.00
Cervical Neck Brace 20.00

**F. A. RITTER CO.**

310 Woodward Ave., Detroit, Mich.

Have
You Re-
ceived Our
New Catalog?

ORTHOPEDIC SHOES

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY

Medical Service Co.

INCORPORATED

370 WEST MARKET STREET
NEWARK, N. J.

Physicians'
And Surgical
Equipment
And Supplies

Rentals of:
Oxygen Tents
Hospital Beds
Wheel Chairs
Diathermy Appts.
Etc.

WE SOLICIT YOUR
KIND PATRONAGE

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

PLACE

NAME AND ADDRESS

TELEPHONE

SO. ORANGE, N. J.
NEWARK, N. J.

Taft's Pharmacy, 2 So. Orange Ave.
Liss, Michael, 794 Mt. Prospect Ave.

S. O. 2-0063
HU. 3-4794

MENINGOCOCCUS ANTITOXIN

DEVELOPED IN THE RESEARCH LABORATORIES OF PARKE, DAVIS & COMPANY

"Meningococcus Antitoxin has reduced by approximately 50 per cent the deaths from meningococcic meningitis at Cook County Hospital."

*Journal of the American Medical Association,
Volume 104, page 980, March 23, 1935.*

THE introduction of Meningococcus Antitoxin is a significant contribution to the therapy of contagious diseases. Extensive biological and clinical research has led to the development of this true antitoxin, markedly effective in lowering the mortality in meningococcic meningitis.

Accepted for inclusion in New and Nonofficial Remedies by the Council on Pharmacy and Chemistry of the American Medical Association.

Parke, Davis & Co. — Detroit, Mich.

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO RENT
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, \$1.00

CASH MUST ACCOMPANY ORDER

Forms Close 26th of the Month

SUMMIT, N. J.

FOR SALE—A corner house of sixteen rooms and four baths, in exclusive residential section. Near the Lackawanna station and business center. The house and location is ideal for a Doctor's office and home, or for a convalescent home and is equipped for either one. All large rooms with two exposures. All bed rooms with hot and cold running water. Oil heat.

House is beautifully and completely furnished. Will sell with or without furnishings. Exceptional opportunity. Box 275. Summit, N. J.

PHYSICIAN, 7½ years hospital training, wants connection with practitioner, or office rent of retiring physician. Small place preferred. Box G, care of The Journal.

ELDERLY gentleman, fair health, desires living accommodations physician's family, only guest, private bath, diet regime, observation. References. Box F, care of The Journal.

DENTIST—General practice and orthodontia, would like to share office with physician part time. Must be within 50 miles from Newark. Address Box H, care of the Journal.

MARQUIER'S PHARMACY

THE REXALL STORE

SANFORD and SO. ORANGE AVENUE

Newark, N. J.

**Belle Mead Sanatorium
and Farm
BELLE MEAD, NEW JERSEY**

Long established and licensed. On the approved hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy. With a separate, attractive department for Convalescents and Elderly Persons. Five attractive buildings for thorough classification.* Physicians are invited to visit and coöperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a four hundred acre stock farm at the foot of the Watchung Mountains. Easily accessible by rail, bus and auto. Scientific treatment and nursing. Hydrotherapy, electrotherapy, suitable diversion. Occupational therapy. Arts and craft shop. **RATES VERY REASONABLE** for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phone Belle Mead 21. New York City Office, 667 Madison Avenue; hours 3 to 4 Tues., Thurs., Sat. Tel. Regent 4-2160.

Trade Mark **STORM** Trade Mark
Registered Registered

Binder and Abdominal Supporter



Gives perfect up-lift. Is worn with comfort and satisfaction. Made of Cotton, Linen, or Silk. Washable as underwear. Three distinct types, many variations of each.

The Picture Shows "Type N"

Storm belts adaptable to all conditions, Pto-sis, Hernia, Pregnancy, Obesity, Sacro-Iliac Relaxation, High and Low Operations, etc.

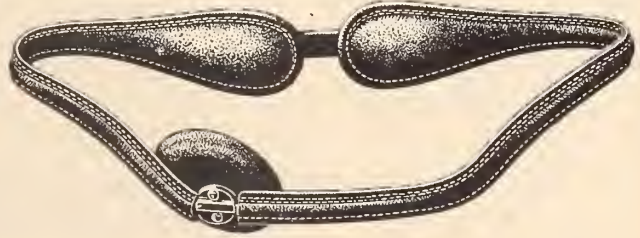
Ask for Literature

KATHERINE L. STORM, M.D.

Originator, Owner and Maker

1701 Diamond Street PHILADELPHIA

The
"Pomeroy"



FRAME TRUSS

• Made Perfectly Fitted Accurately

EQUAL to any strain imposed, the Pomeroy Frame Truss retains the hernia by resistance—not pressure—affording permanent relief with the greatest freedom of movement.

• Shaped and moulded to the individual contour by expert fitters, it accurately encircles the body, and may be worn with security and comfort by men, women, children and infants.

POMEROY

SURGICAL APPLIANCES

901 Broad Street,

Newark, N. J.

New York • Bronx • Brooklyn • Detroit • Boston • Springfield • Wilkes-Barre

FIREMEN'S PHARMACY

DEPENDABLE
PRESCRIPTION
SERVICE

NEW JERSEY
FORMULARY
PREPARATIONS

BIOLOGICALS

BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Personal and Dependable Service, Day and Night. Special Attention Given
to Hospital Calls, Train and Express Shipments

PLACE	NAME AND ADDRESS	TELEPHONE
NEWARK, N. J.....	Smith and Smith, 160 Clinton Ave.....	Bigelow 3-2123
ELIZABETH, N. J....	Aug. F. Schmidt & Son., 139 Westfield Ave.....	ELizabeth 2-2268
ORANGE, N. J.....	Weatherhead Funeral Home, 126 Main St.....	ORange 3-5278-9

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry
of the American Medical Association (N.N.R.)

ANTISEPTIC

AN AID FOR THE PREVENTION OF
RINGWORM INFECTION

For irrigating, swabbing and dressing infected
cases wherever an antiseptic
is needed

For Hand and Skin Sterilization

To Make a Dakin's Solution of Correct
Hypochlorite Strength and Alkalinity

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES

Incorporated

300 Century Building

PITTSBURGH, PENNA.

Behind MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)



is a background of

Precise manufacturing methods in-
suring uniformity

Controlled laboratory investigation

Chemical and biological control of
each lot produced

Extensive clinical application

Thirteen years' acceptance by the
Council of Pharmacy and Chem-
istry of the American Medical
Association



A booklet summarizing the impor-
tant reports on Mercurochrome and
describing its various uses will be
sent to physicians on request.

Hynson, Westcott & Dunning, Inc.

BALTIMORE, MARYLAND

MEDICAL PRACTITIONERS RECOGNIZE US AS
DEPENDABLE OPTICIANS

Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions
MAINTAINING

Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Est. Since

1895

Personal
Supervision
Eugene J.
Anspach

ANSPACH BROS. Prescription Opticians **838 BROAD ST., NEWARK**

556 Main St., East Orange, N. J.

382 Springfield Ave., Summit, N. J.

626 Cookman Ave., Asbury Park, N. J.

MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

1920

Careful Compounding of the Eye Physician's
Prescription for Perfect Glasses

1938



Guildcraft Opticians

At the Centre
Tel. Montclair 2-6128

Member of the Guild of Prescription
Opticians of America

**Eye Physicians Prescriptions
Exclusively**

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

Member of the Guild of Prescription
Opticians of America

**The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL**

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

UROLOGY

Surgical Anatomy	Cystoscopy and
Urologic Operations	Endoscopy
Diagnosis and Office	Dermatology and
Treatment	Syphilology
Regional Anesthesia	Diathermy
Proctology	Pathology
Neurology	Roentgenology
Operative Urology (cadaver)	

PHYSICAL THERAPY

Lectures and demonstrations in electro-therapy, electrodiagnosis and minor electrosurgery; light therapy; hydro and thermo-therapy, including fever therapy; massage and therapeutic exercise. Active clinical work in treatment of medical and surgical conditions.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City

Mountain View Rest Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651-1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism. Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike



APPROACH



VIEW OF THE GROUNDS

sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.

BOOKLET AND TERMS ON REQUEST

Visiting Resident Physician

DR. GEO. DAVIES

15 Fairview Avenue

Verona, N. J.

AURORA INSTITUTE A RESORT FOR HEALTH

Morristown, New Jersey

Telephone: 4-3260

COMPLETELY equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroid, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. NO CONTAGIOUS OR MENTAL CASES.

Write for further information

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

ADOLPH WEIZENHOFFER, M.D., Assoc.

WILLIAM S. COLLENS, M.D., Director of Metabolism

FAIR OAKS

SUMMIT N. J.

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous dis-

eases, exhaustion states and cases requiring rest, hygienic, dietetic and occupational therapy.

Insane and tubercular cases are not accepted.

Telephone 6-0143

DR. T. P. PROUT
Summit, N. J.

saude

ZDROWIE

精神

SC

H

salud

Gesun

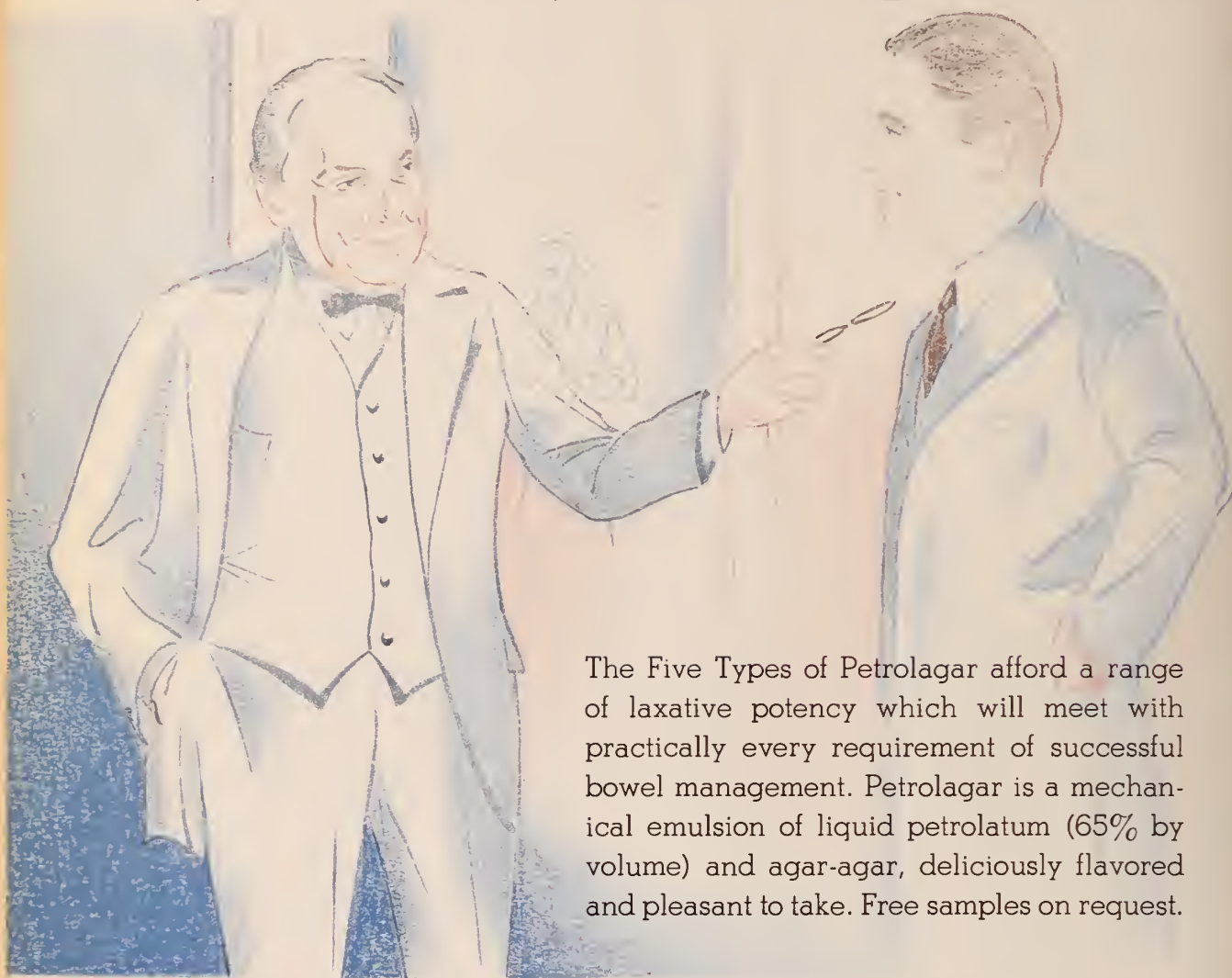
Health

Sante S

Health around the World—depends in part upon proper elimination. Today physicians in many lands prescribe Petrolagar as an aid to establishing natural bowel movement. Petrolagar mixes intimately with the intestinal content, acts as unabsorbable moisture and has less tendency to leakage.



*"You protect your patients
by writing Petrolagar, N.N.R."*



The Five Types of Petrolagar afford a range of laxative potency which will meet with practically every requirement of successful bowel management. Petrolagar is a mechanical emulsion of liquid petrolatum (65% by volume) and agar-agar, deliciously flavored and pleasant to take. Free samples on request.



©
Lithographed in U.S.A.

Petrolagar Laboratories, Inc., Chicago, U.S.A.

BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY



"Interpines"

GOSHEN, N. Y.

Phone 117



Ethical - Reliable - Scientific

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

Frederick W. Seward, M.D., Director

Frederick T. Seward, M.D., Res. Physician

Clarence A. Potter, M.D., Res. Physician

CHARLES B. TOWNS HOSPITAL

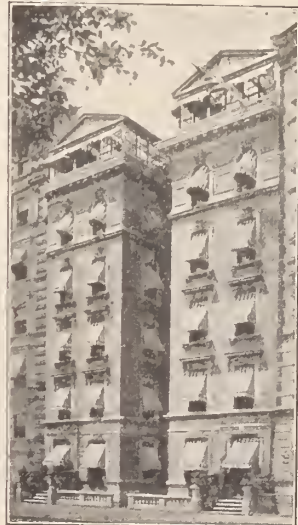
293 Central Park West New York, N. Y.

For ALCOHOLISM and DRUG ADDICTION

This institution has specialized in addictions for over 30 years. Its method of treatment has been fully described in THE JOURNAL A. M. A.; in The Handbook of Therapy, from the A. M. A. Press; and in other scientific literature. The treatment is a regular hospital procedure, and provides a definite means for eliminating the toxic products of alcohol and drugs from the tissues. A complete Department of Physical

ANY
PHYSICIAN
having an ad-
dict problem is
invited to write
for Hospital lit-
erature.

Therapy, with gymnasium and other facilities for physical rebuilding, is maintained. Operated as an "open" institution. Physicians are not only invited but urged to accompany and stay with their patients.



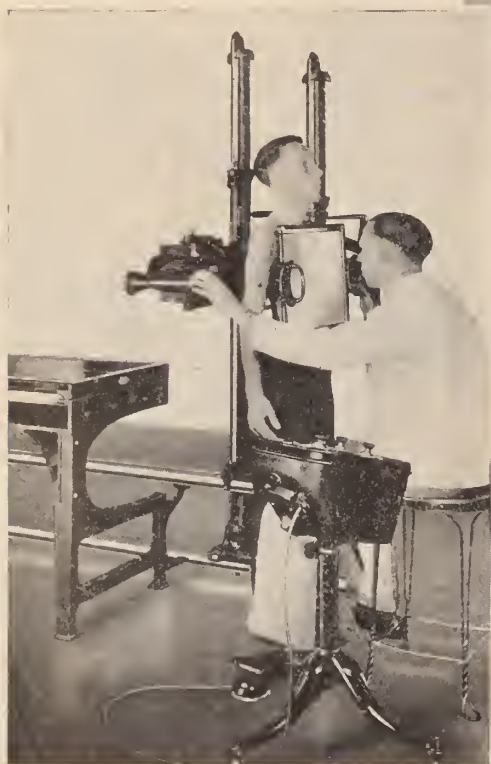
Located Directly
Across from Central Park

FOR A PRACTICAL RANGE OF X-RAY DIAGNOSIS IN OFFICE PRACTICE

Physicians Acclaim Quality of Work Produced with G-E Model "D" Oil-Immersed Shock Proof X-Ray Unit



The Model "D" Unit, mobile type, can be used in any part of the office or building. This view shows how the office examination couch may be utilized for radiography with the unit.



This is the "DRF" Unit, a combination of the Model "D" with an x-ray table for radiographic and fluoroscopic diagnosis. Here the tube head has been shifted along the floor rails to the foot of the table, for vertical fluoroscopy.

● In the final analysis, an x-ray unit must be judged by the quality of results obtained, for the simple reason that diagnosis is based on what it enables you to visualize in the radiograph or the fluoroscopic screen.

The Model "D" Unit has become widely popular in office practice because it offers a practical range of diagnostic service, in the most compact form, with the utmost flexibility of application, simplicity of operation, and consistent performance. All this in addition to complete safety against high voltage shock, and a resulting quality of work in which hundreds of Model "D" users take justifiable pride.

Not until you have thoroughly investigated the possibilities of this apparatus can you really appreciate its value in routine office practice. Address Dept. A53, for full details, including the nominal price and convenient terms of payment which place it within your means.

**GENERAL  ELECTRIC
X-RAY CORPORATION**

2012 JACKSON BLVD.

CHICAGO, ILLINOIS

THE TREATMENT OF EARLY SYPHILIS

Basic Principles suggested by
Five University Clinics in collaboration
with the U. S. Public Health Service

- The use of an arsphenamine as the foundation of the treatment.
- The use of a heavy metal as an adjuvant (preferably bismuth intramuscularly).
- Continuation of treatment without a rest period for a period of a year after all symptoms and signs of the disease have disappeared.

The use of Neo-arsphenamine Merck in the Continuous Method of Treatment may be relied upon to produce satisfactory results.



MERCK & CO. INC.
RAHWAY, N. J.

Please send me detailed information relative to THE CONTINUOUS METHOD OF TREATMENT FOR EARLY SYPHILIS
and a sample of

NEO-ARSPHENAMINE MERCK

NAME _____ M. D. _____ CITY _____

STREET _____ STATE _____

As Time Rolls 'Round . . .

more and more physicians find Calcreose a safe and dependable aid in their treatment of chronic and persistent coughs.

Are you familiar with these two forms?

TABLET CALCREOSE 4 GRAINS—Each tablet equivalent to two minims of pure creosote combined with calcium oxide.

COMPOUND SYRUP CALCREOSE—An expectorant cough syrup that tastes good, is effective and does not nauseate.

Each fluid ounce represents:

Calcreose Solution (N.N.R.) . . . 160 Minims
Alcohol 24 Minims
Chloroform (approximately) . . 3 Minims
Wild Cherry Bark 20 Grains
Aromatics and Syrup q. s.

*You are welcome
to a clinical trial supply.
Write us today.*

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY

The Medical Profession Can Rely Upon Us to Render ACCURATE OPTICAL SERVICE

No Glasses Are Supplied Except on Prescription—

WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is the oldest optical house in New Jersey, having been established in 1892. Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

J. C. Reiss
Optician

Hill Street

Is on the West side of
Broad St.

Opposite City Hall
Where parking is possible.

Member of the Guild of Prescription Opticians of America

THE JOURNAL

OF THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330

VOL. XXXIII, No. 4

APRIL, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 187-244

EDITORIALS—	Page	STATE SOCIETY ACTIVITIES—	Page
INFORMAL DISCUSSIONS	187	Welfare Committee	214
ACTION AND REACTION	188	The Public Health Committee	220
CONTACTS OF STATE SOCIETY WITH THE COUNTY SOCIETY	188	Paper Films for Chest X-Raying	221
THE TRAINING SCHOOL OF THE COUNTY MEDICAL SOCIETY	189	Tuberculin Tests of Persons in Their Teen Ages—Dr. B. S. Pollak, Secaucus, N. J.	222
CONTACTS WITH COMMUNITY AGENCIES	190	Legislation	224
THE HISTORICAL EXHIBIT AT THE ANNUAL MEETING	191	Medical Monologue	224
THE ANNUAL MEETING	191	The Unrecognized Economist	225
REPORT OF THE WELFARE COMMITTEE	192	Maternal Welfare Lectures	225
PRESCRIPTION WRITING	192	Maternal Welfare Program	226
		Lectures on Historical Medicine	228
		Nominating Committee of the State Society	228
		Immunizations for March	228
ORIGINAL ARTICLES—		OBITUARIES—	
ACUTE HEMATOGENOUS OSTEOMYELITIS—By B. Franklin Buzby, M.D., Camden, N. J.	193	Dr. Harold B. Dishrow	229
THE FIRST HARRISON STANFORD MARTLAND LECTURE—		Dr. Charles R. Sista	229
DR. HARRISON STANFORD MARTLAND—AN APPRECIATION—By Emanuel Libman, M.D., New York, N. Y.	198	Dr. Charles L. Marotte	229
INTRODUCTION OF GEORGE HOYT WHIPPLE, M.D.—By Frederic E. Sondern, M.D., New York, N. Y.	200	Dr. John V. Ward	229
PROBLEMS IN ANEMIA—By George Hoyt Whipple, M.D., Rochester, N. Y.	201	Dr. Edgar K. Conrad	229
CLINICAL INTERPRETATION OF JAUNDICE—By Victor Knapp, M.D., Asbury Park, N. J.	202	Dr. E. R. Gnasso	229
PROPHYLAXIS OF COMMUNICABLE DISEASES, No. 2—By Maurice L. Ripps, M.D., Elizabeth, N. J.	205	List of Physicians Dying in N. J. in Feb.	240
CARDIAC DYSPNOEA: ITS EARLY TREATMENT WITH MERCURIAL DIURETICS—By Louis Levin, M.D., Trenton, N. J.	208		
MATERNAL WELFARE COMMITTEE OF THE STATE OF NEW JERSEY, ARTICLE No. 4	212	COUNTY SOCIETY REPORTS—	
		Atlantic	230
		Bergen	231
		Burlington, Camden	232
		Essex, Newark, Eye and Ear Infirmary	234
		Academy of Medicine of Northern N. J.	234
		Gloucester, Hudson	235
		Mercer, Middlesex	237
		Monmouth	238
		Morris	239
		Salem	240
		WOMAN'S AUXILIARY—	
		President's Letter	241
		Art and Hobby Exhibit	241
		State Executive Board Meeting	242
		Atlantic	242
		Essex, Hudson, Middlesex	243
		Union, Warren	244
		BOOK REVIEW	244

Roster of Officers and Committees, Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)
12 South Day Street, Orange, N. J.

Copyright 1936 by
The Medical Society of New Jersey



Entered as second-class matter, Sept. 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.



MEAD'S OLEUM PERCOMORPHUM

Welcomed By Physicians

Rich in Natural Vitamins A and D

Consisting of equal volumes of percomorph liver oil and cod liver oil, this product is so potent that it can be given in 1/100 the dosage of cod liver oil.* Each gram supplies not less than 60,000 vitamin A units and 8,500 vitamin D units (U. S. P.).

Convenient to Prescribe

Realizing that physicians are accustomed to the decimal system, we have blended Mead's Oleum Percomorphum to a potency 100 times that of U. S. P. cod liver oil, which has a vitamin A content of 600 units and a vitamin D content of 85 units. For physicians who prefer cod liver oil we have also prepared Mead's Cod Liver Oil Fortified With Percomorph Liver Oil (5% percomorph liver oil) having a vitamin content 10 times cod liver oil.* Thus the physician can conveniently prescribe vitamins A and D in any required dosage, in convenient ratio to an acceptable standard cod liver oil.

More Economical Per Dose

however, shows how successfully we have striven, all through the depression, to reduce the cost of vitamins A and D to the patient. All factors concerned in the production and marketing of Mead's Oleum Percomorphum are under our control. We are hopeful that by wholehearted endorsement of these new Mead products, the medical profession will make it possible for us, during the next few years, to make the patient's "vitamin penny" stretch still further.

The pioneer work done by Mead Johnson & Company in improving the quality of cod liver oil is too well known to need reiteration. The accompanying chart,



Date
Introduced

MEAD'S VITAMINS A-D PRODUCTS, APPROXIMATE COST TO PATIENT, 1000 D UNITS

1924	MEAD'S COD LIVER OIL (old)	2.31 CENTS
1934	MEAD'S COD LIVER OIL (new)	1.31 CENTS
1931	MEAD'S COD LIVER OIL WITH VIOSTEROL	1.29 CENTS
1932	MEAD'S VIOSTEROL IN HALIBUT LIVER OIL	0.95 CENTS
1935	MEAD'S COD LIVER OIL FORTIFIED WITH PERCOMORPH LIVER OIL	0.88 CENTS
1935	MEAD'S OLEUM PERCOMORPHUM	0.83 CENTS

Mead's Oleum Percomorphum, 50%, is available in 10-drop capsules, 25 in a box; and in 10 and 50 cc. bottles. Mead's Cod Liver Oil Fortified With Percomorph Liver Oil is available in 3 and 16 oz. bottles.

*U. S. P. XI Minimum Standard

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.
Mead Johnson & Company, Evansville, Ind., U. S. A.

THE MEDICAL SOCIETY OF NEW JERSEY

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

President, MARCUS W. NEWCOMBBrown's Mills
President-Elect, FRANCIS R. HAUSSLINGNewark
First Vice-President, SPENCER T. SNEDECOR.....Hackensack

Second Vice-President, WILLIAM G. HERRMAN...Asbury Park
Secretary, J. BENNETT MORRISONNewark
Treasurer, ELIAS J. MARSHPaterson

TRUSTEES

FREDERIC J. QUIGLEY, *Chairman*Union City
H. W. NAFEEY, *Secretary* (1938)New Brunswick
MARCUS W. NEWCOMBBrown's Mills
FRANCIS R. HAUSSLINGNewark
SPENCER T. SNEDECORHackensack
WILLIAM G. HERRMANAsbury Park
J. BENNETT MORRISONNewark
ELIAS J. MARSHPaterson
*Deceased.

WALT P. CONAWAY (1936), Atlantic City } Nominated by and
WATSON B. MORRIS (1936), Springfield } elected from Fellows
HARRY R. NORTH (1936)Trenton
THOMAS K. LEWIS (1936)Camden
WELLS P. EAGLETON (1937)Newark
*HAROLD B. DISBROW (1937)Lakewood
ANDREW F. MCBRIDE (1937)Paterson
BLASE COLE (1938)Newton
ALDRICH C. CROWE (1936)Ocean City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1936)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....JAMES A. FISHER, Asbury Park (1936)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1936)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WALT P. CONAWAY, Atlantic City Term expires 1936
JOHN F. HAGERTY, Newark " " 1936
BLASE COLE, Newton " " 1937
E. R. MULFORD, Burlington " " 1937

Alternate Delegates

LUCIUS F. DONOHUE, Bayonne Term expires 1936
HILTON S. READ, Atlantic City " " 1936
S. B. ENGLISH, Glen Gardner " " 1937
ELMER PETER WEIGEL, Plainfield " " 1937

STANDING COMMITTEES

Scientific Work

CLARENCE L. ANDREWS, *Chm.*, Atlantic City. Term expires 1936
LOUIS C. LANGE, Weehawken " " 1937
ROBERT S. GAMON, Camden " " 1938

Program and Arrangements

WILLIAM J. CARRINGTON, *Chm.*, Atl. City. Term expires 1938
D. WARD SCANLAN, Atlantic City " " 1936
JOHN W. GRAY, Newark " " 1937
MARCUS W. NEWCOMB, Brown's Mills Ex-officio
J. BENNETT MORRISON, Newark Ex-officio

Publication

HENRY C. BARKHORN, *Chm.*, Newark Term expires 1936
EDWARD J. ILL, Newark " " 1937
FRANK J. MCLOUGHLIN, Jersey City " " 1938
MARCUS W. NEWCOMB, Brown's Mills..... Ex-officio
J. BENNETT MORRISON, Newark Ex-officio

Finance and Budget

HARRY R. NORTH, *Chm.*, Trenton Term expires 1939
HERSCHEL PETTIT, Ocean City " " 1936
WELLS P. EAGLETON, Newark " " 1937
WILLIAM J. SWEENEY, Weehawken " " 1938
ALFRED STAHL, Newark " " 1940
ANDREW F. MCBRIDE, Paterson " " 1936

Honorary Membership

EPHRAIM R. MULFORD, Burlington Term expires 1936
FREDERIC J. QUIGLEY, Union City " " 1937
LANCELOT ELY, Somerville " " 1938

Hospitals and Medical Education

HARRY H. SATCHWELL, *Chm.*, Irvington... Term expires 1936
LOUIS A. PYLE, Jersey City " " 1938
ARCANGELO LIVA, Rutherford " " 1937
DAVID B. ALLMANAtlantic City
RICHARD D. ANDERSONBurlington
C. COULTER CHARLTONAtlantic City
CHARLES B. KELLEYJersey City
EARL H. SNAVELYNewark
THOMAS J. SUMMEYMt. Holly
H. H. TYNDALLWeehawken

Medical Defense

CHRISTOPHER C. BELING, *Chairman*Newark
E. REISSMANNewark
EDGAR A. ILLNewark
WILLIAM J. ARLITZHoboken
T. S. THOMASMorristown

Insurance

FRANK W. PINNEO, *Chairman*Newark
BARCLAY S. FUHRMANNFlemington
EDMUND N. HUFFEnglewood
A. DUNBAR HUTCHINSONTrenton
CHESTER I. ULMERGibbstown
GEORGE T. TRACYBeverly

Welfare Committee

HILTON S. READ, *Chairman*Atlantic City
MARCUS W. NEWCOMB (ex-officio)Brown's Mills
J. BENNETT MORRISON (ex-officio)Newark
HUGO ALEXANDERHoboken
SAMUEL ALEXANDERPark Ridge
WILLIAM H. ARESONMontclair
NORMAN BURRITTSummit
JOHN C. CLAYTONFreehold
A. H. COLEMANClinton
W. F. COSTELLODover
FRANK W. CURTISStewartsville
GEORGE F. DANDOISWildwood
FRANK L. FIELDFar Hills
HOWARD S. FORMANJersey City
J. IRVING FORTNewark
INGLIS F. FROSTMorristown
DAVID W. GREENSalem
D. L. HAGGERTYTrenton
EUGENE G. HERBENERLakewood
FLORENTINE M. HOFFMANNew Brunswick
ERNEST G. HUMMELCamden
ALLEN G. IRELANDTrenton
I. W. KNIGHTPitman
DAVID A. KRAKERNewark
THOMAS B. LEECamden
JULIUS LEVYTrenton
THOMAS K. LEWISCamden
WRIGHT MACMILLANPassaic
CHARLES H. MITCHELLTrenton
WATSON B. MORRISSpringfield
STANLEY H. NICHOLSLong Branch
B. S. POLLAKSecaucus
LOUIS A. PYLEJersey City
HARRY L. ROGERSRiverton
D. WARD SCANLANAtlantic City
MILLARD F. SEWALLBridgeton
JAMES H. SPENCER, JR.Newton
S. EMLIN STOKESMoorestown
THEODORE TEIMERNewark
CHESTER I. ULMERGibbstown
H. ROY VAN NESSNewark
H. B. WILSONHackensack

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Relations

D. WARD SCANLAN, *Chairman*Atlantic City
 WATSON B. MORRISSpringfield
 S. EMLEN STOKESMoorestown
 FLORENTINE M. HOFFMANNew Brunswick
 WRIGHT MACMILLANPassaic

Legislation

B. S. POLLAK, *Chairman*Secaucus
 SAMUEL ALEXANDERPark Ridge
 WILLIAM H. ARESONUpper Montclair
 CHARLES H. MITCHELLTrenton
 INGLIS F. FROSTMorristown

Public Health

STANLEY NICHOLS, *Chairman*Asbury Park
 THEODORE TEIMERNewark
 JULIUS LEVYTrenton
 HOWARD S. FORMANJersey City
 ALLEN G. IRELANDTrenton
 ERNEST G. HUMMELCamden
 I. W. KNIGHTPitman

Medical Practice

THOMAS K. LEWIS, *Chairman*Camden
 H. B. WILSONHackensack
 J. IRVING FORTNewark
 CHESTER I. ULMERGibbstown
 D. LEO HAGGERTYTrenton

Workmen's Compensation

DAVID A. KRAKER, *Chairman*Newark
 WILLIAM H. ARESONUpper Montclair
 H. ROY VAN NESSNewark
 J. IRVING FORTNewark

To Study Report on the Uniform Medical
Practice Act

SAMUEL ALEXANDER, *Chairman*Park Ridge
 CHARLES B. KELLEYJersey City
 HARRY H. SATCHWELLIrvington
 JAMES J. MCGUIRETrenton
 GEORGE F. DANDOISWildwood
 WELLS P. EAGLETONNewark
 FREDERIC J. QUIGLEYUnion City
 S. EMLEN STOKESMoorestown

SPECIAL COMMITTEES

Constitution and By-Laws

CHARLES J. MURN, *Chairman*Paterson
 I. R. BOOTHBYClinton
 E. J. CHAPMANJersey City
 ROBERT L. MCKIERNANNew Brunswick
 EDWARD W. SPRAGUENewark
 FREDERICK P. WILBUR (Died Sept. 9, 1935)Franklin

Committee on the Control of Cancer

HENRY B. ORTON, *Chairman*Newark
 J. CARLISLE BROWNAtlantic City
 E. E. DOWNSWoodbury
 ROBERT HALBACKToms River
 GEORGE SOMMERTrenton
 *JOHN W. GRAYNewark
 *EDWARD J. ILLNewark
 *HARRISON S. MARTLANDNewark
 *Advisory members.

Nursing and Nursing Education

HARRY H. SATCHWELL, *Chairman*Irvington
 RICHARD D. ANDERSONBurlington
 JOHN F. CONDONNewark
 GEORGE M. KNOWLESHackensack

Advisory Committee on Tuberculosis

B. S. POLLAK, *Chairman*Secaucus
 R. DOUGLASEnglewood
 SAMUEL ENGLISHGlen Gardner
 MARTIN COLLIERCamden
 JOSEPH MORROWRidgewood

Advisory Committee on Mental Hygiene

DAN S. RENNER, *Chairman*Skillman
 MARCUS CURRYGreystone Park
 J. BERKELEY GORDONMarlboro
 MATTHEW MOLITCHJamesburg
 JAMES S. PLANTNewark
 ROBERT G. STONETrenton

Advisory Committee on Pneumonocontosis and
Silicosis

CLYDE M. FISH, *Chairman*Pleasantville
 JAMES H. MASONAtlantic City
 HENRY H. KESSLERNewark
 SAMUEL B. ENGLISHGlen Gardner
 IRVING M. VANDERHOFFNewark

Advisory Committee to the Woman's Auxiliary

EDWARD W. SPRAGUE, *Chairman*Newark
 B. FRANKLIN BUZBYCamden
 WILLIAM K. CAMPBELLLong Branch

Medical Bills Committee

DAVID A. KRAKER, *Chairman*Newark
 HOMER I. SILVERSVentnor
 SAMUEL SICATrenton
 LOUIS A. PYLEJersey City
 B. FRANKLIN BUZBYCamden

State Medical Advisory Committee to E. R. A.

*E. ZEH HAWKES, *Chairman*Newark
 *CHRISTOPHER C. BELINGNewark
 *GEORGE W. FITHIANPerth Amboy
 *CHARLES H. SCHLICHTERElizabeth
 *BYRON G. SHERMANMorristown
 ALDRICH C. CROWEOcean City
 JAMES A. FISCHERAsbury Park
 WILLIAM J. SWEENEYWeehawken
 FRANK G. SCAMMELLTrenton
 MARCUS W. NEWCOMB (ex-officio)Brown's Mills
 ALSO THE CHAIRMEN OF THE COUNTY E. R. A. COMMITTEES
 *Executive Committee.

Committee on Scientific Exhibits

ASHER YAGUDA, *Chairman*Newark
 ELWOOD E. DOWNSWoodbury
 JOHN W. GRAYNewark
 ROBERT A. KILDUFFEVentnor
 WILLIAM J. MARQUISNewark
 HARRISON S. MARTLANDNewark

Maternal Welfare

ARTHUR W. BINGHAM, *Chairman*East Orange
 MARY BACONBridgeton
 J. CARLISLE BROWNAtlantic City
 P. DUBOIS BUNTINGElizabeth
 SAMUEL A. COSGROVEJersey City
 ALBERT B. DAVISCamden
 F. D. FAHRENBRUCHMt. Holly
 CARL ILLNewark
 R. A. MACKENZIEAsbury Park
 WALTER B. MOUNTMontclair
 T. F. THOMPSONLakewood

Care of Crippled Children

ELMER P. WEIGEL, *Chairman*Plainfield
 B. FRANKLIN BUZBYCamden
 HENRY H. KESSLERNewark
 F. G. DILGERHackensack
 THOMAS K. LEWISCamden

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

C. COULTER CHARLTON, *Chairman*Atlantic City
H. L. HARLEY, *Secretary*Atlantic City

Pediatrics

F. I. KRAUSS, *Chairman*Chatham
CHESTER R. BROWN, *Secretary*Arlington

Radiology

WILLIAM G. HERRMAN, *Chairman*Asbury Park
P. S. AVERY, *Secretary*New Brunswick

Gastro-Enterology

SIGURD W. JOHNSEN, *Chairman*Passaic
LOUIS L. PERKEL, *Secretary*Jersey City

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

ARTHUR W. BELTING, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	J. Carlisle Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	David Corn, Ridgefield Park.....	George M. Knowles, Hackensack..	Charles Littwin, Englewood
BURLINGTON..	J. Howard Hornberger, Roebbing..	George T. Tracy, Beverly	Parry M. Scott, Beverly
CAMDEN	Thomas K. Lewis, Camden	R. S. Gamon, Camden	William T. Read, Jr., Camden
CAPE MAY	John B. Townsend, Ocean City....	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND ..	Burton H. Walker, Vineland.....	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	A. Charles Zehnder, Newark.....	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER..	*E. R. Ristine, Westville	Ralph K. Hollinshed, Westville..	Henry B. Dwyer, Woodbury
HUDSON	Traugott J. Schuck, Hoboken....	Thomas McG. Brennock, Jer. City	John N. Connell, Jersey City
HUNTERDON ..	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner....	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX ..	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH ..	Warren K. Fairbanks, Freehold..	Dan'l F. Featherston, Asbury Park	James P. Pregnall, Asbury Park
MORRIS	William K. Costello, Dover	Attilio Galasso, Morristown	Marcus A. Curry, Greystone P'k
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Wright MacMillan, Passaic	Wayne W. Hall, Paterson	Sigurd W. Johnsen, Passaic
SALEM	C. L. Fleming, Pennsgrove	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	R. F. Hegeman, Somerville	A. F. W. Sferra, Bound Brook...	A. W. Pigott, Skillman
SUSSEX	F. J. Scott, Franklin	L. S. Voorhees, Newton	Frederick H. Morrison, Newton
UNION	Thomas J. Walsh, Elizabeth.....	Lorrimer B. Armstrong, Westfield.	Russell A. Shirrefs, Elizabeth
WARREN	William Varney, Washington.....	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.

* Resigned, Dr. M. F. Lummis, Pitman, Acting President, to fill unexpired term.

You can recommend ABBOTTS ICE CREAM WITH ASSURANCE

In making Abbotts Ice Cream we use none but the finest ingredients—fresh, pure cream of *de luxe* quality; the choicest fruits and nuts; the highest grade Mexican Vanilla Beans, and the best quality of Caracas Chocolate.

ABBOTTS

Rigid Sanitation under Laboratory
Control assures the dependable Purity
of this fine ice cream.

the STANDARD of Fine Quality in ICE CREAM

ABBOTTS DAIRIES, Inc.—Phila., Newark, Trenton, Camden, South Jersey, Seashore, Elkton, Allentown, Reading

Kalak

TRADE MARK REG. U.S. PAT. OFF.

CARBONATED ALKALINE WATER

NOT A LAXATIVE
UNIFORM STRENGTH—PURITY

KALAK WATER CO. OF NEW YORK, INC.
6 Church Street New York City

Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

for twenty years

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....

ALPHABETIC LIST OF ADVERTISERS

Abbott Dairies, Inc.	...V
American Can Company	...X
Anspach Bros.	...XXIV
Aurora Institute	...XXVII
Bancroft School	...XXVII
Baum, W. A., Co., Inc.	...XXVI
Belle Mead Sanatorium and Farm	...XXVI
Bethlehem Laboratories, Inc.	...XXVI
Camp, S. H., & Company	...XXV
Carrick, G. W.	...XXI
Classified Advertisements	...XXV
Coca Cola	...XXVI
Corn Products Refining Co.	...XI
Davis, R. B., Co.	...VII
Deuchler, H. C.	...XXIV
Fairchild Bros. & Foster	...XIX
Fair Oaks Sanatorium	...XXVII
Firemen's Pharmacy	...XXII
General Electric X-Ray Corp.	...XIII
Hynson, Westcott & Dunning	...XXVI
Interpines	...XXVII
Jefferson Medical College, The	...XIX
Kalak Water Co., Inc.	...V
Lederle Laboratories, Inc.	...VIII
Lilly, Eli, and Company	...XX
Maltbie Chemical Company, The	...XXX
Marquier's Pharmacy	...VII
Marshall, Ralph E.	...XXIV
Mead, Johnson & Company	...II
Medical Service Company	...XXII
Mountain View Rest	...XXVIII
Murdoch, Inc., J. T.	...XXII
N. Y. Polyclinic Medical School & Hosp., The	...XXI
Orange Publishing Company	...XXV
Parke, Davis & Co.	...XV
Philadelphia County Medical Society, The	...IX
Pomeroy Company	...XXIII
Prescription Pharmacists of N. J.	...XXIV
Radium Emanation Corporation, The	...XVI
Reiss, J. C.	...XXX
Representative Funeral Directors of N. J.	...XXIV
Squibb, E. R.	...XXIX
Stearns, Frederick, & Co.	...XIV
Thomas, S. B.	...XVII
Towns Hospital, Charles B.	...XXVIII
United States Fidelity & Guaranty Co.	...VI
Walker-Gordon Laboratory Company	...XVIII
Way Underwriting Agency, Inc., The	...XII



IRON • CALCIUM PHOSPHORUS VITAMIN D

*in this one delicious
high caloric food-drink*

DURING convalescence from illness, an operation or childbirth—or when it is advisable to increase the weight of a malnourished child—*there is one food-drink which has proved itself exceptionally useful.*

That food-drink is Cocomalt. Delicious and tempting, easily digested and quickly assimilated—Cocomalt not only adds easily assimilated Iron to the diet, but also richly provides Calcium, Phosphorus and Vitamin D.

An ounce of Cocomalt (which is the amount used to make one cup or glass) supplies 5 milligrams of Iron in easily assimilated form. Thus three cups or glasses of Cocomalt a day supply 15 milligrams—*which is the amount of Iron recognized as the normal daily nutritional requirement.*

Here, then, is one form in which even a capricious child or a finicky adult will take Iron willingly—and at the same time receive other important food essentials. Prepared as directed, Cocomalt adds 70% more food-energy value to a glass of milk.

Vitamin D, Calcium, Phosphorus

Cocomalt is fortified with Vitamin D under license granted by the Wisconsin Alumni Research Foundation. Each ounce of Cocomalt contains not less than 81 U.S.P. Vitamin D units.

Cocomalt also has a rich Calcium and Phosphorus content. Each cup or glass of Cocomalt in milk provides .32 gram of Calcium and .28 gram of Phosphorus. Thus Cocomalt supplies in good biological ratio three food essentials required for proper growth and development of bones and teeth: Calcium, Phosphorus and Vitamin D.

FREE TO DOCTORS:

We will be glad to send a professional sample of Cocomalt to any doctor requesting it. Simply mail this coupon with your name and address.

R. B. Davis Co., Dept. 32-D Hoboken, N. J.
Please send me a trial-size can of Cocomalt without charge.

Dr. _____

Address _____

City _____ State _____

Cocomalt is the registered trade-mark of R.B. Davis Co., Hoboken, N.J.

MARQUIER'S PHARMACY

THE REXALL STORE

SANFORD and SO. ORANGE AVENUE

Newark, N. J.

Facts concerning . . .

LIVER THERAPY

and the treatment of

PERNICIOUS ANEMIA

Published clinical data indicates:

- I — That ordinarily at least 200 grams of whole liver administered orally per day are required for adequate maintenance.
- 2 — That in the preparation of the early extracts for oral use the amount of antianemic substance obtained produced clinical effects comparable to those of about 65 per cent. of the amount of whole liver from which the extract was derived.
- 3 — That the parenteral injection of a given amount of solution liver extract is in general equivalent in clinical effects to 30 to 60 times the amount of liver from which it was derived given by mouth.

Published data shows that one vial of 3 cc. Concentrated Solution Liver Extract (*Lederle*) administered parenterally is equivalent in clinical effects to 3000 to 5000 grams of whole liver administered by mouth.*

It is evident:

- I — That for oral use ordinarily 6000 grams or more of whole liver are required per month per patient.
- 2 — That for oral administration the extract obtained from 9000 grams is, according to clinical observation, the approximate clinical equivalent of about 6000 grams of whole liver.
- 3 — That despite inevitable losses of antianemic material entailed in its preparation, the equivalent dosage of parenterally administered *Lederle* extract will be that obtained from 300 grams or less of liver per month.
- 4 — The adequate treatment of pernicious anemia consists in the treatment of all of the symptoms and requires definite amounts of the antianemic substance.

Each vial of 1 cc. CONCENTRATED SOLUTION LIVER EXTRACT (*Lederle*) contains active substance obtained from 100 grams of liver.

*Amer. Jour. Med. Sciences, 1933, 186, 362.

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA
NEW YORK, N. Y.



LIVER PRODUCTS

Lederle

Solution Liver Extract Oral—8 and 16 oz. bottles
Three 3cc. Concentrated Solution Liver Extract Parenteral.
Three 1cc. Concentrated Solution Liver Extract Parenteral.

The Philadelphia County Medical Society

announces a

Post Graduate Institute

to be held at the

Bellevue-Stratford Hotel in

PHILADELPHIA

April 20th to 24th, 1936

A program of great interest to the members of the profession particularly those in general practice has been prepared.

The lecturers have been selected from the foremost teachers in this great medical center.

Arrangements have been made with all railroads for special rates. Consult your railroad agent or write us.

For complete program and further information address

The Philadelphia County Medical Society

POST GRADUATE INSTITUTE

21st and Spruce Streets, Philadelphia, Pa.

CANNED FOODS AND THE PUBLIC HEALTH

III. Chemical Preservatives

• Some of our readers have inquired as to whether or not chemical preservatives are used in commercially canned foods. In certain instances, this question was inspired by the fact that "canning compounds" were formerly sold for use in home canning and preserving operations. Such compounds, however, are rarely used by the housewife of today, and never by commercial canners.

We wish to state here that *no preservatives are used in commercially canned foods.*

Spoilage of food is principally caused by the growth and multiplication in food of microorganisms such as yeasts, molds, or certain types of bacteria. These microorganisms depend upon the food they inhabit for their nutrition and their life processes produce changes in the chemical or physical characteristics of food, or both. These changes lead us to state that the food has "spoiled".

Like other living organisms, these spoilage microorganisms can grow and multiply in a food only as long as conditions remain favorable for their existence. If any environmental factor, such as temperature, moisture or acidity, becomes unfavorable, these spoilage organisms are destroyed, or their development is inhibited.

All methods of food preservation have a common underlying principle: they all alter some factor or factors in the food environment so as to render conditions unfavorable

for the growth or development of spoilage organisms in the food.

Thus, foods may be preserved by freezing or refrigeration, which serves to lower the temperature below that optimum for growth of certain spoilage organisms; dried foods keep because the moisture content has been reduced to an unfavorably low level; certain fermented foods keep because of the development of high acidity. All of these methods produce changes in the environment in which the food spoilage organisms must live.

Commercial canning is a method of food preservation in which the temperature factor in the environment is raised to a level above that optimum for growth of spoilage microorganisms. Thus, canned foods keep because in their preparation they are subjected to heat processes in hermetically sealed containers. The thermal processes raise the temperature of the foods to those temperatures at which the most resistant spoilage organisms present cannot grow or survive. (1)

The hermetic seal insures protection against future infection of the food by such organisms.

Thus, commercial canning is a method of food preservation which has for its basis the thermal destruction of spoilage organisms; no chemical preservatives are needed to insure preservation of the foods, and, consequently, none are used.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

(1) The Microbiology of Foods, F. W. Tanner, Twin City Pub. Co., Champaign, Ill., 1932

This is the eleventh in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.

SAFE WEANING to BOTTLE FEEDING



*The Baby Regulates
Breast Feeding*



*The Doctor Regulates
Bottle Feeding*

INFANTS should be weaned from the breast at eight months. The season of the year is immaterial with modern knowledge of nutrition and hygiene. Gradual weaning is desirable. It is accomplished by progressively increasing the number of bottle feedings in substitution for the breast feedings.

The formula consists of 6 ounces milk, 2 ounces water, 2 teaspoons Karo for each bottle—one the first week; two the second, etc. The schedule for additional foods remains the same as during nursing. But babies unaccustomed to the bottle often refuse it as long as the breast is available. Then abrupt weaning becomes necessary, some person other than the mother giving the feedings.

The formula in abrupt weaning prepared for the entire day consists of 24 ounces milk, 8 ounces water, 3 tablespoons Karo, divided into 4 feedings, 8

<i>Feeding</i>	<i>1st Week</i>	<i>2nd Week</i>	<i>3rd Week</i>	<i>4th Week</i>
6:00 A.M.	Breast	Breast	Breast	Bottle
10:00 A.M.	Breast	Breast	Bottle	Bottle
2:00 P.M.	Breast	Bottle	Bottle	Bottle
6:00 P.M.	Bottle	Bottle	Bottle	Bottle

ounces each, at 4 hour intervals. The formula can be concentrated once the baby is adjusted to the bottle feeding.

Karo is a mixture of dextrins, maltose and dextrose (with a small percentage of sucrose added for flavor) practically free from protein, starch and minerals. Karo is a non-allergic carbohydrate, not readily fermentable, well tolerated, readily digested, effectively utilized and economical for both the baby and the budget.



Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. SJ4, 17 Battery Place, New York City.

AUTOMOBILE PROTECTION

With your car insured under the State Medical Society's
endorsed policy you receive

Unquestioned Company
Financial Strength

Sound Future Protection

Unequalled Service and
Prompt Loss Settlement

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized
agent on automobile insurance for the State Medical So-
ciety will furnish you with full details.

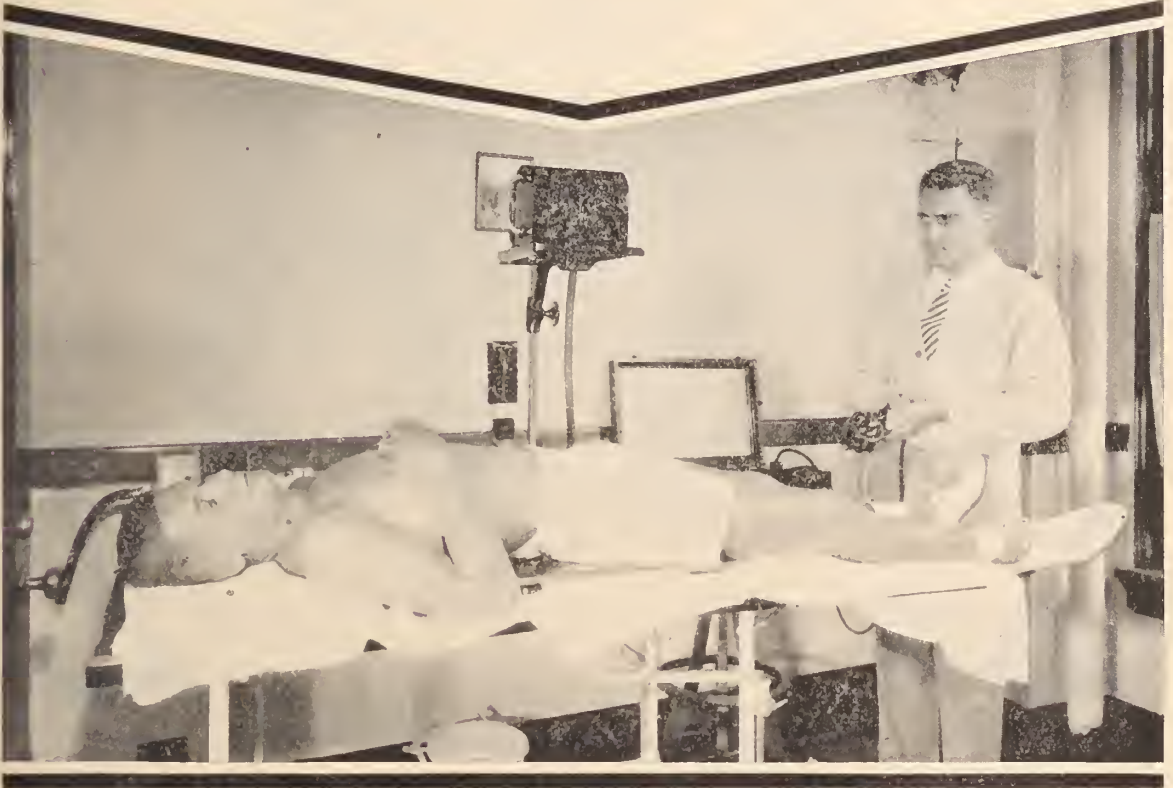
Way Underwriting Agency

INCORPORATED

605 BROAD STREET
NEWARK, NEW JERSEY

Telephone Mitchell 2-0613

What Can I Do With Such a Small X-Ray Unit?



● The question is natural when you first see the General Electric Model "F" Office Portable X-Ray Unit.

To answer specifically, this unit will produce radiographs of the average size patient as follows: The chest, at 32" focal-film distance, in $\frac{3}{4}$ second; lateral skull at 20" in $3\frac{1}{2}$ seconds; the pelvis at 25" in 6 seconds.

As to the quality of these radiographs, we prefer that you be the judge. Simply arrange for a demonstration of the Model "F" in your office, at your convenience, and positively without obligation. The majority of present users of the Model "F" were convinced by actual demonstration.

Shock proof operation, compactness, portability, flexibility, concentrated power and practical diagnostic range—these are features you will appreciate in the Model "F", all made possible by oil immersion of the entire high voltage system.

Fill out and mail this coupon today.

A54

GENERAL ELECTRIC X-RAY CORPORATION
2012 Jackson Boulevard, Chicago, Illinois

Please have your representative arrange for a demonstration of the Model "F" X-Ray Unit in my office.

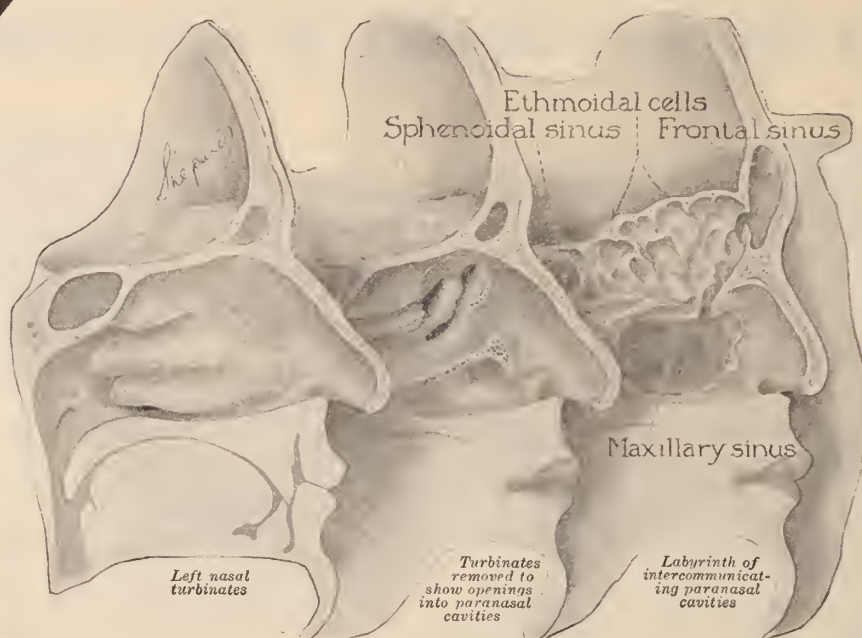
Name

Address

City.....State.....

**GENERAL  ELECTRIC
X-RAY CORPORATION**

PROLONGED VASOCONSTRICTION



For the relief of nasal congestion

NEO-SYNEPHRIN HYDROCHLORIDE

(levo-meta-methylaminoethanolphenol hydrochloride)

possesses the advantage of sustained action as well as promptness.

Neo-Synephrin Hydrochloride is effective on repeated administration, so that free breathing may be accomplished during the ordinary course of a cold.

DOSAGE FORMS:

Neo-Synephrin Hydrochloride Jelly 1½% (in collapsible tube)

Neo-Synephrin Hydrochloride Solution ¼% and 1% (1-oz. bottles)

Neo-Synephrin Hydrochloride Emulsion ¼% (1-oz. bottles)

FREDERICK STEARNS & COMPANY

DETROIT

NEW YORK

KANSAS CITY

SAN FRANCISCO

WINDSOR, CANADA

SYDNEY, AUSTRALIA

MAPHARSEN

A REFINEMENT OF THE ARSENICAL THERAPY OF SYPHILIS

Mapharsen, developed through co-operative research conducted by two university groups and the Research Staff of Parke, Davis & Company, is offered to the medical profession as a distinct advance in the arsenical treatment of syphilis.

Extensive clinical data have demonstrated Mapharsen to be an efficient antisyphilitic arsenical. Healing of lesions and the disappearance of spirochetes occur rapidly; symptomatic improvement and serological response have been most satisfactory.

Mapharsen possesses several distinct advantages in the treatment of syphilis:

Mapharsen is a practically pure chemical substance.

Mapharsen contains 29 per cent arsenic in trivalent form.

Mapharsen possesses a relatively constant parasitocidal value.

Mapharsen solutions do not become more toxic on standing in the air.

Mapharsen does not require neutralization before administration;
when dissolved in distilled water it is ready for injection.

Mapharsen permits treatment of syphilis with small doses of arsenic.

The reactions following the use of Mapharsen have on the whole
been less severe than those observed after the use of the arsenicals,
arsphenamine and neo-arsphenamine.

Each lot of Mapharsen is chemically and biologically assayed before
release.

A review of the clinical evaluation of Mapharsen and a complete discussion of its use in the treatment of syphilis have been included in our new booklet. We shall be glad to send you a copy on request.

Mapharsen (meta-amino-para-hydroxy-phenylarsine oxide hydrochloride) has been accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

PARKE, DAVIS & COMPANY · DETROIT, MICHIGAN

do you treat
CANCER?

THE RADIUM EMANATION CORPORATION

MAINTAINS the most efficiently organized Radium laboratory to make available to you, at low cost, every facility for the use of Radium in your practice.

RADON SEEDS. Removable or permanent. We provide seeds of the composite type, with Radon under leak-proof glass seal. Filtration 0.3 mm. of Platinum.

APPLICATORS. Uterine tubes, cervical applicators, surface plaques properly prepared to meet the requirements of each individual case.

OUR SERVICE is available to you day and night including Sundays and holidays. Your inquiries and orders will receive our prompt and careful attention.

THE RADIUM EMANATION CORPORATION

GRAYBAR BLDG.

Tel: MOhawk 4-6455

NEW YORK, N. Y.

Pure..Wholesome..Refreshing



Thomas'

100%

Whole Wheat Bread

all-of-the-grain . . . a
natural "regulator"

Thomas'

English

Raisin Bread

. . . entire wheat with raisins

THOMAS' GLUTEN BREAD

FOUNDED 1880

PROTEIN 30% (N x 5.7)

FAT .22%

CARBOHYDRATES 26%

Thomas'

English Muffins

Toasted . . . they're tempting

Thomas'

Protein Bread

. . . made of entire wheat and gluten
flour.

SEND FOR PROFESSIONAL SAMPLES — Just drop us a
note on your professional letterhead. We'll be glad to
deliver a sample of any of these breads direct to your
home or office for you to taste or analyze yourself.

S. B. THOMAS, Inc., 33-01 Queens Blvd., Long Island City, N. Y.

SPECIALISTS

In the Production of Milk for Infants

•

Walker-Gordon produces only milk designed for infant feeding. There is a natural extension of its use, by growing children, invalids and connoisseurs--but our interest lies in producing milk as nearly adapted to the needs of the young infant as is possible in the light of present day nutritional knowledge.

This fact accounts for the great extremes to which we go, to confer upon Walker-Gordon Certified Milk the four most important qualities: *cleanliness, safety, uniformity* and *maximum nutritional value*.

•

Walker-Gordon Laboratory Company
Plainsboro, New Jersey

THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA

THE ONE HUNDRED AND TWELFTH ANNUAL SESSION BEGINS
SEPTEMBER 21, 1936, AND ENDS JUNE 4, 1937.

FOUNDED 1825. A Chartered University since 1838. Graduates number 16,042, about 6,000 of whom are active in medical work. Graduates in every state and many foreign countries.

FACILITIES: New College Building; Curtis Clinic; Daniel Baugh Institute of Anatomy; Department for Diseases of the Chest; Jefferson Hospital; teaching museums and free libraries; instruction privileges in four other hospitals.

FACULTY: Eminent medical men of national reputation and unusual teaching ability.

ADMISSION: Three years of College work including specified science and language courses. By a method of selective admissions places are awarded only to those who have received a collegiate degree.

APPLICATIONS should be made early.

ROSS V. PATTERSON, M.D., Dean.

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

"Owing to the fact of their ready secretion by the liver cells bile salts are the most reliable chologogues with which we are acquainted." Starling.

Powder, in $\frac{1}{4}$ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

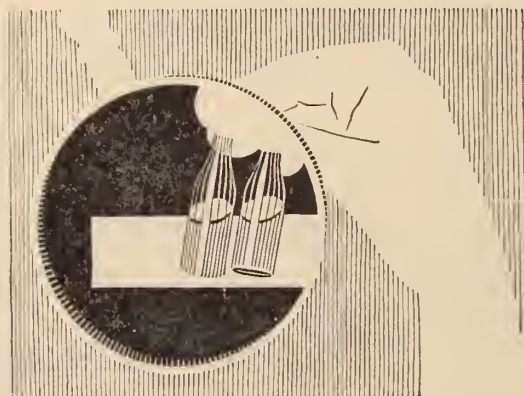
FAIRCHILD BROS. & FOSTER

NEW YORK

ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products



Dependable Ampoules

Solutions to be used in the manufacture of Lilly Ampoules are prepared by dissolving chemicals of the highest degree of purity in water which has been repeatedly distilled. The solution is then assayed and the reaction precisely adjusted, after which the ampoules are filled, sealed, and sterilized. The finished ampoules are again assayed and tests are made to see that the optimum conditions for the administration of the solution remain unchanged. Only those ampoules that are brilliantly clear and have been found to be free from any particle of suspended matter, as examined under a lens with the aid of a powerful beam of light, are approved. In general, this is the record of any ampoule that bears the Lilly Label. Lilly Ampoules are designed, prepared, and tested under the most exacting conditions at all times.

Prompt Attention Given to Professional Inquiries

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK OVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 4

APRIL, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

Informal Discussions

The description of the meeting of the Salem County Medical Society held on February 12, and reported on page 24, contains food for earnest thought. The scheduled speaker was unable to be present on account of inclement weather. The members, therefore, occupied the entire evening with medical conversation which extended through a supper hour until after midnight. The meeting was in effect a "panel discussion", which is one of the most efficient methods yet devised for exchanging and imparting ideas within a group.

The value of informal conversations in medical meetings was appreciated by the founders of The Medical Society of New Jersey in the days when there were no medical centers from which speakers could be secured at a moment's notice, and when crude methods of communication prevented the great teachers from attending meetings in outlying districts. The minutes of the meeting of May 10, 1774, contain the following record:

"The members present entered as usual into a free and general medical conversation, and find so much of the agreeable and improving in it that they determine for the future to devote as much of the day to that purpose as can be spared from other business."

When County Medical Societies have sought to influence the people, they have depended too much on formal resolutions of appeal to the public. Far more effective than motions and memorials are the personal appeals of individual doctors to the civic leaders. The principal object of a discussion in a County Society is to inspire the individual members to action.

Unanimity of action can seldom be secured through formal addresses and debates, although they are necessary for purposes of education. There are always some members who speak only of objectionable features of a plan that awaits the decision of a society; yet these same members will support a proposition when they are asked to do a specific thing by a friendly officer or committeeman. The personal touch of informal conversation during a recess or a dinner hour is as effective as the formal speeches of the prepared programs. During the social hour the wise officer or committeeman will direct the informal conversation of groups to the subjects discussed in the formal meeting, and will secure the support of members who may object to some minor details which seem of undue importance until they are seen in their true perspective.

Action and Reaction

It is a principle of physics that action equals reaction, but in a contrary direction.

It is a principle in psychology that action proposed by leaders shall meet with some reaction of opposition, because of lack of full comprehension of all phases of a new problem and its solution.

Inertia is a form of reaction which must be considered in both mechanics and human organizations. It is the powerful tendency of a moving object, or mental process, to continue in a fixed direction unless its course is changed by a greater influence. In a human organization two forms of power are available to change the direction of thought and action:

1. The authority of a majority vote.
2. The personal influence of the leaders by education and example.

It is against the fundamental principles of the Medical Profession to apply the power of mass action in any medical project, for

"A man convinced against his will
Is of the same opinion still",

and will assert his opposition at every opportunity.

It is as true in medicine as in political affairs that history is essentially biography. The germ of every medical movement is born in the brain of some physician who classifies his experience and the needs of his patients, and states them in a form that is readily understandable and convincing, as did Dr. Coit, of Newark, a generation ago in his leadership of the movement for a wholesome milk supply. "Truth is mighty and it shall prevail", even against the inertia of a majority that is now uneducated and uninspired.

In psychology, as in physics, the time element must always be considered. A powerful

force suddenly applied is disrupting and destructive in its effects. It is the subtle influence of strong power gradually applied that moves the heavy machinery of human action. The great problem in medical engineering is to anticipate and estimate the resisting power of the established order of practice, and to devise the quiet means of overcoming its resistance in whatever form it may appear. The very inertia which impels physicians to adhere to an established order of practice will also activate them to continue steadfast in a new movement when it is comprehended and adopted.

Every method of the application of new forms of power, in psychology, as in physics, is the result of an evolution, based on experience. Propagandists without practical experience ignore this fundamental principle, and advocate the sudden application of the power of the State to both the medical profession and the people, with effects which are more destructive than constructive.

The mechanical engineer overcomes friction and inertia, not by the application of greater power, but by eliminating the sources of friction and inertia in every part of the machinery, so that every ounce of power can be utilized as an operating force. Friction in any unit of The Medical Society of New Jersey is a brake on its machinery to be discovered and corrected gently and in a friendly manner.

The officers and committeemen of the State Society during the past few years have been signally successful in diagnosing and correcting the sources of friction and unbalance in the component societies and their individual members; and the efficiency of their efforts is prophetic of the near development of an organization whose every unit will operate with smoothness and efficiency.

Contacts of State Society With the County Society

Every County Medical Society embodies all the activities of its State Medical Society; the principal difference being the available number of members of the two bodies. The Medi-

cal Society of New Jersey lists about 200 of its members as officers and committeemen who are chosen for their high standing in the school of the County Society. Since the State So-

ciety numbers about 3000 members in the twenty-one County Societies, the average County Society will contain 150 members,—or less than the number serving officially in the State Society.

One half of the County Societies have less than seventy-five members, and some have only twenty-five. The opportunity of a member to give service in any one of the smaller County Societies is therefore from three to six times as great as those in the larger societies, or the State Society.

Moreover, the members of the County Society have an advantage which far outweighs their lack in number. That advantage is their intimacy and acquaintance with the local leaders with whom they deal in all lines of public service. They know their legislators and meet them in business and fraternal organizations; the members of School Boards and the teachers; the workers in women's clubs and social groups; and the reporters and editors of local newspapers. No one has greater power than the doctor in any of these influential groups.

The essential element of leadership in the State Society is the intimate knowledge of what is practical, derived from the experience of the officers and committeemen in their con-

tacts with the people in their home communities. If a project is to be promoted in any County Society, the officers of the State Society are in a position to give advice that is founded, not upon theory, but upon their actual experience in the field, and their intimacy and friendship with the officers and members of the County Societies.

The elected officers of The Medical Society of New Jersey have adopted the plan of visiting the County Societies. The value of their formal visitations and addresses to the local groups is very great,—but of still greater value is the acquaintances which they make. The *personal* influence of an official visitor is far greater than the prestige of his office. Officialdom and red tape are conspicuous by their absence in these official visits.

The State officers are friendly consultants with whom the County Societies may call upon for advice, just as a member calls upon a friendly surgeon or neurologist for assistance with the assurance that the local doctor will receive credit equal with that of the consultant. The policy of intimacy of contacts dominates the relations of the State officers with the officers and members of County Societies, and is the secret of the influence of organized medicine in New Jersey.

The Training School of the County Medical Society

The ideal physician exemplifies five distinct phases of the practice of medicine:

1. As a science
2. As an art
3. As an economic force
4. As a civic movement
5. As a philosophy.

It is the rare physician that achieves prominence in all these phases of practice, but he who approaches this distinction is one of the most beloved and useful members of the community.

The preparation of a physician for the honorable practice of medicine involves both native characteristics and long years of special study. His fundamental training is that in

science, which he gets in the *medical school*. A certificate of high standing in scientific medicine is accepted as sufficient evidence that the graduate has the ability to engage in every phase of the practice of medicine; but, in fact, the medical school qualifies its graduates in only the scientific phase of medical practice.

A *hospital internship* is needed to induct the recent graduate into the *art* of the practice of medicine which consists largely in comforting where he cannot cure, and inspiring confidence to those whose bodies, minds, and souls are weakened by disease, either real or imaginary. To strengthen the spirit and the soul is as important as to invigorate the body. The safe physician is one proficient in the art of

comforting and inspiring his patients, while he seeks the advice and assistance of a scientific colleague in the graver forms of sickness.

The *County Medical Society* affords the graduated interne a course of training in the next phase of medical practice, that of,—*medical economics*. Here he is taught his duties to his colleagues and the ethics of his profession, as well as the unnumbered relations called medical economics. An endorsement of a physician by his County Medical Society is evidence of his observance of the high standards of professional relations to his colleagues, and to his patients. The County Medical Society offers the best of all courses of training in medical economics.

The new member of the County Medical Society is next advanced into the higher course of the practice of *civic medicine*. The Medical Society is the adviser of the people in all phases of medical relations in which organized society must have a prominent part. The principle that "Every man is his brother's keeper" in health matters is now well established. The County Medical Society is always seeking out those of its members who have the vision and temperament to carry out the measures of civic medicine, especially its preventive phases.

The importance of the County Medical Society as the medical adviser of the community is only now being realized by the people. The next great movement in the Medical Societies

of the counties and the State is to establish a "Speakers' Bureau" in every community. This Bureau will be composed of those members who are qualified to give public instruction to people in regard to their civic duties along medical lines. This is the great object of the newly established department of the Welfare Committee of The Medical Society of New Jersey.

The County Medical Society offers the most practical of all courses of training in the practice of *civic medicine* for it must carry out the details of the relations which the speakers have explained to the people.

Family doctors are intensely practical, and disclaim their adherence to any system of philosophy, yet every physician has his own medical creed and philosophy, if one may judge by the fact that his most common expression, uttered in County Society meetings and private conversations, is "I believe". What a doctor believes actuates him in all his actions. His creed, often unconfessed and unrealized, determines whether a physician shall be a passive stoic or a militant crusader. The County Society trains its members to adopt a creed and philosophy which will impel them to practice the great principles of civic medicine.

Those with prophetic vision anticipate the time when Medical Societies will be recognized as great schools for developing these virtues which the people expect the members of the medical profession to exemplify and practice.

Contacts with Community Agencies

It is the policy of The Medical Society of New Jersey to make official contacts with other community agencies to discuss the health implications in their program.

These contacts are established through the staff and members of the State Medical Society.

The groups are officially contacted by approved representatives of the Medical Society.

A list of such organizations contacted and the name of the approved medical representative, together with the subject of any address or discussion in which he took part, should be reported monthly to the Executive Secretary

of the State Medical Society by the person officially attending such a meeting.

These reports should also be sent to The Journal for publication. The purpose of these reports is two-fold:

1. So that this information may be carried in The Journal.
2. So that it may be incorporated into the monthly and annual report of the State Medical Society as an official activity of the Society.

This will provide a basis of understanding and coöperation between the lay health organizations and the Medical Society.

LEROY A. WILKES.

The Historical Exhibit at the Annual Meeting

The Chairman of the Art and Hobby Exhibit of the Woman's Auxiliary, Mrs. Ily R. Beir, makes the practical suggestion that the exhibit be called the "Art and Hobby, and Medical History Exhibit" (page 241). The Medical Society of New Jersey has preserved the records of its early physicians to a greater extent than any other State. The great leader in the preservation of these records was Dr. Stephen Wickes, of Orange, President of the State Society in 1883. His book entitled "History of the Medical Men of New Jersey Up to the Year 1880", contains the records of over four hundred physicians, often including transcripts of the cemetery monuments to their memories. Photographs of those monuments as they exist at the present day would be of intense interest in the exhibit of the Auxiliary.

Some of the medical books used by these early physicians may still be found in attics; and now and then, a case of their operating

instruments; and possibly old scrap books containing their likenesses.

The Journal has made references to physicians still living who are the third or fourth generation of doctors, and whose interest in medicine has been handed down from father to son. Records of these men, such as the one of the Disbrow family, published on page 322 of The Journal of May, 1935, are of great interest to every physician of New Jersey.

The Woman's Auxiliary is to be commended for its efforts to preserve these valuable historical records. The Auxiliary may take encouragement from the example of the Daughters of the American Revolution in the remarkable success of their endeavors to preserve the memories of the founders of the American Republic. The serious adoption of a similar project will create an interest in the work of the Auxiliary, and will supply its members with an objective in which all can join.

The Annual Meeting

The Annual Meeting of The Medical Society of New Jersey will be in formal session from the second to the fourth of June; but, in fact, it will open in the middle of May in every member's office on the arrival of the May Journal, which will contain the annual reports of the officers and committees. As a direct result of publishing the reports a fortnight before the meeting during the last two years, the members have come to the House of Delegates informed of the events of the past year and of the official suggestions for the coming year. Since the delegates and members have been spared the ordeal of listening to the reading of forty pages of reports, and of attempting the impossible task of digesting their contents within a brief time, the attendance at the sessions of the House of Delegates has been well-nigh one hundred per cent, and the number in the meeting room at the close of every session has been greater than that at its first half hour.

The May Journal will also contain the names of the members of the Reference Committees, who have been appointed as juries for three purposes:

1. To study the implications of the suggestions contained in the reports.
2. To receive the suggestions of the members regarding their approval, or disapproval, of the items of the reports, thereby affording every member the opportunity to express his views without embarrassment.
3. To give the delegates the benefit of an authoritative opinion regarding the feasibility and desirability of the items of the reports.

Among the Reference Committees that were appointed at the last two meetings was that on New Business. This committee would afford the proponents of new policies or activities the opportunity to present their arguments freely and fully, and to coördinate their propositions with the reports of the official committees.

Report of the Welfare Committee

"A problem clearly stated is half solved."

The report of the meeting of the Welfare Committee held on March first contains clear analyses of many of the economic and social problems which now confront the practicing physicians of New Jersey, and constitutes a most practical statement of their diagnosis and treatment. Among the important subjects discussed were:

Diphtheria immunizations, and team-work (pp. 216 and 217).

Tuberculin and x-ray tests (pp. 216, 221, and 222).

Formulary for New Jersey physicians (p. 213, and the insert in the center of The Journal).

Legislation (p. 214, and 224).

Assignments of committee members to districts (pp. 216, and 218).

Defining Indigency (p. 217).

The Welfare Committee consists of at least one member from every County Society, and its findings and suggestions represent the unanimous opinion of representative physicians from every part of the state. A collection of the reports of the committee during the past year constitutes one of the best of existing text-books on medical economics and the practice of civic medicine.

Read the reports carefully, and take time to digest the principles of action contained in them.

Prescription Writing

Prescribing and compounding useful drugs is likely to become a lost accomplishment to the physician and to the druggist in these days when the manufacturing chemists put up every known drug in every conceivable form, with attractive containers and alluring labels. The physician lacks something essential to his practice if he is not skilled in prescription writing, and does not encourage the druggist in the art of compounding prescriptions. The doctor is to blame if he prescribes for his patient expensive drugs under their trade names, when the same products can be sold under their chemical names at a cost which will still allow the druggist a fair profit for his skill in compounding them. The doctor must share the responsibility of making the prescription department of a pharmacy a mere side issue of a commercial store.

The Welfare Committee of The Medical Society of New Jersey has given serious consideration to reviving the art of prescribing, and has requested that The Journal shall publish prescriptions to be compounded by the local druggist (p. 215). In this project the committee is coöperating with a committee of the State Pharmaceutical Society in writing standard prescriptions which any competent drug-

gist may prepare, and dispense at a price that will yield him a profit, and encourage him to develop the scientific aspects of his profession.

This issue of The Journal is starting the movement by carrying an insert of six standard prescriptions for proven preparations in common use by every family doctor. The Subcommittee on Medical Practice of the Welfare Committee has suggested the drugs which are to be dispensed; and the consulting pharmacists have suggested the most acceptable vehicles and adjuvants which make the medicines attractive to patients.

The Publication Committee of The Medical Society is coöperating by printing the prescriptions in a form which the doctor may cut into cards of standard 3 x 5 inches size, to be filed in a card index box, to which he may readily refer. If a patient objects to one kind of flavoring or color, the doctor may prescribe an adjuvant better suited to the patient's preference. To please the patient is no small part of the art of the practice of medicine.

The pages of prescriptions are printed in a form which will leave the rest of The Journal intact when the insert is removed for filing. An earnest effort will be put forth to make this new feature of The Journal useful to every member of the Medical Society.

ORIGINAL ARTICLES

ACUTE HEMATOGENOUS OSTEOMYELITIS

By B. FRANKLIN BUZBY, M.D., Camden, N. J.

Read before the General Scientific Meeting, at the 169th Annual Meeting of The Medical Society of New Jersey, on May 1, 1935, in Atlantic City

Osteomyelitis as a clinical entity has been well recognized since the days of Hippocrates, who described its physical findings and outlined its treatment; but the naming of the disease as such is ascribed to Nelaton, who in 1834 differentiated between it and sclerosing osteitis. Bones, the seat of chronic osteomyelitis, have been excavated in the Egyptian area, which date back to the nineteenth century B. C.

The disease is practically always acute in the beginning, and except in those cases where there is extension from soft tissue infection or where there is a communicating wound from the skin surface, and these are in the vast minority, it is hematogenous and metastatic in origin.

The most common foci from which the disease arises are furuncles, nose and throat infections including the accessory sinuses, and superficial slowly healing abrasions, although we see it complicating acute infectious diseases such as typhoid fever, pneumonia, gonorrhoea and scarlet fever.

It affects children or adolescents in the first two decades more commonly, approximately 75 to 80 per cent of the cases arising during these life periods, and males are affected two or three times as often as females. It is somewhat seasonal in origin, being less frequent in the three summer months and perhaps more common in the spring and fall. This might be explained on the frequency with which bone infection follows nose and throat infections, these being of course less virulent in the warmer months.

The bones most commonly involved are the femur and tibia, about equally, with the humerus next in frequency. Long bones are more commonly involved than flat bones, but the mortality and morbidity in the flat bones is much higher.

The general mortality of all acute osteomye-

litis is about 15 per cent, although statistics vary from 5 per cent (Hilpert) to 26 per cent (Huebler), but where positive blood cultures are obtained early the mortality is twice that, 30 per cent, and this mortality seems to matter little whether the invading organism is the staphylococcus aureus or hemolytic streptococcus. However, published statistics show that the former is present in about 60 per cent of all cases obtained, either from the bone or blood stream. The mortality in boys or girls varies accurately with the incidence in the sexes.

The disease affects the more rapidly growing epiphysis no matter which of the long bones is involved; e.g., the upper tibia and humerus and the lower femur, perhaps because of the congestion incident to growth, but those who maintain that the infection is localized by trauma, no matter how trivial, may argue that the knee and shoulder are the most common sites of injury in the developing child.

The pathology of acute osteomyelitis is directly dependent on the anatomy and histology of bony structure in general. All long bones have either one or two epiphyseal plates from which all growth takes place. Next to this plate and between it and the shaft or diaphysis lies that portion called the metaphysis in which all the arteries of the shaft terminate or become so attenuated that the rate of blood flow through them is greatly lessened. The blood stream enters the medullary canal and goes to the metaphyses by the nutrient artery situated somewhere near the middle of the bone and which divides after its entrance. A second arterial system is in the inner layer of the periosteum and this supplies the superficial cortical layers and terminates at the epiphysis as does the nutrient arterial supply. A third group of vessels irregularly arranged supplies the epiphysis and bony prominences about the ends of most long bones. All three

of these systems communicate but slightly or not at all about the metaphyseal portion of the epiphyseal plate. However, when the epiphysis has disappeared, these three groups freely anastomose and as end arteries are done away with, and the circulation about this portion then becomes as it is elsewhere in the bone. Therefore, after the growing period osteomyelitis does not necessarily begin at either end of the bone.

Septic emboli lodge in these end arteries either in the nutrient or periosteal systems and set up a thrombo-phlebitis which is a particularly fertile place for the growth of the contained bacteria, and thus osteomyelitis begins. The localizing of these emboli where they do in a particular case is a mooted theoretical question as to whether trauma has set up a preliminary sterile thrombo-phlebitis or whether rapid epiphyseal growth has slowed up the circulation sufficiently to lodge the circulating emboli. The trauma usually is not severe, and if rapid growth with its low grade epiphysitis or so-called "growing pains" constitutes minor traumata, I believe in this theory, but the history of real trauma is so seldom obtained and so many children fall or jump or are bumped every day without subsequent osteomyelitis that I do not believe that this type of injury is the basic factor in localization. Open communicating wounds of course mean trauma, but cases of this origin make up only about 10 per cent of cases of acute osteomyelitis and my theorizing is on hematogenous osteomyelitis only.

The symptoms are both local and constitutional. The latter appear first in the malignant form with a severe chill and signs of overwhelming infection such as muttering delirium, sustained high fever, dry tongue, scanty urine and diarrhea. In these cases the local symptoms are often slight or overlooked and the patient commonly dies from the virulent septicemia without the bone lesion being recognized. The prognosis in this type is very grave and the temperature continues to rise until death, reaching often 107 or 108 degrees Fahrenheit.

Fortunately more often there is a prodromal period of malaise, loss of appetite, head-

ache and apathy followed shortly by a chill and pain localized in the affected area with muscle spasm and subconscious splinting of the part by the patient. Careful physical examination at this period will show only a small local area of tenderness over the affected epiphysis, but this is definite. Later, within a few hours, there appears local edema extending along the shaft of the bone *away from the nearby joint*, with perhaps effusion into the joint and shortly redness appears over the affected area. As the swelling extends up the shaft, tenderness follows the swelling. At any time careful passive motion of the nearby joint is painless. Percussion of the bone causes intense pain and the harder finger pressure is made on the bone, the more the pain, in contradistinction to an overlying local cellulitis where deep hard pressure often relieves pain. As the disease progresses the temperature and pulse continue elevated without exacerbation or let-up and there is no remission in the pain. Soon there is pus formed under the periosteum or it exudes through the bony canals from the medulla to this location, depending on which vascular system is primarily involved, and then often there are soft tissue abscesses formed within two or three days following fluctuation under the periosteum. Unfortunately these soft tissue areas of suppuration are often opened and drained without there being any attempt made to drain the primarily involved metaphysis and the osteomyelitis continues.

The secondary areas of bone infection occur at this period in about 90 per cent of cases and even when the primary focus is thoroughly drained we must be on the constant lookout for further involvement of other bones, as evidenced by a recurrence of the primary constitutional symptoms and accompanied by other areas of local metaphyseal disease.

Occasionally, however, in the extremely ill patient other bones become diseased without changes in the chart or appearance of the patient and only by careful and frequent physical examination of the various epiphyses can these metastatic areas be found. This is a very important point in the care of acute osteomyelitis, and I have seen them become fully developed within a few hours.

Anemia of secondary nature rapidly follows the onset of the disease and soon the Hb is as low as 60 per cent with 3,000,000 RBC's. The WBC count varies from 16,000 to 26,000 but in the severe cases of overwhelming infection we may have even a leucopenia, as an evidence of the low bodily resistance to the infection and this sometimes confuses the diagnosis.

Locally the disease spreads by extension both of the suppurative process and of the thrombophlebitis because the inelastic bony structure surrounding the infected area does not permit of swelling or of walling off of the primary infection, and until the contained pus either ruptures through the bone or periosteum or both, it must of necessity extend centrally in the medullary cavity or subperiosteal region, thus differing from soft tissue infection which has a definite tendency to be walled off or to rupture through the skin. When acute osteomyelitis has reached the stage where pus ruptures through the periosteum and the pus then in turn ruptures through the skin, the disease has progressed well along to the subacute or chronic stage, the patient's resistance is low, and a chronic septicemia or pyaemia has ensued.

X-ray examination is of no value in diagnosis within the first week to ten days and since it is of great importance to institute treatment before this period one should not wait for positive roentgen evidence. Later, however, there is an elevation of the periosteum and a porous and mottled bony appearance due to decalcification, which, of course, is the positive x-ray picture of the disease.

The differential diagnosis should not be difficult if attention is paid to the cardinal signs of the disease but unfortunately the diagnosis is often missed early before several bones are affected. Acute rheumatic fever is the condition most commonly mistaken for acute osteomyelitis. In this, however, the heart involvement, actual joint, without bone disease, multiple involvement of several joints in succession, the first improving as the next is attacked, acid sweats, fluctuating temperature and most important of all, the reaction of the disease to the salicylates, is pathognomonic.

It has been truthfully said that when any joint lesion does not respond within thirty-six to forty-eight hours to large doses of salicylates, it is not acute rheumatic fever, and further investigation must be made to arrive at the proper diagnosis.

Typhoid fever has a characteristic onset with delirium appearing late, but with early intestinal symptoms and leucopenia and later a positive Widal reaction.

Suppurative arthritis is evidenced by tenderness over the joint and on both sides of it with edema localized within the same area and joint motion is extremely painful and markedly limited actively or passively. Aspiration with pus obtained settles this once and for all as a primary lesion and the indicated treatment is then evident.

The treatment of acute hematogenous osteomyelitis is a debatable one in many minds. Some would incise the periosteum only, others would drill holes into the medullary cavity, still others would do a chiselling operation removing a portion of the diseased cortex for drainage, while fortunately a few only would wait before doing any surgery until the septicaemia was less and the infection localized. I am positive this latter procedure would definitely increase a death rate already too high. It is granted that no surgery yet known is of value in the fulminating overwhelming infections that occasionally confront us where there are few if any local bone signs. These cases rapidly die in spite of all treatment, but if routinely we delay our primary operative procedure awaiting localizing signs many others will die also because of the inactivity of the surgeon.

Too much, as well as too little, surgery can be done in a very sick child the victim of acute osteomyelitis, and when one attempts to do an extensive guttering or saucerizing operation or a diaphysectomy in the very acute stage, he is in error. By the same token, when one attempts to drain an extensive medullary osteomyelitis by means of a few drill holes through the cortex and is then content to let the patient pass into the chronic stage of the disease, throughout many months of septic temperature before establishing thorough drainage, with

sequestration, involucrum and cloaca formation and even amyloidosis, this man is not giving the child the best available treatment.

Again, while it may be quite a diagnostic feat to determine preoperatively or even visually at the operating table whether the periosteal or nutrient arterial supply or both are involved in the primary bone infection, it seems to me that when one finds an elevated periosteum even if it is edematous, as it would be if primarily infected, one would be neglecting his patient if the cortex of the metaphysis were not opened with a chisel down to the epiphyseal plate for inspection as well as drainage. Practically never does infection extend beyond the vascular system primarily involved as a result of intelligent, fact-finding surgery, and we are often surprised at finding a grossly and a severely diseased metaphysis and medulla upon exploration. Even drill holes into the metaphysis fail to explore properly this structure unless the contained pus is under pressure, whereas should a plaque of overlying cortex be removed one can see the yellowish-green streaks of infected bone even before liquid pus is actually present. The metaphysis is the area to explore, for practically never does an acute hematogenous osteomyelitis in a child begin elsewhere and one would consistently miss infected bone with drill holes into or evidement over the medullary portion of the bone if the metaphysis were not opened.

It is my contention that the procedure of choice in operating upon any case of acute osteomyelitis is: First, to operate as early as the diagnosis is made, regardless of positive blood cultures or number of areas involved, except in the malignant overwhelming types of infection; second, incision of the periosteum and separation of it for 1 cm. to either side of the incision from the epiphyseal plate to beyond the area of congested or discolored cortex in each infected area; third, remove with a sharp chisel the cortex overlying the metaphysis, and if found infected, to continue this removal centrally until the medulla is no longer visibly affected, as evidenced by a change in color; fourth, not to curet the medullary cavity but to make sure all drainage from

it can be free; fifth, make sure there are no sharp or overhanging edges of bone from the evidement. All this is done under a tourniquet and from this point all treatment is carried out by the Orr technic, namely to dry the cavity, swab it out with 10 per cent iodine and alcohol, pack not too tightly with vaseline gauze, apply a heavy dry gauze dressing, over which a circular plaster cast is applied, fixing the joints above and below the infected area. This accomplishes two purposes, by all odds the most important of which is absolute rest of the part and, secondly, it prevents enthusiastic internes from dressing the patient's wounds daily.

The cast and packing are changed but once a month on an average, and then under aseptic precautions. This is necessary for an average of four to five months, at the end of which time the wound should be entirely healed and the bone regenerated. Under this method of treatment not more than 10 per cent of cases of acute osteomyelitis have any sequestration, the period of disability and subsequent number of operations is materially lessened and the patient is comfortable at all times, in that dressings as a rule are painless since nature in her granulation healing process extrudes the packing and it falls out at each cast change after the first, and there are no daily painful re-dressings. In addition, due to the formation of bacteriophage in the wound the lesion becomes sterile within a few days and remains so if aseptic technic is used in the change of casts, thus eliminating the possibility of secondary infection with another pyogenic organism, which always adds to the chronicity of the disease and subsequent sequestrum formation.

Plaster fixation of the joints does not lead to ankylosis unless the joint is primarily infected, and if that is so, fixation in the position of choice is the thing to be desired anyhow. Rest assures rapid healing no matter where an infection may be and it is greatly to be desired in bone infection.

Metastatic or associated lesions in other viscera, such as solid visceral abscesses and purulent effusions in joints or other serous cavities, may take place any time after the

second day and up to the third week of the disease and must be appropriately treated as they arise, but the appearance of such lesions always adds to the gravity of the prognosis.

Extension of the disease through the epiphyseal plate into the nearby joint requires prompt drainage of the joint, but while this complication often leads to ankylosis of the joint it adds little to the gravity of the situation as a whole, if recognized and treated early.

Secondary hemorrhage is always an alarming and often fatal complication of a suppurating wound anywhere, and especially in acute osteomyelitis. This occurs about the seventh to tenth day and requires very active treatment, both local and hematinic. Transfusions here are ideal if given often and in 200 cc. doses, and are of great value also if used routinely in combatting the constant anaemia and infection.

Occasionally we see pathological fractures and slipped epiphyses complicating acute osteomyelitis even when the disease is actively treated early. The former appear late and the latter early after the onset of the disease. The prognosis is not always good for fracture repair and often the epiphysis is so damaged, even though it may not slip, that growth is retarded. Occasionally, however, it is stimulated and I have seen several cases where the diseased bone within five years has increased an inch or more in length as compared to the normal. Sometimes bones may bow and in other cases the bone becomes markedly attenuated or greatly hypertrophied.

Repair in any bone takes place by blood filling in the cavity, which in turn becomes granulation tissue which then becomes fibrous tissue and later cartilage. After this the osteoblastic cells present both in the endosteum and periosteum invade this cartilaginous mass, pro-

vided the circulation is not hampered and there is no infection present, and the bone is formed. The cavity made at operation is slowly filled up to its proper level with healthy bone and practically always within two years there is no sign of the operative bony defect, provided the walls are not steep, sharp or overhanging and provided there is no undrained pus or mixed infection. To obtain the ideal result and prompt repair of bone defects, the patient's general health must be optimum, anaemia combatted and all local or general infection cleared up. A well-rounded diet is of great importance and cod-liver oil or its extracts should be used routinely. Exposure to sunshine, both local and general, aids materially both in bone formation and in skin stimulation and should always be taken advantage of.

The bone affected should be protected against fracture by a brace or other type of support until it has completely regenerated, even though function of the part may be permitted when the skin wound has approached healing.

TO SUMMARIZE

1. Acute hematogenous osteomyelitis is a serious disease primarily of youth and which should be recognized and surgically treated early.
2. Careful differentiation from acute rheumatic fever is important.
3. X-ray is of no value early.
4. Free drainage of the metaphysis and post-operative rest are very essential.
5. Complications should be as actively treated as the primary lesion.
6. The post-infectious anaemia must be combatted.
7. Chronic osteomyelitis is not a desired end-result.

THE FIRST HARRISON STANFORD MARTLAND LECTURE

The following addresses were delivered at a meeting of the Essex County Anatomical and Pathological Society on December 14, 1935, in the Academy of Medicine of Northern New Jersey, Newark, N. J., in honor of Dr. Harrison Stanford Martland, Chief Medical Examiner of Essex County, New Jersey. The program of the meeting included three addresses, as follows:

1. Dr. Harrison Stanford Martland, an Appreciation—by Emanuel Libman, M. D., New York City.
2. Introduction of the Scientific Speaker of the Evening—by Frederic Sondern, M.D., New York City, President of the Medical Society of the State of New York.
3. Problems in Anemia—by George Hoyt Whipple, M.D., Rochester, N. Y.

1. DR. HARRISON STANFORD MARTLAND—AN APPRECIATION

By EMANUEL LIBMAN, M.D., New York

An address delivered on December 14, 1935, at the first Harrison Stanford Martland lecture under the auspices of the Essex County Anatomical and Pathological Society.

It is to me a much appreciated privilege to make some introductory remarks on this occasion. Tonight the Essex County Anatomical and Pathological Society inaugurates the Harrison Stanford Martland Lecture, in honor of our friend. It is not usual for a man to be thus honored during his lifetime, and at so early an age. We who know Martland realize that he is richly deserving of the attention that is being shown him.

The course of his medical life has been a rather simple one. After graduation from the College of Physicians and Surgeons, New York, in 1905, he was an interne at City Hospital on Welfare Island for eighteen months. He then spent a period of two years in pathology and bacteriology at the Russell Sage Laboratory. In 1909 he became pathologist to the Newark City Hospital. Until the institution was rebuilt, he worked under most primitive conditions. Since 1925 he has been Chief Medical Examiner of Essex County. He became Associate Professor of Forensic Medicine at the New York University College of Medicine two years ago, and it is expected that he will soon occupy the full professorship formerly held by Dr. Charles R. Norris, to whom he was always devoted.

Dr. Martland entered the Army in 1917 as a member of the Bellevue Hospital Unit. His services were so distinguished that he was made a Colonel in the Reserve Corps in 1919, and that the Rockefeller Foundation desired him for the directorship of an Institute of Hygiene, to be established for the Government of Mexico.

With such a comparatively simple training Martland has reached his high place among the medical investigators and leaders of the country. What I have already said indicates that he is a self-made man. He did not need teachers for any length of time. He enjoyed no privileges,—he would not want them.

For many years, until 1925, he made but few publications. Since then, there has issued from his pen a series of valuable papers, the most significant being his already classical contributions on the results of intoxication by radioactive substances. Next in importance, probably, is the original work on punch drunk, which appeared in 1929.

It is perhaps fortunate that he wrote so little for the first sixteen years of his work here (there is a period of seven years—1909 to 1916—with no publications). He was soaking in valuable observations first hand, at the post-

mortem table and in the laboratory. He did not have to confine himself to one or a few subjects. As a result, we find him equally at home in morbid anatomy, pathological histology, forensic medicine, bacteriology, and clinical laboratory methods. As I stated on another occasion, Martland is a master in pathology and a master in forensic medicine. His knowledge of hematology is extraordinary. He also has command, and has made good use of the experimental method.

The museum of the City Hospital, built up by him, is one of the most valuable in the country. Martland does practically all of the work himself. He makes his own drawings and illustrations. He has the knack of demonstrating just what should be shown, and very clearly. The atmosphere of his laboratory is that of a university, and not that of the usual municipal hospital.

Martland is an unceasing worker. There is no difference, in his laboratory, between weekdays and Sundays, or work days and holidays. Even today, the best chance of finding him late at night is at the laboratory. It has always been a mystery how he succeeds in doing so much, and how it is that his loyal, sterling associates have not succumbed.

To make the situation more remarkable, he finds time for extensive court work, preparation of numerous papers, appearances at medical meetings, crime conferences, etc., and for much activity on behalf of the New York Academy of Medicine. There he is Secretary of the Committee on Admission and Director of the Scientific Exhibits for the Graduate Fortnights. I need not tell you what he has done for the Fortnights,—the fame of the exhibits is widespread. The Academy and the profession at large are under a real debt to him.

As a teacher, Martland is outstanding and sui generis. Not given to formal methods, he is a great teacher. In fact, he cannot help imparting knowledge. After years of almost complete silence, he has begun to teach in connection with exhibits. He has given many demonstrations of his own observations and studies at the Academy and at numerous meetings, especially of the American Medical Association and

your own State Society. You cannot be in Martland's laboratory for five minutes without learning something.

Dr. Martland could have done formal teaching, for he has refused a number of important academic positions, some already offered many years ago. But he is too much attached to his work here, his home city, to have any willingness to go elsewhere. The only possibility to be taken away, I believe, would be the creation of a medicolegal institute which would serve as a center for education in forensic medicine for the country at large, and which could lead to a wiping out of the obsolete coroner system, still so prevalent. The acceptance of such a post he would look upon as a solemn duty. And it may be said truly, that in the present generation, the future of forensic medicine in this country is dependent upon Martland more than upon any other man.

There is much to say of Martland, the man, but it is unnecessary that it all be told on this occasion; for you are his associates and friends, and there must be good reason why you all love him,—and why Dr. Welch, after attending one of his demonstrations at the New York Academy of Medicine, wrote to me, "Martland is a joy to meet."

I would like to say something of a few qualities of Dr. Martland. First, his naturalness, and his love of the truth. He knows the truth in a medical problem, and knows it in relation to human beings. I have never heard him tell even a "white lie", and you know how rare such beings are. Then comes his modesty. I cannot resist telling a significant story about that. On October 8th, 1925, when he was scheduled to speak on his work on intoxication by radioactive substances at a meeting of the New York Pathological Society, he was accompanied by his and your friend Staehelin. You all remember Staehelin, that scholarly man, that beautiful character. When they arrived in New York Martland wanted to return to Newark, because he felt that his work was not worthy of presentation. I was ill at the time. Under the guise of a sick call, Staehelin induced him to come to my home. It was only with the greatest pressure that we succeeded in getting

him to go to the Academy, where his work was acclaimed.

It is not generally known that Martland manages to find time for some clinical work and that he is an able clinician, with a fine knowledge of electrocardiography, roentgenological diagnosis, and other accessory clinical methods. You men of Essex County have for years been going to him for advice as to your cases. You have also gone to him for advice in your difficulties, and have indeed made him your leader in all things. And here we have the essence of all that Martland has, is, and will be doing for all the years to come. The

secret of Harrison Martland's influence lies in his love for his fellow men. He knows superiors, but recognizes none as inferiors.

Members of the Essex County Anatomical and Pathological Society: You have done a fine deed in establishing the Harrison Stanford Martland Lecture. You have honored the community and yourselves by the respect that you show to a worthy comrade. By the choice of the first lecturer, you have indicated in what high regard the Martland Lecture will be held by you. I congratulate Martland and you, and extend my best wishes for all your future activities.

2. INTRODUCTION OF GEORGE HOYT WHIPPLE, M.D.

By FREDERIC E. SONDERN, M.D., New York City,
President of the Medical Society of the State of New York

There are few as well suited for the introductory "Harrison S. Martland Lecture" as the guest speaker of the evening. The Essex County Anatomical and Pathological Society is indeed fortunate both in the selection of the man whose name is honored by this group of lectures and the first essayist of this series.

George Hoyt Whipple was born in that part of New England noted for intrepid men, of whom Calvin Coolidge was an example.

He came out of Yale University a Doctor of Philosophy, a college whose graduates with that degree rank foremost both in science and industry. His medical education was obtained at Johns Hopkins at a time when that mentor William H. Welch was the life of pathology in this country and its most worthy exponent as the basis of scientific medicine. To mention "Popsie" Welch is to think of him that intimately, and to suppress a pang at the recollection of his passing. It reminds me of a birthday celebration of his, I think it was the eightieth, which was sponsored by President Hoover in Washington. Two addresses on that occasion stand out in my memory. One, Simon Flexner's eulogy on Welch's personal magnetism and modesty, his scientific profundity and his teaching ability. The other, Dr. Welch's response, replete with gratitude to his own

teachers abroad, coupled with the hope that he had emulated them at home. George H. Whipple is the proof that he did. A favorite student and later the assistant of Welch, inspired early by that master teacher to interest in pathology, he is devoting his life to it. The bone marrow, the liver and the blood are the favorite subjects of his research activities.

After leaving Hopkins, the Ancon Hospital under Gorgas, and the Bayside Hospital in Baltimore, he became professor of research medicine at the University of California, and after that was called by Mr. Eastman and President Rush Reese to the University of Rochester in similar capacity.

Today he is Dean of the Rochester School of Medicine and the Professor of Pathology. As Dean the results show his success, doubtless based in part on the precepts of Welch. His able and magnetic teaching is shown by the fact that each of six of his classmates at Hopkins has sent a son to study with him in Rochester. As research worker his is today a master mind, proven by the award to him of the Nobel prize in 1934.

We are honored, Sir, by your presence, and it is my privilege to present you to this company: Dean Whipple of the University of Rochester.

3. PROBLEMS IN ANEMIA

By GEORGE HOYT WHIPPLE, M.D., Rochester, N. Y.

Dean of the Medical School of the University of Rochester

An abstract of the scientific lecture in the first Harrison Stanford Martland series under the auspices of the Essex County Anatomical and Pathological Society, on December 14, 1935.

In developing his subject, "Problems in Anemia", Dr. Whipple reviewed his experimental work in anemia in dogs, due to loss of blood, which was begun in 1908. The study of hemoglobin regeneration was undertaken as an offshoot of the study of bile pigment metabolism. Dr. Whipple showed lantern slides illustrating the influence of various dietary substances on the regeneration of hemoglobin in the dog, and as early as 1920 demonstrated that liver has a powerful effect upon hemoglobin regeneration. The observations of Dr. Whipple on the influence of liver and various dietary substances on hemoglobin regeneration led to the use of these substances in the treatment of human anemias.

Dr. Whipple then reviewed the rôle of iron and its utilization in experimental anemia. He showed that iron given intravenously to standard anemic dogs, in large or small doses, will be returned quantitatively as new-formed hemoglobin on the basis of ten milligrams of iron equaling three grams of hemoglobin.

When iron is given by mouth to these standard anemic dogs, the influence on hemoglobin production is not proportional to the amount of iron administered. An optimum dose of iron (40 mg. iron per day for two weeks, or 560 mg.) will give a net output of about 55 gm. hemoglobin, and this means about a 35 per cent utilization of the iron given. With larger doses the hemoglobin output increases a little, and with 400 mg. iron daily the net output would average about 95 gm. hemoglobin, or about a 5 per cent utilization of the iron given by mouth.

Iron contained in salmon bread under certain conditions may be utilized by these anemic dogs up to about 40 per cent to produce hemoglobin. Iron in the normal liver when fed may show a 45 per cent utilization of this tissue iron.

When liver feeding is combined with iron feeding, there is a definite summation effect.

When intravenous iron in large doses is combined with liver feeding or iron by mouth, there is no evidence of summation. This probably means that the top functional capacity of the body to produce hemoglobin has been reached,—about 10 gm. hemoglobin output per day.

Iron salts are utilized with equal facility by the dog to produce hemoglobin when given by mouth in the ferrous, ferric, or reduced state. The determining factor is the amount of the iron metal.

The Eck fistula and splenectomy lessen the capacity of the anemic dog to conserve and utilize iron given by vein to produce new hemoglobin.

Dr. Whipple showed that in experimental animals the reserve iron storage can be exhausted during two or three months by a continuous anemia with the hemoglobin level maintained at one-half to one-third of normal. In animals so depleted, Dr. Whipple traced the fate of iron given by mouth or vein.

A rapid turnover of iron is the conspicuous feature of the experiments dealing with iron given by mouth and short feeding experiments (one to two days) give no evidence of any iron store in the liver. As the iron feeding experiments are lengthened, we see a variable accumulation of iron in the liver, but the amounts are small and a very rapid appearance of the iron in matured hemoglobin is the conspicuous feature.

The importance of blood-free organs is stressed, and other method difficulties are discussed.

Parenchyma iron of various blood-free organs is relatively a constant in these dogs. Liver, kidney, and pancreas average 1 to 2 mg. per 100 grams of fresh tissue; the lung is

a little higher, or 3 mg.; the spleen is still higher, or 5 to 6 mg. The red marrow apparently has the highest level of parenchyma iron—an uncertain figure, but probably in excess of 10 mg. Fe per cent per 100 grams of tissue. The striated muscles actually rate with the liver and kidney, although the average for total contained iron is 3.1 mg. per 100 grams of tissue. About 1.6 mg. iron is muscle hemoglobin iron, leaving the parenchyma iron as 1.5 mg.

Muscle hemoglobin iron and muscle parenchyma iron are inviolate stores of iron which are not drawn upon no matter how great is the emergency due to anemia. Conversely no surplus iron can be demonstrated in this tissue where iron is given intravenously.

Iron depletion can be carried to a point

where there is almost a complete cessation of hemoglobin production in a standard dog on a diet very poor in iron.

Intravenous iron in the doses given will result in large storage in the liver and spleen—55 to 70 per cent of the total iron given. We are not prepared to say where the remaining iron is to be located in the body tissues or fluids, but it certainly is not eliminated.

In his early work, Dr. Whipple noted that dogs with abnormal conditions such as acute and chronic infection, and liver injury, did not regenerate hemoglobin to the same extent as dogs without these abnormal states. Later experiments about to be published elsewhere demonstrate that infection disturbs the utilization of iron and accounts for the failure of iron therapy in anemias due to infection.

CLINICAL INTERPRETATION OF JAUNDICE

By VICTOR KNAPP, M.D., Asbury Park, N. J.

Read before the Section on Gastro-enterology and Proctology of the New Jersey State Medical Society at Atlantic City, May 2, 1935

The jaundiced patient often presents a complex problem in diagnosis, prognosis, and treatment. It is often difficult to judge, accurately, the hemolytic, hepatic, or obstructive factor in a given case. And when it is remembered that any icterus of standing displays a combination of all three elements to some degree, our task becomes more involved.

In this discussion we will not consider the theoretical and experimental work that has been so well done in elucidating the question of jaundice. While we are vitally interested in all that the experimenter is doing and give him our support and respect, as clinicians we should limit our discussions in a meeting of this kind to purely practical problems, and leave detailed scientific desiderata to symposia by the more specialized and scientific groups.

Clinically, hemolytic jaundice does not attain the deep staining seen in obstructive icterus, nor is itching as frequent; and the patient refers his symptoms away from the hepato-biliary system. Where icterus is due to liver cell damage, the complaints are referable

to the causative agent, such as occurs in metallic poisoning, and the jaundice is merely an incident to the disease. Such a patient suffers a varying degree of toxicity depending on the extent of damage to his liver and other organs. The regional icterus that accompanies or follows such conditions as pulmonary infarct and intra-peritoneal hemorrhage, appear rapidly and fade as quickly, and its clinical diagnosis is usually apparent.

While it is true that our clinical impression of the cause and type of jaundice is often correct and finds substantiation in laboratory tests, it is to the laboratory that we must look for confirmation of our diagnosis and prognosis. As a guide for our therapy, the laboratory is invaluable. It is our problem to determine the extent of injury being done to the liver by the disease producing the icterus, for it has been shown that it is liver damage, to a large extent, that determines the outcome of the disease.

FORMATION OF BILIRUBIN

Today there is general agreement that bilirubin is formed by the activity of the reticulo-

endothelial system, whose widespread distribution in the body must not be forgotten. It is the discovery of this fact that has given us such a thorough insight into the entire subject of jaundice and accounts for the advances we have made in recent years. To make this forward step more emphatic, one needs but call to mind the dictum of the Minkowski and Naunyn schools which taught that without the liver there would be no jaundice, and to recall that until recently this was the accepted view. The reticulo-endothelium of the bone marrow, spleen, and to a lesser extent that of the liver, manufactures bilirubin normally. Pathologic irritation of any of the other depots of this system, as of the pleura or peritoneum, or lung, can give rise to clinical jaundice.

THE VAN DEN BERGH REACTION

It will be profitable to review the Van den Bergh reaction in different types of jaundice. Before bilirubin is delivered to the liver cell for excretion into the bile radicles, it gives the *indirect* or delayed Van den Bergh reaction. After it has passed through the liver cell, some change has taken place in its conformation, and it now gives the *direct* reaction. Uncomplicated obstructive jaundice is the classical example of the direct reaction. The indirect reaction is typical of the hemolytic type of jaundice, or as some authorities like to call it, the superfunction type of icterus, where the liver cell itself is healthy, but because of hemolysis, there is a larger amount of bilirubin formed than the liver can excrete. Where the liver itself is diseased, we have both an inability to excrete the normal amount of bilirubin that is brought to it, and an obstructive factor; which is produced both by the swelling of the liver cells blocking the bile radicles, and by the excretion of a concentrated thick bile which readily forms bile thrombi. Liver jaundice then gives the bi-phasic reaction. As has been intimated above, any jaundice of standing presents a combination of all three factors. For example, we can watch the Van den Bergh that was primarily direct, added to by exhibiting the bi-phasic and indirect reaction as time goes on. The interpretation of such findings is self-evident.

One's clinical impression of the degree of jaundice, or its waxing and waning cannot be relied upon always. The degree of jaundice can be accurately judged by the icteric index, and its increase or decrease determined. In such conditions as chronic catarrhal jaundice and in constitutional icterus, where the jaundice is latent, the icteric index tells us of its presence. This test is additionally useful in following a case of obstructive jaundice, and taken together with a cholesterol determination, we gain information as to the beginning, or extent, or regression not only of the jaundice but also of the amount of liver cell injury.

CHOLESTERIN

Whether or not cholesterin formation is a liver cell function is as yet a moot question; but it is generally believed that esterization of cholesterin is the business of the liver. Where the liver is diseased, both the cholesterin and its ester in the blood serum is lessened; and the more extensive the disease, the lower the cholesterin figures. In cases of gall-stone obstruction of the common duct, with minimal liver involvement, we expect an increase in serum cholesterin due to retention. Where such is the finding, we will feel safe in delaying operation if delay is thought advisable. But where the cholesterin figures is low, we know that the liver is failing, and that our therapeutics must be more heroic.

UROBILIN

Bilirubin is converted into urobilinogen and biliverdin in the intestine by the action of bacteria. These pigments are then reabsorbed and removed from the circulation by the liver cell to be used again. A small amount is excreted by the kidney normally. Obviously, in obstructive jaundice, this pigment is absent from the urine. Where the liver is diseased, the hepatic cells cannot remove it from the circulation, and it is found in increased amounts in the urine. It is thought that the diminution of urobilinogen in the urine in liver disease is the earliest indication of the return of hepatic function, for inability of the liver to utilize urobilin is the first liver function to fail in disease.

The present state of liver function tests, taken all in all, leaves much to be desired. This is not meant as criticism of the tests that have thus far been brought forward, but rather to emphasize again the diversity of functions of the liver and its tremendous reserve powers. It is only in the acutely diseased liver, where there is a sudden and widespread involvement of hepatic cells, that these tests are positive. It is only in such disease that all of the liver functions are in abeyance; whereas in the chronic affliction as occurs in cirrhosis or carcinoma, enough of the liver substance may remain uninvolved to nullify the conclusiveness of functional tests. As a rule, in jaundice, we find little need for using these tests in helping us in diagnosis or prognosis.

PROGRESS OF LIVER REPAIR

Once a patient has been operated on, and gall-bladder drainage has been instituted, chemical examination of the drained bile offers us valuable guidance to the progress of liver repair. When the bile salts begin to increase in the drained bile, we know that recovery is proceeding satisfactorily. The same import attaches to a diminution in the chloride content of the bile. The grave significance of a pale thin bile is very well known to all of us.

The medical management of jaundice need not detain us unduly. A diet rich in carbohydrate, poor in fat, and with abundant fluid intake is all that is needed.

PREVENTION OF HEMORRHAGE AFTER OPERATION

Since many cases of jaundice are prospective candidates for surgery, the pre- and post-operative management is extremely important, and often life-saving. The bugbear of surgery in the jaundiced patient is *hemorrhage*. From all the experimental work that has been done to ascertain the reason for this tendency to bleeding, all that can be said with definiteness is that it is liver damage that is responsible for it. With this the only fact known, and with the added knowledge that the administration of glucose somehow bolsters up the liver, our most important duty is to see to it that the patient is given enough carbohydrate. Unfortunately we cannot be guided by a normal

bleeding and coagulation time as proof against post-operative bleeding. Whether calcium intravenously does any good to prevent or control bleeding is questionable. However, its use surely does no harm. Besides glucose, blood transfusion is of great service both pre- and post-operatively, as is adequate fluid intake. Wherever it is possible, without endangering the patient's life, operation should be postponed in jaundice; or if it must be undertaken, the most propitious time must be judged as closely as possible when the risk is least.

HEPATIC SHOCK

Hepatic insufficiency sometimes occurs with dramatic suddenness in spite of excellent pre- and post-operative care. Just what brings on this liver shock is a mystery. We do know that such factors as the degree of cholangitis, the length of time and extent of obstruction, the amount of liver injury, and the degree of existing cirrhosis, contribute to failure of hepatic function. Renal insufficiency is another potent danger. But, fortunately, we have in an abundant intake of fluid and glucose and blood transfusions the weapons that will defend the body and conserve its energy, if anything will.

Where there is total diversion of bile flow through surgical drainage, and all the bile is lost to the body, the patient may rapidly become dehydrated and emaciated. In such instances, re-introduction of the drained bile, after filtration, will offset this eventuality.

CONCLUSIONS

To conclude, it may be permissible to repeat those laboratory procedures which we have found of use in diagnosing and following our jaundice cases. The Van den Bergh, the icteric index, urobilin in the urine, and cholesterin and cholesterin ester determination have been found the most helpful. In treatment, the forcing of fluids, by mouth if possible, and under the skin and by vein; continuous glucose administration and blood transfusion, offer the patient and us the best chance for a successful outcome, be the risk either hepatic or renal insufficiency.

PROPHYLAXIS OF COMMUNICABLE DISEASES

ARTICLE NUMBER TWO

By MAURICE L. RIPPS, M.D., Elizabeth, N. J.

Read before the Clinical Society of the Elizabeth General Hospital. The first article appeared on page 139 of the March Journal.

With the exception of smallpox, the prophylaxis of the communicable diseases outlined in this second article is in the purely experimental stage. This paper will deal with smallpox, mumps, chickenpox, typhoid fever, and meningitis, in the order mentioned.

V. SMALLPOX

Vaccination against smallpox is the most successful of all the preventive measures. The different technics employed vary only in the minor details. Most of the vaccine virus on the market will give good results. The new vaccine made from the chick chorio-allantoic membrane does not approach the efficiency of the standard vaccine, and because of the low percentage of "takes", I would for the present advise against its use in private practice. I have tried it on a large group of cases in one of our orphan asylums, and have been disappointed in the results. The evolution of the vaccinia with the attending reactions is quite similar to the ordinary cowpox vaccine.

Although my preceptors always advised cleansing the area with soap and water to precede the alcohol or other antiseptic, I confess that seldom, except in my first few years of practice, have I followed their advice. I have used *acetone* almost exclusively, and find its ready volatility a distinct benefit. I do not just stroke the arm with it, however, but prefer to apply it vigorously and for a few seconds.

A scratch that penetrates the superficial layers of the skin, and which is not more than one-eighth of an inch long, is made a little above and posterior to the insertion of the deltoid. After applying the vaccine, a series of about twenty pressure strokes is made along the scratch mark. I do not believe the multiple intradermal punctures are necessary. I allow the virus to dry partially and then apply a band-aid dressing. I am well acquainted with the fact that many prefer to leave the arm undressed, but I have always employed the

sterile band-aid dressing and use it until the crust has formed. I do not allow these redressings to be applied except at my office. The resulting scar is usually less than one-half inch in size.

I strongly advise against the thigh as the location, especially in infants. Occasionally I perform one in an older child when I am met by an insistent parent. Vaccination is best performed between four and ten months of age, preferably in mid-spring or fall. I have rarely met with immunity to smallpox, and believe that if proper care is taken as to technic and the material used is fresh and potent, unsuccessful results will be very rare, and the reactions will be only of the mildest kind, if any. Vaccination should be repeated every ten years except when there is a fresh outbreak in the vicinity, in which case a new attempt should be made on anyone who has not been immunized within five years.

VI. MUMPS

Serotherapy, or seroprophylaxis, for mumps was first used by Dr. Alfred Hess in 1915 during an epidemic in the Home for Hebrew Infants. Perhaps because of its comparative innocuousness in children it has been attempted only at rare intervals since. Its results have always been comparatively successful, and certainly the procedure should be given serious consideration wherever an institutional outbreak is threatened. Because mumps has a low grade of contagiousness, it is a little difficult to be dogmatic about the results of any therapy relating to it.

Zeligs³ injected forty-four exposed susceptible children with 5 c.c. of *convalescent serum* without any cases developing. However, he used no controls, and did not start his serotherapy until two months after the first case appeared. Irrespective of these facts his results are of interest, and at least encouraging.

Barenberg and Ostroff,² after using whole

blood from convalescents and from adults who had previously been infected, found seroprophyllaxis to be "of definite value in reducing the incidence of mumps, the average for the treated children being 15 per cent, while that for the untreated children was 39 per cent. Mumps was markedly attenuated by this form of serotherapy. The results from the injection of blood from an adult who had had mumps in childhood were not as definitely favorable as those with the blood of patients convalescent from mumps, perhaps because inadequate amounts were injected. A definite shortening of the epidemic was brought about by the use of serotherapy." Twelve c.c. of blood was used in each case, the convalescent blood being removed at least ten days after recovery.

Our recent experience with measles leads me to concur with the above authors that larger doses might bring better results. As a starting point, I believe 16 to 20 c.c. of convalescent blood, or 6 c.c. of convalescent serum, might be used. The blood should be taken the twelfth to the twenty-fourth day after onset. As exposures to mumps are not so frequent as to measles, I would prefer to prevent this condition entirely rather than to aim at an attenuation; also because recurrences of mumps are rather common and it is very likely that attenuated cases may not be completely immunized. I hope that more data on this subject may soon become available.

VII. CHICKENPOX

The objection against passive immunization to mumps, i.e., its innocuousness, applies also to varicella. And yet we have all seen severe cases of chickenpox, which have not only left scars that are as plentiful as in the milder cases of smallpox, but have resulted in serious complications of the respiratory, genitourinary, and nervous systems. These complications are of course rare, but who knows but that in the future severe epidemics may occur.

In the foreign literature several articles have appeared on the active and passive immunization of varicella by the simple procedure of injecting intracutaneously a small quantity of clear fluid taken from a vesicle of an active case, and diluted in salt solution. I believe this

is well worth keeping in mind in case any of my readers are brought in contact with chickenpox in an institution.

The literature on chickenpox prophylaxis by means of convalescent serum is meagre and its efficacy is not convincingly established. Certainly it appears to be much inferior to convalescent measles serum, if one may judge from the few available reports. And yet it is of some benefit. The dose and method should be similar to that suggested for mumps. If one prefers to obtain a milder attack of varicella rather than prevent it entirely, about 4 c.c. of serum could be used.

It seems very likely that placental extract may prove to be a reliable method of prophylaxis for both mumps and varicella. I am awaiting an opportunity to ascertain this fact either through personal experience or from that of others.

VIII. TYPHOID

Recently typhoid vaccine has been questioned in its reliability as a preventive. One must know all the ramifications of this subject before deciding on a definite course of action. The fact that neither the agglutination nor the complement fixation tests can be accepted as final indices of immunity does not simplify matters. However, the overwhelming evidence furnished by our military medical corps is difficult to deny. Occasionally a vaccinated individual comes down with typhoid and because of this, many have been led to assert that all the reduction in the incidence of typhoid is due to better sanitation and better general hygiene, including, of course, the segregation of carriers. Although now both our Army and Navy have abandoned the paratyphoid A and B factor and use only typhoid vaccine, in private practice I believe it is better to continue the use of the mixed vaccine.

As yet the oral ingestion is in a stage too controversial to be used, and there have been no really convincing corroborative results. Tuft, Yagle and Rogers¹ find this the most unsatisfactory of all the methods, and suggest that the antibody response is best after the intradermal and subcutaneous injections. The question as to whether the rough or smooth

strain is more productive of immunization is still being argued, but it is accepted that a young, fresh vaccine growth has better effect. The main items to be considered are: the dosage; immunity stimulating power of the vaccine; the route of administration; the duration of its effect; the reactions; and what individuals require the injections.

In all, three injections are given at seven- to ten-day intervals. The first dose consists of 500,000,000 *B. typhosus*, and 250 to 350,000,000 each of paratyphoid A and B. The two succeeding doses are 1,000,000 *B. typhosus* and one-half billion each of A and B paratyphoid. In children under four, one-half of this dose is sufficient; in children, four to eight, approximately two-thirds of the adult dose can be used, providing there is no severe reaction following the initial injection. As a rule, children do not show the severe reactions observed in adults. Tuft, et al.,⁴ who gave .05 c.c.; 0.1 c.c.; 0.15 c.c. and 0.2 c.c. intradermally with good results, found that the reactions were greatly reduced. This method, if properly corroborated, may become the one of choice.

On about 15 to 20 per cent of the persons vaccinated, the injections will not be effective. The immunity is of short duration and it is advisable if one is to be definitely exposed, to repeat the series after twelve to eighteen months. Feemster⁵ demonstrated the fact that "persons who have had typhoid fever or who have had inoculations with typhoid vaccine produce larger amounts of antibodies in response to subsequent inoculations with typhoid vaccine than those who have not had typhoid fever or been vaccinated against this disease". The Japanese Navy revaccinates every six months. After a second series, all following ones should be given at three-year periods as long as the danger of infection exists. I advise vaccine only for those who are going to travel into districts or countries where the proper sanitation of water and milk is not observed. For those who are in and about our own territory, advice is all that is necessary. Wholesale vaccinations against typhoid in civil life is unwarranted.

IX. MENINGOCOCCUS MENINGITIS

Ferry, Norton and Steele⁶ in 1931 showed that filtrates of young cultures of meningococcus contain specific soluble or extracellular toxins capable of stimulating active immunity in laboratory animals against a fatal dose of live meningococcus organisms. Hoyne⁷ later reported the successful use of an antitoxin in the treatment of this form of meningitis. Ferry and Steele,⁸ after elaborating a skin test made from the toxin of one of the four recognized Gordon types, proceeded to inoculate the positive reactors (47 per cent). This percentage of susceptibles in a group of children, aged 12 to 18, is extremely high in a condition such as this, in which contact infections are rare. This test will probably require considerable modification.

The immunizing toxin, which was made from an equal mixture of the four types, contained 5000 skin test doses per c.c. The susceptibles were divided into two groups, the first receiving three injections; and the second, four injections, at weekly intervals. Of the latter group, 74.6 per cent were negative after eight weeks, while in those receiving the three doses 62.4 per cent were negative. The doses in the second group were 0.1 c.c., 0.5 c.c., 1 c.c., and 1.5 c.c., a total of 13,500 skin test doses. I can best quote from the authors themselves in evaluating the future possibilities of this work. They say, "This method of immunization, however, does suggest a possible means of active protection against the disease itself, and is worthy of consideration and further study, especially since it was shown in a previous paper in this series that active immunity against infection with the virulent meningococcus can be stimulated in laboratory animals following prophylactic injections of this toxin. The answer to this question, while of great importance, must of necessity be deferred until such a time as more conclusive clinical data are available."

REFERENCES

1. Hess, A.: *Am. J. Dis. Child.*, June, 1915.
2. Barenberg and Ostroff: *Am. J. Dis. of Child.*, Nov., 1931.
3. Zeligs: *J. of Ped.*, Dec., 1932.
4. Tuft, Yagle and Rogers: *J. of Inf. Dis.*, Feb., 1932.
5. Feemster: *J. of Inf. Dis.*, Feb., 1932.
6. Ferry, Norton and Steele: *J. of Immunol.*, 21:293, 1931.
7. Hoyne, A. H.: *J. A. M. A.*, 104:980, March 23, 1935.
8. Ferry and Steele: *J. A. M. A.*, 104:983, March 23, 1935.

CARDIAC DYSPNOEA: ITS EARLY TREATMENT WITH MERCURIAL DIURETICS

By LOUIS LEVIN, M.D.

Read at the Clinical Conference, St. Francis Hospital, Trenton, N. J., October 21, 1935.

Dyspnoea has long been recognized as a cardinal symptom of cardiac failure. It is also well known that mild grades of dyspnoea on effort have passed unnoticed by patient and physician, and often have been interpreted vaguely as fatigue on effort. Perhaps not until the patient has been observed panting slightly after the effort of undressing, does his definition of fatigue become obvious. As a matter of fact, while dyspnoea has been recognized as a symptom of well-developed cardiac failure, it has been neglected as a finding in *early* decompensation. Emphasis upon this phase of shortness of breath has been but recently developed by Sir Thomas Lewis to the extent that it is used almost as a yardstick of degree of heart failure.¹

The physiology of the development of dyspnoea in cardiac disease has been admirably presented by Carl J. Wiggers. He explains that it is a combination of chemical changes within the respiratory center (the presence of a fixed acidosis) and mechanical changes within the lungs (pulmonary congestion with interference in the normal elimination of carbon dioxide).² The importance of the latter factor must not be overlooked. It is corroborated by the finding in every case of cardiac dyspnoea definite abnormal physical signs in the posterior chest. This phase will be discussed later:

A knowledge of the extent of the *cardiac pathology* present in a given case is not particularly the important item in the management of this patient. The knowledge of the degree to which *cardiac function* has become abnormal is vital. Since heart failure is the essential meat of the problem, it matters little whether it be right heart failure, left heart failure, or a combination of the two. As a matter of fact, left heart failure is usually the first to give evidence.

RATIONALE OF DIURETIC TREATMENT

Right heart failure, with its edema, ascites, and enlarged liver, has been treated for many years with diuretics. It is a condition of water retention,—an obvious dropsy that one can see and palpate. What, then, is left heart failure with its dyspnoea, râles, and dulness, if not an obvious dropsy of the lungs, even though we cannot see or palpate it? Since it is also a problem of water retention, its proper treatment should include the use of diuretics.

DIAGNOSIS OF LEFT VENTRICULAR FAILURE

The important physical signs of early left ventricular failure are: (1) The appearance of dyspnoea on but slight effort; (2) dulness at the bases of the lungs; and (3) small moist râles at the bases of the lungs. Because the early recognition of left heart failure is essential to early treatment and thus to a short convalescence, it becomes important that its presence be sought for early.

1. The appearance of dyspnoea on but slight effort is well known as a sign of early cardiac failure. Its significance in relation to passive congestion in the lung, as well as chemical changes in the respiratory center, should also be borne in mind.

The effort necessary to produce dyspnoea has been described above as *slight*. Standardization of effort tests has been attempted for many years. Perhaps their success may be stated to depend upon the experience and the favoritism of the individual physician for a given test. My own leaning has been away from definite tests toward merely the observation of the patient when he first walks into the examining room, his respiratory response to undressing, and his response to the rapid changing of chest positions.

2. Dulness at the bases of the lungs is by far the most important of the physical signs

to be used in the diagnosis of early left ventricular failure. It can be used quantitatively in the determination of the progress on a patient. As the level of dulness to percussion drops, so does the patient's tolerance to effort, in respect to dyspnoea, increase.

Indirect percussion should bring out the dulness even if but the last interspace is involved, but it has been noted that the less evidence of congestion present, the less reliable does this form of percussion become. Direct percussion in a quiet room is often necessary to find the sign.

It is found in its early stages at the left base prior to its appearance on the right side. While this is not infallible, it is well to remember in the differential diagnosis of pulmonary pathology.

Dulness at the base is not pathognomonic of congestive failure, but its variability in extent from time to time is very suggestive.

3. The presence of small moist râles at the bases, and again especially at the left base, is another important finding in the diagnosis of left ventricular failure. It can be noted without dulness if the process is comparatively acute and may not be found though dulness be present if the condition is of long standing or if improvement is being noted in a patient.

Other signs have been found to be less reliable, and hence have not been stressed. X-ray examination of the chest is a valuable aid, and whenever possible should be performed. In conjunction with the findings mentioned above, cloudiness of the lung at the costo-phrenic angle is certainly suggestive of cardiac failure.

DIURETICS USED

Urea, theobromine sodium salicylate, theocin, and organic mercurial compounds with and without acid salts have been used in this study. As a general statement, it may be said that diuretics administered orally in congestive failure have more disadvantages than advantages. Absorption is not as consistent as when given by vein or muscle. The average patient requires large quantities to produce diuresis, a contingency often followed by nausea and vomiting. The medication must be repeated

frequently, often daily. Its action is slower and less effective, which in turn means a longer convalescence. The only advantage oral administration can boast is that it obviates the use of a needle.

Because results have not been consistent with the use of oral diuretics, I have recently been using salyrgan, and to a lesser extent, mercupurin. It is upon their intramuscular use that the present report is based.

INDICATIONS AND CONTRAINDICATIONS

The use of mercurial diuretics is indicated in early left ventricular failure when the signs and symptoms of this condition continue after a reasonably short period of rest and digitalis therapy. If urine output continues to fall much behind liquid intake in spite of several days of thorough digitalization, it is futile to wait longer. The patient is headed for generalized failure.

The contraindications may be said to be renal and gastro-intestinal. Severe nephritis is a definite contraindication. Mild grades of renal damage are in most instances apparently not made worse by the injection of these mercurials. Rarely the injection is closely followed by rather severe gastrointestinal symptoms, nausea, vomiting, abdominal colic, and at times, diarrhoea.

METHOD OF USE

The intravenous use of salyrgan or mercupurin over short periods of time is feasible. It must be admitted that barring technical accidents it is a less painful route than when given intramuscularly. The diuretic action, however, is less prolonged than that following intramuscular injection, and its use is almost impossible when mercurial diuretics are required over a period of months or longer. For these reasons the intramuscular route has been chosen as best fitted to meet the therapeutic requirements of most patients.

The antero-lateral aspect of the thigh rather than the gluteal region is the site of choice, particularly in a bed-ridden patient. While the skin abounds with branches of the lateral cutaneous nerve, rarely is the pain disabling;

and if subsequent injections are made close to, but on the distal side of the first puncture, very little pain will follow. An injection of one c.c. is followed on the third day by two c.c., provided no gastrointestinal or renal dysfunction develops. This dosage is maintained only as long as it remains effective. When it is noted over a period of two to four days that the net water balance is unfavorable, the dosage is raised to four c.c.

The frequency with which injections are repeated depends primarily upon the status of the water metabolism. The patient is asked to chart his liquid intake and output. The former is usually limited to not more than 1500 c.c. When the level of the urinary output falls below the intake, another mercurial injection is needed. The measurements are continuous and give the clue to each succeeding treatment. Gradually, in favorable cases, the interval between injections increases as the efficiency of the kidney improves. A maintenance dose of four c.c. once a month is generally sufficient to keep the heart well compensated. In most cases, it has been deemed unwise to risk a relapse by ceasing entirely the use of the diuretic.

The prolonged use of acid salts as an adjunct in the diuretic treatment of left ventricular failure has not proved satisfactory. The use of six to ten grams of an ammonium salt soon renders all food unpalatable, and may produce nausea and vomiting. The additional quantity of urine excreted by the use of these salts has not been significant enough to warrant their routine use.

PREVIOUS REPORTS

There have been many papers prepared on the use of mercurial diuretics in heart failure. Of twenty such papers reviewed for the purposes of this report, most of them have overlooked these basic principles, namely,—treatment must be early, and must be instituted when the water balance becomes unfavorable. A few have written otherwise.

T. R. Harrison³ speaks of the need of promoting diuresis as determined by weighing the patient daily and noting the trend of the water

balance. When improvement follows the use of diuretics on patients with dyspnoea but with no edema, it is due, he thinks, not to the diuretic effort but to some other factor. That this is not so is proved by the variation in the chest signs following each injection.

I. M. Dixon,⁴ in reporting on the long continued use of salyrgan on a patient, states, "The indication for an injection has been the occurrence of dyspnoea. * * * The only physical sign that correlated with this symptom was the occurrence of about two fingerbreadths of dullness at the base of the right or left chest."

M. Friedenson⁵ states that the judicious administration of a diuretic, even though no manifest edema is present, will often relieve dyspnoea and cough.

ILLUSTRATIVE CASES

Following are some condensed case reports that support the theme of this paper. While some of these patients were in generalized congestive failure when first seen, others showed dyspnoea only.

Case 1. McC., aged 55, complained of fatigue and dyspnoea on effort. Signs of left ventricular failure as described above were present. After two weeks of bed rest, digitalis therapy, liquid and salt limitation, he was no better. The use of 16 c.c. of salyrgan over a period of three months was followed by a favorable shift of his water metabolism, the disappearance of symptoms, and his return to work.

Case 2. M. A. R., aged 67, had had cardiac asthma for one year. When first seen he was markedly orthopnoeic, and showed the physical signs of both left and right ventricular failure. Digitalization produced no improvement in his urine output nor in his symptoms. Salyrgan treatment was started. Over a period of nine months he has received 27 injections for a total of 106 c.c., and he is still under treatment; improvement had followed the first injection. After an absence of several months from executive work, he has returned, not even perturbed by the fact that he must receive an injection every twelve days. Digitalis therapy, of course, is maintained.

Case 3. J. B., aged 68, had had an acute coronary occlusion eight months prior to his first visit to me. During that time he had been totally incapacitated with increasingly severe right and left ventricular failure. He was at once started on salyrgan with unusually good results. Signs and symptoms cleared rapidly until he was able to return to his work in an office, being maintained on one injection per month of four c.c. of salyrgan. Over a period of ten months he received 74 c.c. of

PREScription

JOINT PHARMACEUTICAL AND MEDICAL

NEBULA EPHEDRINAE N. F. VI

EPHEDRINE SPRAY N. F. VI

Nebul. Ephed. N. F. VI.

R

	Metric	Apoth.
Ephedrine	0.30 Gm.	gr. v
Methyl Salicylate	0.06 cc.	m i
Light Liquid Petrolatum q.s. ad	30.00 cc.	℥ i

M. Ft. Solution

Sig: One drop in each nostril as necessary.

Note: Topical application for shrinking respiratory mucous membranes
1% Ephedrine. Write out ingredients or specify by title.

NEBULA EPHEDRINAE COMPOSITA N. F. VI

COMPOUND SPRAY OF EPHEDRINE N. F. VI

Nebul. Ephed. Co. N. F. VI.

R

	Metric	Apoth.
Ephedrine	0.30 Gm.	gr. v
Camphor	0.18 Gm.	gr. iiii
Menthol	0.18 Gm.	gr. iiii
Oil of Thyme	0.09 cc.	m iss
Light Liquid Petrolatum q.s. ad	30.00 cc.	℥ i

M. Ft. Solution

Sig: Drop in each nostril as directed.

Note: Topical application for shrinking respiratory mucous membranes.
1% Ephedrine. Write out ingredients or specify by title.

LIQUOR EPHEDRINAE SULFATIS N. F. VI

SOLUTION OF EPHEDRINE SULFATE N. F. VI

Liq. Ephed. Sulf. N. F. VI

R

	Metric	Apoth.
Ephedrine sulfate	0.90 Gm.	gr. xliiiss
Chlorbutanol	0.15 Gm.	gr. iilss
Aq. Dist. q.s. ad	30.00 cc.	℥ i

M. Ft. Solution.

Sig: One drop in each nostril as directed.

Note: Topical application for shrinking respiratory mucous membranes.
3% Ephedrine Sulfate or 3 times as strong as Nebula plain or compound. Average dilution is with equal parts of distilled water. May be used full strength. Solution is used in eye, nose, and throat. In eye causes mydriasis.

Write out ingredients or specify by title

A New Science

to the M

THE MEDICAL

OF NEW

This is the first
cal prescriptions
Committee on Med

The three
left are for use
THROAT. Tho
ANODYNES and
the formulae and
practice.

CUT OUT THE

RULED LINES

FOR FUTURE

THE CARDS ARE

3x5 INCHES

NS SELECTED

12

PROFESSIONAL RELATIONS COMMITTEE

ific Service

ERS of

AL SOCIETY

ERSEY

o a series of ethi-
ormended by your
ca Practice.

criptions on the
the NOSE and
of the right are
ELATIVES. Study
us them in your

S ALONG THE
FILE THEM
REFERENCE.

OF STANDARD
EX SIZE.

ELIXIR PHENOBARBITALI N. F. VI ELIXIR OF PHENOBARBITAL N. F. VI Elix. Phenobarb. N. F. VI

R

	Metric	Apoth.
Phenobarbital	.48 Gm.	gr. viii
Tr. Sweet Orange Peel	3.60 cc.	m. Liv
Tr. Cudbear	.84 cc.	m. xili
Alcohol	21.00 cc.	3 vss
Glycerine	28.20 cc.	3 viiss
Syrup	42.00 cc.	3 xi
Distilled Water q.s. ad	120.00 cc.	3 iv

Dose: 3i equivalent to $\frac{1}{4}$ gr. Phenobarbital.

Note: Sedative, hypnotic. Write out ingredients or specify by title.
Tablets Phenobarbital and tablets of Phenobarbital soluble, each
 $\frac{1}{2}$ gr. dose, official in N. F. VI.
Maximum dose 12 gr.

ELIXIR AMINOPYRINAE N. F. VI (Also Elixir Amidopyrine) ELIXIR OF AMINOPYRINE N. F. VI Elix. Aminopyrin. N. F. VI

R

	Metric	Apoth.
Aminopyrine	4.8 Gm.	gr. Lxxii
Compound Spirit of Orange	.36 cc.	m. vss
Alcohol	24.00 cc.	3 vi
Glycerin	7.20 cc.	m. cviii
Syrup	48.00 cc.	3 iss
Tr. Cudbear Co.	.12 cc.	m. ii
Distilled Water q.s. ad	120.00 cc.	3 iv

Dose: 3i equivalent to $2\frac{1}{2}$ gr. Aminopyrine.

Note: Antipyretic, antineuralgic, anodyne, antirheumatic.
Tablets Amidopyrine 5 grains official N. F. VI.
Maximum dose 23 grains over period of a day.
Write out ingredients or specify by title.

ELIXIR BARBITAL N. F. VI. ELIXIR OF BARBITAL N. F. VI Elix. Barbitol

R

	Metric	Apoth.
Barbitol	4.2 Gm.	gr. Lxiv
Caramel	2.4 Gm.	gr. xxxvi
Spt. Vanilla Co.	3.6 cc.	m. Liv
Alcohol	40.2 cc.	3 x
Glycerin q.s. ad	120.00 cc.	3 iv

Dose: 3i equivalent to 2 grains of barbitol.

Note: Hypnotic. Contra-indicated in insomnia due to pain, and in renal
disease. Tablets Barbitol and tablets Barbitol soluble, dose of each
tablet 8 grains, official N. F. VI.
Write out ingredients or specify by title.

the diuretic. He also took 15 grains of digitalis each week. Unfortunately, he died suddenly of coronary thrombosis.

Case 4. J. K., aged 52, developed generalized anasarca following an attack of coronary thrombosis twelve months prior to his first injection of a diuretic. He was definitely improved after 16 c.c. of mercupurin, but it was difficult to impress him with the need for accurate fluid measurements and for the necessity of repeating his office visit after a fall in his urine output. His wife particularly objected to the repetition of injections because they were always followed in five days by a return of dyspnoea. He died within six weeks after refusing further treatment.

Case 5. H. C. K., aged 46, developed dyspnoea with dullness and râles at the bases of both lungs one month after an attack of acute coronary thrombosis. Rest and digitalis, continuous for an additional two months, brought no improvement. He was given 40 c.c. of salyrgan over a period of ten weeks, and was then permitted to return to his work as a hospital attendant. For the five following months he was given four c.c. once a month. Now, four months later he remains in good health with no signs of left ventricular failure, taking only 12 grains of digitalis leaf weekly.

Case 6. Mrs. E. M. Z., aged 54, has been seen by me at regular intervals for seven years. When first seen, she had signs that warranted the diagnosis of hypertensive heart disease, marked cardiac enlargement, chronic adhesive pericarditis, branch bundle block, class 2b—marked limitation to effort. For a period of five years with restricted effort, continued digitalization, and coöperative supervision, this patient was free of the distressing symptoms of left ventricular failure. Almost two years ago for no apparent reason the blood pressure began to fall, in two months dropping from 180 to 110 mm. systolic. This was the beginning of her dyspnoea at rest that failed to respond to additional digitalis and rest. Dulness and râles were present. Salyrgan with occasionally some doses of mercupurin was started and repeated when the output fell to the level of the intake of liquid. In 16 months she has had 110 c.c. of the mercurial drug. While it is still necessary to give her 4 c.c. every three weeks, her health continues good without discomfort under ordinary effort. There are no signs of left ventricular failure.

Case 7. C. P. M., aged 60, complained of fatigue and dyspnoea on effort. Râles and dullness were present at the left base. His work required that he shovel several tons of coal each week. This had to be given up. He was digitalized and his effort limited for two weeks without benefit. Salyrgan

was started and over a period of seven weeks he received 20 c.c. Improvement paralleled the increase in urine. Within four weeks he was able to return to his laborious work, though he did so without medical consent. For the past eight weeks his output remains satisfactory, with no signs of failure. He has had no diuretic during these eight weeks.

In all these cases the diuretic was administered intramuscularly.

SUMMARY

The treatment of left ventricular failure should be based upon the same principles employed in the treatment of right ventricular failure, and should include the prompt use of diuretics when rest and digitalis fails.

The treatment of early left ventricular failure requires that careful measurements be made of the urinary output and the liquid intake. When the output is less than the intake in spite of satisfactory digitalis treatment and rest, diuretics should be employed.

Their use will postpone or prevent the advent of right ventricular failure with its chief distressing sign, enlargement of the liver.

The prompt use of diuretics in the treatment of left ventricular failure will hasten convalescence, often to a remarkable degree.

In this work, the mercurial diuretics salyrgan and mercupurin were used. Diuretics by mouth were not attended by uniformly good results, principally because their use was accompanied by nausea and vomiting.

BIBLIOGRAPHY

1. Lewis, Sir Thomas: *Diseases of the Heart*, The Macmillan Company, New York, 1933.
2. Wiggers, C. J.: Physiologic Meaning of Common Clinical Signs and Symptoms in Cardiovascular Disease, *J. A. M. A.*, Vol. 96, No. 8, p. 606, Feb. 21, 1931.
3. Harrison, T. R.: The Treatment of Cardiac Dyspnoea, *Southern Med. Jour.*, Vol. 25, No. 6, p. 591, June, 1932.
4. Dixon, I. M.: Salyrgan: Its Long Continued Use in Cardiac Insufficiency with Latent Edema, *New England Jour. of Med.*, April 12, 1934.
5. Friedenson, M.: Intensive Ambulatory Treatment of Patients Suffering from Advanced Cardiac Insufficiency, *Med. Cl. N. A.*, July, 1933.

MATERNAL WELFARE

ARTICLE NUMBER FOUR

POSTPARTUM HEMORRHAGE

The major abnormalities which cause hemorrhage before or during labor are *placenta previa* and *ablatio placentae*. These conditions fortunately are not common, and their consideration is not intended in the limited space available here. It is the purpose of this discussion to point out means for the prevention and control of excessive postpartum bleeding.

It is certainly true that the normal 250 c.c. blood loss is exceeded in a large percentage of all obstetrical cases. This condition predisposes to puerperal infection, detracts from the efficiency of lactation, and impairs the patient's strength and sense of well-being. In severe cases the patient's life may be threatened. The importance of close observation of the patient during and after the stage of placental separation can be appreciated only when the advantages to the patient of limiting the loss of blood to a minimum are fully realized.

The usual causes for postpartum hemorrhage are uterine atony, incomplete separation of the placenta (frequently associated with atony), and lacerations of the cervix or vagina.

DIAGNOSIS

The diagnosis of this complication is simply one of observation. Occasionally when the fundus uteri is inadequately attended, there may be concealed bleeding within the uterine cavity. Usually, however, external bleeding of varying degree is noted. Moderate flow may be most dangerous since it causes no immediate alarm, and may continue untreated until the patient is seriously exsanguinated. With intrauterine bleeding there is an intermittent flow of dark blood with clots. When the stream of blood from the vagina is bright red, arterial bleeding from the cervix is suspected.

PREVENTION

Atony of the uterus is certainly to be anticipated after a long labor and where the patient is exhausted for any reason. Careful management and supportive treatment of the patient in labor is of first importance in prevention

of hemorrhage. There is much misstatement about prolonging labor and inviting uterine atony through efforts to relieve the patient's suffering. Effective analgesia, accomplished by the administration of barbiturates or a small dose of morphine supplemented by the rectal injection of Gwathmey's quinine-ether mixture, with or without paraldehyde, does not cause uterine inertia at any stage of labor in my experience.

Concerning inhalation anaesthesia, it may be said that the use of nitrous oxide-oxygen offers distinct advantage over ether and chloroform in the normal case, or where outlet forceps are to be applied. The nitrous oxide does not diminish the contractility of the uterus; and it even appears to stimulate tonicity in some cases. In an operative delivery where intrauterine manipulation demands complete relaxation with ether anaesthesia, the birth of the child should be the signal for the hypodermic injection of one-half c.c. of pituitrin. Carbon dioxide oxygen inhalations influence favorably the uterine muscle tone and should also be given at this time. Following delivery of the placenta, the pituitrin should be repeated, along with an ampoule of ergot given intramuscularly.

THIRD STAGE OF LABOR

Proper management of the third stage of labor is essential in all cases. By alternate uterine contraction and relaxation the placenta is promptly freed from its decidual bed after the expulsion of the baby. During the first moments after delivery, therefore, the fundus should be palpated to guard against overdistention but not vigorously massaged. With the separation of the placenta and its descent into the lower uterine segment or vagina, the fundus feels characteristically smaller and more firm. At the height of a contraction the uterus can then be employed as a piston, gentle downward pressure assisting expulsion of the placenta and membranes. Where there is no bleeding, there need be no concern about delayed

separation of the placenta and a wait of several hours is preferable to attempts at Credé expression or to manual extraction of the placenta. Failure to follow the conservative course described may produce an hour-glass contraction of the uterus or lead to secondary inertia.

TREATMENT OF POSTPARTUM HEMORRHAGE

In the event of excessive blood loss before the placenta and membranes have been extruded, it is necessary to effect the emptying of the uterus at once. Pituitrin one c.c. by hypodermic or three minims by intravenous injection, and massage of the fundus, may control the bleeding and accomplish the separation and subsequently the discharge of the placenta. Delay of more than a few moments, however, may be fatal; and the patient should be prepared and the operator equipped with long gloves so that manual separation of the placenta and membranes may be accomplished if necessary. Fundal pressure and the best available oxytocic drugs must be employed subsequently to maintain hemostasis. In such a situation the use of intravenous ergotrate, the new active principle of ergot, should be invaluable. The concept of ergot therapy must be entirely revised as a result of the researches of Davis, Adair, and Rogers, of the Chicago Lying-In Hospital, in demonstrating the remarkable usefulness of the crystalline extract of ergot, which product first described as *ergotocin*, is now available under the trade name ergotrate. This product may be given intravenously, intramuscularly, or by mouth to effect prompt and sustained contraction of the uterus, and its use is recommended, in contrast with older preparations of ergot, before the separation of the placenta.

Inspection of the cervix is essential in every case of postpartum hemorrhage. With aseptic technic, the vagina must be retracted, the soft cervical lips gently pulled down with light sponge-holding forceps and the lacerations, if any, repaired. Occasionally when this examination is made, retained secundines are seen protruding from the cervix and their removal stops the hemorrhage at once. The attending

physician should not leave the patient after hemorrhage is apparently controlled, not even unsterilize the operating field until he is certain that packing the uterus will not be necessary. There is considerable difference of opinion about the indications for and effectiveness of intrauterine packing. Much of the objection arises from the difficulty of inserting an adequate amount of gauze and the danger of injury to the soft tissues, as well as the likelihood of introducing infection in this treatment. The use of a large bore curved uterine packer makes the operation very easy and the matter of only a few moments. After the uterus is packed, the vagina is similarly filled, taking pains to pack well up in the fornices. Vaginal packing alone may serve temporarily as a tampon against which to compress the uterus by manipulation through the anterior abdominal wall. But unless there is adequate preparation of both the patient and the necessary materials, packing should not be considered.

Preparation of gauze for uterine pack: Fine mesh gauze, 16 inches wide and 10 yards long, is folded twice so that the pack is four inches wide. Soaking in water is desirable to remove starch before boiling 20 minutes in one per cent Cresol solution. The gauze is then wrung out and placed in a sterile jar by a sterile nurse. The jar is then antoclaved without wrapping for one hour on each of two days. If culture is negative, the jar is wrapped and antoclaved again.

The possibility of postpartum hemorrhage is an outstanding reason why no woman should be confined where facilities for treatment of this very real emergency are lacking. Not only medication and supplies for cervical repair or uterine packing, but also equipment for combatting blood loss by an intravenous injection of dextrose solution, acacia, gum glucose or donor's blood, must be in readiness if some lives are not to be lost to this remediable complication. In addition to the facilities mentioned, and of equal importance, is the efficiency of the nursing organization needed to make possible prompt administration of any of these indicated measures.

STATE SOCIETY ACTIVITIES

WELFARE COMMITTEE

The *Welfare Committee* of The Medical Society of New Jersey met on Sunday, March 1, 1936, 2:00 p. m., 137 East State Street, Trenton. Those present were Dr. H. S. Read, Chairman, who presided, and Drs. Scanlan, Samuel Alexander, Hummel, Lewis, Dandois, Sewall, Areson, Fort, Kraker, Levy, Teimer, Van Ness, Knight, Ulmer, Hugo Alexander, Pollak, Haggerty, Nichols, Costello, Herbener, MacMillan, Green, Field, Spencer, Burritt, Morris, Newcomb, Morrison, Fischelis, McGuire, Snedecor, Herrman, Weyman; and Dr. Wilkes, Secretary,—thirty-five in all.

LEGISLATION

Dr. B. S. Pollak, Chairman of the Sub-Committee on Legislation, submitted the following report:

The Chairman of the Sub-Committee on Legislation, Dr. Pollak, together with Dr. Areson, Dr. Frost and Dr. Wilkes, met at the Robert Treat Hotel in Newark on Wednesday, February 26th, 1936, and went over the current legislation of interest to physicians as selected by the Executive Officer and issued in the Legislative Bulletins. These bills might be grouped in the following categories:

1. *Workmen's Compensation*—Copies of the 27 Workmen's Compensation Bills now in the legislature were sent to each of the members of the Special Committee on Workmen's Compensation with the request that they be studied; and that this committee make a report to the Executive Officer and to the Welfare Committee on each of these bills as to whether these bills should be opposed or supported by The Medical Society of New Jersey.

Only a few of these bills bear directly upon the practice of medicine. Nine are ready for third reading and final passage in the Assembly, and the remaining eighteen bills are in the committee to which they were referred upon introduction. Only one of these bills was a Senate bill—S-63; the others Assembly bills—A-1, A-3, A-4, A-5, A-6, A-10, A-11, A-12, A-13, A-14, A-15, A-17, A-18, A-19, A-20, A-122, A-128, A-158, A-169, A-178, A-180, A-184, A-185, A-186, A-191, A-331.

2. *Early Discovery of Tuberculosis*—A-21, A-22, and A-23 relate primarily to the early discovery of tuberculosis in school pupils and personnel. They were all introduced by Mr. Cavinato at the request of Dr. Newcomb, who is sponsoring these bills. All have had second reading and are ready for third reading and final passage in the Assembly.

The Legislative Committee recommends the *approval* and *support* of these bills.

3. *Social Security*—There are seven bills relating to various phases of social security provisions in New Jersey. Four of these bills provide for legis-

lative changes necessary to bring the New Jersey laws in conformity with the Federal Social Security Act, and permit the carrying out of the purpose of this act in New Jersey in the phases approved by the Social Security Commission of New Jersey. These bills are S-204, S-207, S-208, and S-212.

Three other bills providing for independent provisions of aid to specified groups are represented in S-205, S-215, and A-197.

These bills are *approved in principle*, since the ways and means do not seem to be specified in the bills?

4. *Priority Rights*—S-41, as originally presented by Senator Smathers, took away the priority rights of the physician and nurse for payment for services rendered in the last illness of the deceased. When approached by our keyman in Atlantic County, Senator Smathers said he had no intention that this effect should be produced as his intent was merely to curb the undertaker racket. He stated that his bill would be rewritten in its original form so that it will restore the priority rights to the doctor and nurse.

5. *Dedicated Funds*—There are five bills which would do away with dedicated funds collected and spent by the various State Boards, one of which is the State Board of Medical Examiners, for the protection of the profession and the maintenance of the standards for its members. These bills are A-34, A-171, A-256, A-308, and A-392.

These bills are to be *opposed*, unless amended in such a way as to return these dedicated funds to the State Board of Medical Examiners.

6. *Osteopathic License*—A-416 would grant an osteopathic license to an individual now licensed as a chiropractor in New Jersey, and who is also licensed as an osteopath in another state, whose qualifications do not meet those of New Jersey. This individual has failed to produce evidence of qualifications adequate to meet New Jersey standards. This bill is introduced solely to enable this man to be admitted to practice osteopathy in New Jersey without meeting the present State requirement.

This bill is *opposed*.

7. *Nurses' Education*—A-380, the Nurses' Education Bill, is *approved*.

8. *State Department of Health*—A-117, licensing swimming pools and public baths; A-172, regulating swimming pools; and S-115, improving standards of public health regulations, are *approved* by the committee.

9. *Extends Limits for Instituting Suits*—A-180 deals with the extension of the limitations for instituting suits for malpractice cases. This bill is *opposed* and will undoubtedly be opposed also by the insurance companies.

10. *Sterilization*—A-395, the sterilization bill, is deemed to be so controversial that the Medical Society *does not go on record* regarding this bill,

leaving it to the individual physician to establish his own position on the subject

Dr. Haggerty made a motion that the Welfare Committee approve the report of the Sub-Committee on Legislation. Dr. Ulmer seconded the motion, and it was unanimously carried.

WORKMEN'S COMPENSATION

Dr. Kraker, Chairman of the Special Committee on Workmen's Compensation, announced that he had met in a committee meeting with members appointed by the Commissioner of Labor. At the present time, the Commissioner is away and Dr. Kraker can get no definite statement on legislation. The administrative machinery set up in the department has been improved; and the settlement of claims, and the place of examination of patients have been improved by legislation. The Commissioner has publicly announced that he is in favor of free choice of physician by the patient. Mr. Toohey, Commissioner of Labor, is anxious to set up in the department sometime in the near future a department of medical men who will study occupational diseases. The Commissioner is in favor of applying most of the New York State amendments relative to workmen's compensation to New Jersey.

Dr. Pollak felt that pneumoconiosis should be compensable. Dr. Newcomb announced that a Commission had been appointed two years ago by the legislature to study this subject. A bill making pneumoconiosis compensable was introduced and passed in the Assembly, but was lost in the Senate. This year S-63 has been introduced, which makes pneumoconiosis compensable, and this bill is approved by the Welfare Committee.

MEDICAL PRACTICE

Dr. Thomas K. Lewis, Chairman of the Sub-Committee on Medical Practice, reported on the following topics:

Supplementary Relief—There is an urgent need for supplementary relief in selected cases among W. P. A. workers. The present situation is, in many instances, working a great hardship on both worker and physician. It is submitted as a recommendation that the State Society request through the proper channels that our Legislature make provision for such supplementary relief.

After discussion on the subject by Drs. Snedecor and Levy, Dr. Morrison moved that the Welfare Committee endorse the recommendation that the State Society request, through

the proper channels, our legislature, to make provision for supplementary relief for W. P. A. workers. Seconded and carried.

W. P. A. Compensation—From all over the State comes the news that, just as was the case with C. W. A., bills submitted by the doctors for W. P. A. compensation work are being arbitrarily and materially cut. We request that the members of this committee collect in their respective counties specific data on as many such cases as possible, and forward them to the Chairman of the Sub-Committee on Medical Practice. Provided sufficient data can be accumulated, a descent upon Washington will be made.

This subject was discussed by Dr. Snedecor. Dr. Teimer moved that a notice to the effect that specific data be submitted to Dr. Lewis be inserted in the Journal. Seconded and carried. (See Journal, March, p. 170.)

New Jersey Formulary—Dr. Ulmer, a member of Dr. Lewis' committee, discussed the proposed publication of a New Jersey Formulary. He stated that the Medical Practice Committee met with the Professional Relations Committee of the New Jersey Pharmaceutical Association to discuss the formulary, and additions thereto, and considered the best means of presenting these formulae to the members of the Medical Society. The previous custom has been to issue periodical pamphlets which are sometimes misplaced. A page each month in the Journal was suggested, to be printed on cardboard. Each page will contain three popular prescriptions, separated by heavy black lines. The prescriptions can be cut and filed in a three by five card file.

Dr. Ulmer moved that a request be made for a double page in each issue of the Journal, to be used for printing Formulary prescriptions in addition to those in the *New Jersey Formulary*, three to a page, on heavy paper. This motion was seconded and carried.

PUBLIC HEALTH

Dr. Stanley H. Nichols, Chairman of the Sub-Committee on Public Health, presented his report as follows:

In reporting the activities of our committee for January, 1936, I wish to begin by reemphasizing first our slogan for 1936—"Every Physician's Office a Health Center". It is our opinion that to completely accomplish this will take three to five years, but if we all earnestly work together, we can accomplish a great deal of this in 1936. I wish to request every member of this Welfare Committee to constantly bear in mind this slogan and hammer at this idea in his County Society.

ASSIGNMENTS OF COMMITTEE MEMBERS

Now as to the machinery to accomplish this objective. First, we have assigned to each of the seven members of our Committee three Counties for which they will be responsible, as follows:

1. Dr. Forman—Hudson, Bergen, Sussex
2. Dr. Teimer—Union, Hunterdon, Warren
3. Dr. Levy—Essex, Morris, Passaic
4. Dr. Nichols—Ocean, Monmouth, Middlesex
5. Dr. Ireland—Mercer, Somerset, Atlantic
6. Dr. Hummel—Camden, Burlington, Salem
7. Dr. Knight—Cape May, Cumberland, Gloucester.

Each of these district chairmen will get in touch with the Public Health Chairman of the Society and aid him in carrying out the objectives and plans for the accomplishments of our aims.

In addition, the State Health Department will try to weld together the health departments of each county in some form of organization to work together with the Public Health Committee of each county in health progress.

Let me again repeat that the permanent regular agenda of our Public Health Committee, which meets the first Wednesday of each month at 3 p.m. at the Academy of Medicine in Newark, calls for a *monthly report from each county*, and an opportunity for any county chairman or special advisory chairman to bring up any difficulties he has encountered.

PUBLIC HEALTH HOUR

If you will observe the monthly reports in the State Journal, you will see that our vaccinations in the Public Health Hour have already passed in number the total of the entire year preceding. Our diphtheria immunizations are about the same. Inasmuch as the winter months are difficult for transportation and less advisable for immunizations, we ask each County Society to make a special effort during the better months of April, May, and June, 1936.

During this three months' period each County Society should see that its physicians check all of the patients under twelve years of age in their practice, ascertain whether they have been vaccinated or immunized against diphtheria, and afford each family a definite opportunity to have their children immunized in the doctor's office. Bear in mind that two letters bearing this invitation are obtainable in any desired quantity, without expense, by applying to the Executive Offices of the Medical Society. Please, therefore, stimulate your County Society to seeing that every child in the county is offered this opportunity by a special campaign to commence April 1, 1936.

The Public Health Committee of each County Society should get together with the departments of health and education and lay health organizations and plan that every child in the county may be offered this service in April, May, and June, 1936.

It is not yet clear what is the wisest method of handling great masses of *indigents* who are apparently reluctant to take advantage of our present free offer in the doctor's office. I would like to ask

the members of the Welfare Committee to be thinking about this matter, and to consider whether the County Society should conduct group immunizations for indigents and families with low wage scales in conjunction with health departments and offer a list of its county members to carry on this work where needed at a reasonable salary per hour. Perhaps other methods might be suggested, but the problem of the indigent and low wage group has only been partly met by our Public Health Hour and we must plan in the near future for this part of the program.

FIELDS OF PREVENTIVE MEDICINE IN DOCTORS' OFFICES

We have asked each of the special advisory committees to outline a brief set of suggestions and minimum procedures which the general practitioner could employ in his private practice with benefit to his patients and to his own welfare. These have been allotted so far as follows:

- Maternal Welfare—Dr. Bingham and committee.
- Infant and Preschool Supervision—Dr. Levy and Dr. Nichols.
- Supervision of School-Age Child—Dr. Ireland.
- Adult Health Supervision—Dr. Glazebrook.
- Cancer Control—Dr. Orton.
- Tuberculosis Control—Dr. Pollak.
- Veneral Disease Control—Dr. Casselman.
- Mental Hygiene—Dr. Renner, Dr. Plant, and committee.

These minimum suggested procedures which each doctor should offer in the field of preventive medicine will be printed in the State Journal (Jour., March, p. 169). We constantly find that many of our members do not seem to understand what many of these things are about because they have not read carefully the State Journal month by month. We urge that the members of the Welfare Committee *urge every member of the State Society to read his Journal carefully every month*, as we hope to make our ideas, plans, and progress as clear as possible in each issue of the Journal during 1936.

TUBERCULOSIS CONTROL

Our committee has had one meeting with Dr. Pollak's special Advisory Committee on Tuberculosis Control and will meet again with it previous to our March meeting. We have suggested that we jointly engage on testing and studying the teen age, or danger age, for tuberculosis; that we jointly adopt plans which may be utilized by the Public Health Committees of our County Medical Societies to set up methods of attacking this teen age problem in each county; that with this it is necessary to re-interest our physician members by offering special post-graduate education in tuberculosis in conjunction with Dr. Satchwell's committee, with special opportunity for any of our physicians to refresh their minds as to the technic of the Mantoux test and other modern features of the early diagnosis of tuberculosis. Furthermore, special follow-up methods shall be developed for the contact cases of tuberculosis.

In this connection we are particularly anxious

that a careful statistical evaluation of the results of the *tuberculosis testing* in New Jersey, as conducted to date, shall be arrived at, and its public health value more definitely determined; and that continued study of our efforts to solve this problem of tuberculosis control shall be made with the object of deciding what methods are really efficient and economical from a public health viewpoint.

VENEREAL DISEASE CONTROL

The committee has requested that a *Special Advisory Committee on Venereal Disease Control* shall be appointed by the President of the State Society. This is one of the most neglected and difficult issues in public health, and the State Department of Health Bureau of Venereal Disease Control is in need of a coöperating committee from our State Society. Dr. Thomas Parran, just appointed Surgeon General of the U. S. P. H. S., is most keenly interested in this phase of public health service; and as soon as the funds are available from the Social Security Bill, it is hoped that \$29,000 will be available for better venereal disease control in New Jersey. It is most desirable that a committee of our State Society interested in this problem shall at this time be appointed to work with the State Department of Health toward the solution of this enormous problem.

SOCIAL SECURITY PROGRAM

The funds for this program are not as yet available and the definite program agreed upon by our committee and the State Department of Health is now in the process of conversations between the U. S. P. H. S., Children's Bureau, and the New Jersey State Department of Health, as to details. As soon as any part of it is definitely approved, we will present it to this committee for discussion.

DEFINING INDIGENCY

We have requested that the subject of *indigents and the low-wage group* be defined by the Welfare Committee and the Committee on Medical Practice. Our physician members conducting clinics, baby health stations, and in their private practices should have some criteria set up by this committee as to what an indigent is; also a definition, if possible, of what a low-wage group is; likewise, a patient unable to pay for a service. These will be of considerable service to our membership, as we develop in our program our definite objective for 1936 to make "*Every physician's office a health center*".

Dr. Thomas K. Lewis, Chairman of the Sub-Committee on Medical Practice, presented a supplementary report on "Problems Connected with Immunization and Other Preventive Measures in Schools", as follows:

What constitutes indigency? Or by what standard shall indigency be measured, particularly with regard to the Public Health Hour?

Standardization of indigency is an impossible feat, particularly on a State-wide basis. Such

standardization, if attempted, should be upon a community basis, and even then it would lead to much confusion and many injustices. The cost of living, or the purchasing power of the dollar, varies widely in different communities. Thus, the security wage in Tuckahoe is very much lower than in such a metropolitan area as Newark and the Oranges. A wage sufficient to raise a family comfortably in a rural district would in many urban areas scarcely elevate the family above the level of indigency.

Differences in standards of living within the same area render any measure of indigency in dollars and cents totally inadequate. Families of European origin maintain themselves and buy homes on wages that in the American-reared family would scarcely purchase food. Habits of eating of the Italian and Pole are impossible to the American-bred individual. A satisfactory maintenance wage for the negro could not begin to support the white. One of the unwholesome aspects of emergency relief has been that the standardization of benefits on the numerical basis has given a better scale of living to the negro and the European-born laborer than was ever enjoyed in good times when work was plentiful. It is a well-known fact that many persons have actually quit work to go on relief because they could live more comfortably, or equally as well, without working.

The question as to who can and who cannot pay will be most equitably and satisfactorily settled in the office of the family physician who, from past experience, should have a fairly accurate idea of the socio-economic adjustment of the majority of his patients. Particularly with regard to preventive medicine, therefore, we believe that effective operation of the *Public Health Hour* in the office of every practitioner of medicine will afford the most efficient means of equitable distribution of this type of medical service.

Dr. Lewis also discussed the subject "Problems Connected with Immunizations and Other Preventive Measures in Schools", from the standpoint of the general practitioner of medicine, as follows:

IMMUNIZATION AGAINST DIPHTHERIA

In spite of the fact that after more than a year of the Public Health Hour the rate of immunization among school children has declined with alarming rapidity, we contend that the proper solution of the problem from every angle is the effective and successful operation of the Public Health Hour as planned by our Public Health Committee. However, unless this scheme meets promptly with greater success, public health officials and directors of school medical service will be compelled, for safety, to return to the old system of mass immunization in schools and health departments.

We resent, in no uncertain manner, the often repeated implication that the disappointing operation of the *Public Health Hour* is due to the indifference and lack of coöperation of the practicing physicians. Such indifference and lack of coöperation

may be a factor, but is by far the least important of several other factors. Careful analysis of the situation reveals the following causes of disappointing response to the Public Health Hour.

A. Factors involving the physicians:

1. Indifference of the profession has been very unjustly emphasized. While in a few cases there has been complete disregard of this effort of our Public Health Committee to create a health centre in the office of every physician, the vast majority of the doctors have demonstrated a willingness to co-operate. However, after designating and advertising a public health hour and then failing to have enough applicants for treatment to make it worthwhile, it is not any wonder that the physician loses interest.

2. The physician has such a firmly fixed aversion to anything in the nature of advertising that he shrinks from any very active form of publicity, the purpose of which is to bring business to his office.

B. Other factors.

1. Seasonal or periodic *drives of publicity* have been sadly lacking. Such publicity should come by way of school, parent-teachers organizations, health departments, and organized medicine. Much more progress might be made if all four of these agencies could be induced to launch, synchronously, an educational and publicity campaign biannually, shortly after the opening of school, and again shortly after the midyear period.

2. Lack of interest and understanding on the part of parents is probably the largest factor in conspiring to defeat success in the public health hour. Here the school-run clinic has a distinct advantage because no effort or expense is required on the part of the parent. Many parents, while not objecting to immunization, will not inconvenience themselves or willingly spend any money in getting this most necessary job done.

3. Absence of any *compulsion* militates against *voluntary* immunization. A very large percentage of the parents are dubious of the value of the procedure, while many still hold a distinct prejudice against it. Smallpox vaccination, in spite of its sharp reaction and certain sore arm, in many parts of the State is required for admission to school. It is difficult to understand why diphtheria immunization, prevention against a much more prevalent menace than that of smallpox, cannot be made compulsory, particularly in view of the fact that there is practically no reaction or suffering entailed. It would seem that health authorities and school authorities might well combine to insist upon diphtheria immunization as a requisite for admission to our public schools.

RETURN TO MASS IMMUNIZATION IN SCHOOL CLINICS

Objection to a return to mass immunizations in school clinics is made for a number of reasons:

1. Unfairness to the practicing physician. Through the enterprise of private physicians, many preventive measures have been provided. This phase of modern medicine has reduced materially the incidence of many diseases that formerly were the

source of large income to the doctor. It hardly seems fair and sporting for the government to snatch from the profession the job of immunization, its own product, and still further circumscribe the field of lucrative practice.

2. Mass treatment is just one more step in the training of the public towards paternalism in government, the greatest danger of the present day to what we think of as Americanism.

3. The ridiculously low salary paid the school physician has long been a stigma on the escutcheon of the profession. The additional burden of mass immunization will bring no increase in pay. History will repeat itself in, once, more, making the doctor the goat.

RECOMMENDATIONS

1. That the Medical Society of the State of New Jersey, through the Sub-Committee on Public Relations, arrange, on a community basis, for active coöperation of Parent-Teacher Associations, and health and school authorities, with County Medical Societies for effective operation of the Public Health Hour.

2. That the Medical Society of the State of New Jersey demand, through proper channels, that health and school authorities be supported legally in requiring that all school children receive diphtheria immunization.

MASS TESTING OF HIGH SCHOOL STUDENTS FOR TUBERCULOSIS

This matter falls in a somewhat different category than that of diphtheria immunization. In the latter the safety of the individual is a personal consideration for each pupil. With tuberculosis testing the problem is to *search for that small percentage of infected individuals who act as focal points from which the disease may be communicated to a large group*. In other words, it is an effort to locate and isolate the individual who is a menace to a large group of society. Inasmuch as this problem deals with a menace to society, it becomes a *public matter* rather than an *individual* one. It is, therefore, a field of activity that belongs without dispute to the Public Health Department, and it is quite fitting that all expense for such a project shall be borne by government. Administration and interpretation of the tuberculin test is a special procedure which the practicing physician is not generally competent to handle. We, therefore, recommend the fullest coöperation of State and County Medical Societies with the Health Department and School Officials in support of this measure.

Dr. Nichols moved that the Welfare Committee approve the principles of the plans, already outlined and approved by the Maternal Health and Public Health Committees, for the joint development of better maternal, child, and public health, including venereal disease control, by the State Department of Health

and the Medical Society. Dr. Morrison seconded the motion. Carried.

Dr. Lewis moved that the education of the public and the promotion of the public health hour be referred to the Sub-Committee on Public Relations. Seconded and carried.

Dr. Burritt stated that there is no provision whereby a physician must report the immunization of his private patients, hence reports of immunizations in the state are not accurate.

The Executive Officer stressed the necessity of keeping records and reporting immunizations done to show the results obtained.

Drs. Lewis, Morrison, Haggerty, Nichols, and Newcomb discussed the possibility of legislation whereby local authorities may make diphtheria immunization compulsory before the child enters school.

Dr. Nichols moved that the Welfare Committee ask the State Board of Health to request all physicians to report all immunizations and vaccinations done by them. Seconded and carried.

Dr. Nichols suggested that the County Societies suggest methods to do mass immunization on indigents, W.P.A., and E.R.A. patients in coöperation with the board of health. Dr. Hugo Alexander stated that the number of volunteer physicians who say they will do mass immunization will dwindle down to one or two who will have to bear the burden. Dr. Haggerty stated that to go back to mass immunization would defeat the object of the public health hour.

Dr. Nichols announced that the department of Health has a supply of vaccine which must be used before July first; and unless the physicians do more immunizations, the board of health will probably empower the local health departments to do mass immunizations. Dr. Read announced the problem will be taken up at the next meeting of the Welfare Committee.

PUBLIC RELATIONS

Dr. Scanlan, Chairman of the Sub-Committee on Public Relations, made the following report:

1. The Sub-Committee on Public Relations recommends that each member of the Sub-Committee on Public Relations be responsible for at least three county societies, which societies he will visit and get the definite promise of two or more men who will act as public speakers upon subjects furnished by the Executive Officer or any other subjects that may come up.

2. In order to divide the state into seven sections giving each man three counties, it is re-

quested that this Sub-Committee be enlarged by two members.

3. The Sub-Committee wishes to report to the Welfare Committee that points 5 and 6 of the recommendations submitted and accepted on January 19th, which are on the subjects of contraception and eugenic sterilization, are requests to study the subjects and not a stand in favor of nor against contraception and eugenic sterilization.

Dr. Lewis moved that points 5 and 6 be deleted from the report of the Public Relations Committee. Dr. Pollak seconded the motion. Carried.

MEDICAL LICENSURE IN NEW JERSEY

Dr. Morrison announced that in New Jersey there was one physician for every 800 people, and action should be taken to control the number of physicians coming into the state each year. This subject had been brought before the Board of Trustees, and was referred by them to the Welfare Committee.

Dr. Read announced that as soon as data was available on this subject, the Welfare Committee would study the problem and take action.

WORKS PROGRESS ADMINISTRATION

Dr. Snedecor read a newspaper clipping which announced the medical set-up in New York under W. P. A., whereby medical units were being established at which the injured workers would be sent and also they could receive medical treatment for illness if they so desired. This action is contrary to the promise of the federal authorities, who promised that W. P. A. work would be referred to the private physicians.

Dr. Read referred the study of this action in New York to the Medical Practice Committee for report back to the Welfare Committee at its next meeting.

MEDICAL SOCIETY REPRESENTATIVE IN ENGLAND

Dr. Lewis moved that Dr. Read, Chairman, who is going to England, be delegated as official representative of The Medical Society of New Jersey to study the panel system in England. Seconded and carried.

PURE FOOD AND DRUG LEGISLATION

Dr. Burritt moved that a committee be appointed to promote the ideas set forth in the resolution of the State Society of May, 1935, regarding federal food and drug legislation. Seconded and carried.

The Executive Officer announced that Dr. John Durrett of the Food and Drug Adminis-

tration in Washington would like to appear before the Medical Society and discuss the question of food and drug administration. It was moved that Dr. Durrett be invited to attend the next meeting of the Welfare Committee to discuss this problem. Seconded and carried.

AMERICAN FOUNDATION STUDIES IN GOVERNMENT

A request has been received from the American Foundation Studies in Government for a list of representative physicians in New Jersey to whom they may write for individual opinions in addition to the Medical Society opinion sent to them.

Dr. Morrison moved that the Medical Society opinion stand as expressed. Seconded and carried. (Jour., January, 1936, p. 35.)

NEW BRUNSWICK HEALTH WEEK

The Executive Officer announced that The Medical Society of New Jersey is invited to show an exhibit at the Health Week Exposition to be held in Rutgers University by the Middlesex County Medical Society, the Middlesex County Dental Society, and the Rutgers Medical Club. Dr. Nichols moved that this matter be referred to the Public Relations Committee. Seconded and carried.

WINDSHIELD STICKERS OF THE SOCIETY SEAL

The Executive Officer submitted designs and prices on stickers of the seal of The Medical Society of New Jersey for the windshield of automobiles. Dr. Read referred the matter to the Public Relations Committee for study and report.

The meeting adjourned at 5 o'clock.

PUBLIC HEALTH COMMITTEE

The following form of personal letter is suggested by the Committee on Public Health to be sent by the family doctor to the mothers of children for whose health he is responsible:

Dear Mrs. ———:

You probably share with other mothers a dread of diphtheria, and have thought many times of having the protective treatments of toxoid given to ———.

With this in mind, I am writing to you and numerous other parents who have sought my advice from time to time, to say that I strongly recommend immunization against diphtheria. All children should be protected long before they reach school age. The danger from diphtheria is greatest at that early age, and they can be more easily protected then. The treatment is safe and simple, and is best given soon after a baby is six months old. However, it may also be used with good results on older children.

How easy it is for us to put off action, even when we have the best of intentions! To help you decide to act now, I am going to suggest that you bring ——— to my office for the immunizing treatments, on ———, between ——— and ——— o'clock.

I have arranged this special "public health hour" under a plan of the State Medical Society, which is coöperating with the State and local departments of health and other agencies, to stamp out diphtheria. During this special hour, diphtheria preventive treatments, and also vaccination against smallpox, will be given for a fee which will not cause hardship to any parent.

Yours for the Prevention of Disease,

———, M.D.

(Signature of the family doctor)

Dear Fellow Members of The Medical Society of New Jersey:

At this season of the year, after the bad weather of the winter is past, it is particularly important that every member of The Medical Society of New Jersey, both as an individual and as a member of his County Medical Society, do his level best to see that every child in his county, and particularly those in his private practice, receive diphtheria immunization and vaccination.

Therefore, we are requesting the Public Health Chairman of each County Medical Society to put on a special *Public Health Hour Drive* to commence April 1, 1936, and to continue through the months of April, May, and June.

Your County Medical Society can create link-ups with the County Superintendent of Education and the schools, and with Health Departments and Lay Health Agencies, for the purpose of making the drive effective.

It is, however, equally important that you, as a loyal member of The Medical Society of New Jersey, *make a list of the children in your practice*, and secure from the Chairman of your Public Health Committee, or from the Executive Offices of the State Society, a sufficient number of free copies of the letter of invitation which you may send to the mothers suggesting a day and hour for bringing their children to your office for immunization or vaccination. This invitation would be in addition to any other method that you might devise

for getting your own patients immunized and vaccinated. (See letter, p. 220.)

In this way you will be rendering better medical service to your patients, and will also receive some recompense. Our Public Health Hour this year has already done more vaccinations than in the whole of last year, and as many diphtheria immunizations as at this time last year.

Will you, as a loyal member of this State Society, do your part by making an extra effort along this line, in addition to cooperating vigorously with whatever county plans are devised by your Public Health Committee to show New Jersey citizens that we, as a State Medical Society, are doing our level best to

render better medical service to our people by making *every physician's office in New Jersey a health center?*

Yours for the preservation of private practice by rendering better preventive medical service to our patients,

The Public Health Committee

ALLEN G. IRELAND,
THEODORE TEIMER,
JULIUS LEVY,
HOWARD S. FORMAN,
ERNEST G. HUMMEL,
I. W. KNIGHT,
STANLEY NICHOLS,

Chairman.

PAPER FILMS FOR CHEST X-RAYING

A statement of the reasons for the opposition of the Radiological Society of New Jersey to the use of paper films in x-ray examinations of the chest was published in this Journal of May, 1935, page 325. The occasion for the opposition was the promotion of the idea by interested lay organizations that the tuberculin skin test should be applied to school children generally; and that the chests of those reacting positively to the tuberculin should be x-rayed in order that those with *active tuberculosis* might be discovered and treated. The members of the Radiological Society felt that x-ray pictures made on paper were inferior to those on celluloid film, and that only the best kind of film should be used in examining suspected children.

The rapidity of the spread of sentiment in favor of the skin tests and the x-ray examinations introduced the question of the *availability of the means for taking x-rays* of the chests of all those having positive skin tests, estimated to be between one-third and one-half of all school children. Representatives of the Radiological Society, The Medical Society of New Jersey, and the State Tuberculosis League met on March 30, 1935, and adopted two principles of action (Memorandum issued December 30, 1935):

1. The County Medical Society is to be consulted in all plans for the examination of school children and is to participate in carrying them out.

2. The acceptance of paper films under certain conditions. This qualified acceptance of the paper films for mass examinations of school children as conditionally approved by the Radiological Society was voted upon favor-

ably by the Sub-Committee on Public Health of the Welfare Committee on January 15, and by the Welfare Committee on January 19 (Journal, February, 1936, pp. 100 and 102).

CONDITIONS OF APPROVAL OF PAPER X-RAY FILMS

The conditions which led to the approval of the paper films were stated by Dr. W. G. Herrman, President of the Radiological Society, on February 14, in a letter to Dr. Wilkes, Executive Officer, as follows:

"When mass examinations of large numbers of school children are attempted, the advantages of the paper films outweigh their disadvantages. We do not believe that mass examinations of several thousand school children can be done by existing means and agencies. It would have to be done by the installment of pieces of apparatus in the school-houses,—a costly procedure. The paper film offers a means of detecting the existence of changes in the lungs. If changes are found, their *significance* should be determined by an x-ray taken on a celluloid film.

"We are not in favor of mass examination. We consider this method to be against all the principles of organized medicine. It does away with individual case study and personal attention. It is likely to be done superficially and insufficiently.

"We are against the use of the paper film in comparison with the celluloid film, for the gradations of shadow in the paper film as compared with those in the celluloid film are in about a 7 to 12 ratio.

"We are against the commercialization of medicine, which is implied in the propaganda of commercial organizations for any one type

of material, and in their engagement to make mass examination.

"We are against the socialization of medicine, which is the condition when children are examined by the municipality without regard to their economic standpoint.

"We approve the *stagger* system of the examination of children by existing agencies,—either by private physicians, public clinics long established, or school physicians.

"We believe that cases who are found to have a positive Mantoux test by such means should then have an individual and personal examination of the chest by existing agencies.

"But, where Parent-Teacher Associations, schools, or other organizations force the adoption of the mass type of examining school children, we then state that we, as radiologists, do not believe that the examinations can be made by existing agencies, and it is therefore necessary that outside agencies be used. The cost and ease of handling of paper films outweigh their disadvantages for the rough screening process. Questionable cases can be further examined with celluloid films.

"We also protest that no physician should take part in any such examination except with the consent and supervision of the local County Medical Society."

ATTITUDE OF THE WELFARE COMMITTEE

On February 29, Dr. LeRoy A. Wilkes, Executive Officer, replied, summarizing the action of the Welfare Committee as follows:

"The medical profession of New Jersey,

through its Welfare Committee, approved only of the *teen age* group testing by the Mantoux test, with subsequent x-raying of the *positive* reactors. (Journal, February, 1936, p. 103.) This, in effect, is the stagger system which you suggest, as it relates to that age group which is most susceptible to tubercular infection.

"Approval of the County Medical Society of all physicians engaged in this work is also a requisite for the approval of The Medical Society of New Jersey, and is specifically so stated.

"The testing of these children in school buildings or elsewhere, under the conditions approved by the Medical Society, is intended to put under study and observation by the private physician, all children who are in need of such medical supervision and are not likely to get it unless some specific routine is established to call the need for this work to the attention of their parents.

"This is purely a *screening* process, and not mass examination in the sense of a physical examination or an examination such as physicians give in their own offices. It is a screening preliminary to encouraging such examinations in the private office of the physician at the request of the parents of those children detected as being suspicious of infection, or in need of further medical observation.

"It is thoroughly understood that the film plate is preferable to the paper plate, and the paper is to be used only in the rough screening process. At no time have we endorsed any particular paper film company."

TUBERCULIN TESTS OF PERSONS IN THEIR TEEN AGES

Abstract of a report prepared by Dr. B. S. Pollak, Secaucus, Chairman of the Advisory Committee on Tuberculosis to the Welfare Committee of The Medical Society of New Jersey

While the mortality rate for pulmonary tuberculosis has steadily decreased in the general population, it has increased among young people in the adolescent period of life—the teen ages, especially females. This fact has been seriously considered by the Welfare Committee of The Medical Society of New Jersey, its Sub-Committee on Public Health, and its Advisory Committee on Tuberculosis. All these committees agree that the most practical method of discovering the adolescent cases is the examination of students in the high schools, for they form the group which not only supplies the great proportion of patients, but also

offers the most available means of approach to the greatest number of individuals. This opinion of the committees of The Medical Society of New Jersey is shared by those who have had a wide experience in all phases of anti-tuberculosis work throughout the United States.

The Welfare Committee has approved the plan that all high school students shall be examined at public expense, and according to the following plan:

1. All students shall be given the tuberculin test, in order to determine the presence of tubercle bacilli in the body.

2. Those showing a positive test shall be given x-ray examination of the chest, in order to determine the amount of damage done by the bacilli, and the extent and stage of the process of repair.

The Welfare Committee approved the plan that these official tests should be given in mass (usually in the school building) and by experienced examiners, rather than be left to the initiative of the parents or the family doctors. The reason for this decision was two-fold:

1. The quick detection of those who have active tuberculosis, in order to give them treatment early.

2. The protection of other students by eliminating the active cases from whom bacilli are distributed without the knowledge of the patients.

THE TUBERCULIN TEST

The tuberculin which is approved by the Welfare Committee is the concentrated germ-free culture medium in which tuberculosis bacilli have grown. It is a standard pharmaceutical preparation, and specific directions for its use are printed on the labels of its containers. The approved method of its use is that it shall be diluted to a one per cent solution, one drop of which is given intra-dermally, usually upon the arm. This method is named after Dr. Mantoux, its originator. A red areola developing around the site of the injection is a positive reaction, and indicates the presence of tubercle bacilli in the body.

The tuberculin reactions vary considerably according to the tuberculin, the method of its application, and the training of the observer who judges the tests. It is therefore important that conditions of making the tests be uniform in the districts whose reports are compared.

THE X-RAY TEST

The second part of the tuberculosis test approved by the Welfare Committee is that students with positive tuberculin tests shall have their chests photographed with x-rays in order to determine the extent of the damage done by the bacilli.

There has been considerable discussion regarding a satisfactory method of taking the

great number of x-rays which would be required if all high school students are to be examined within a reasonable time. Schools are offered the use of a portable form of x-ray machine with which photographs of the chest may be taken on a roll of paper film at the rate of one a minute. Physicians have objected to the use of the paper films on the ground that the details of the pictures are inferior to those made on celluloid. However, the Radiological Society of New Jersey has issued a statement favoring the use of the paper film on the ground that it affords the only practical method of x-raying a large number of chests within a reasonable length of time (p. 221).

The Radiological Society recognizes the fact that the paper film will reveal the *existence* of tuberculous conditions in the lung. It, therefore, advises that those children who are positive to the paper film be x-rayed on celluloid film, in order to obtain the best possible picture of the lungs.

NUMBER OF CASES DISCOVERED

The question arises as to how many cases of tuberculosis will be discovered by the testing of school children. Experience has shown that the number of suspicious cases have varied according to the standards used by the examiners. However, the actual number found has always been so large as to call for special measures for children of school age. The report of Dr. Henry D. Chadwick, Commissioner of Health, of Massachusetts, is typical of many tests which have been made. Dr. Chadwick reports that during a ten-year period, 400,000 school children in Massachusetts have been given the tuberculin test, and over 100,000 of these have had x-ray films made of their chests. He summarized the findings as follows:

"Incidence of Infection: The rate of infection rises quite regularly from 10 to 15 per cent at age 5, to 45 to 50 per cent at the end of high school. There is no difference between rate of infection for boys and girls.

"Incidence of Disease: About 5 per cent of the children tested are found to exhibit some evidence of tuberculosis in their x-ray films.

Approximately 1.5 per cent showed definite childhood type tuberculosis.

"One in 1200 of 250,000 grade children were found to have pulmonary tuberculosis, and of the adult type. Of 35,368 high school students tested, 87 cases of pulmonary tuberculosis of adult type were found, or one in about 400 tested."

UNITED EFFORTS OF CONTROL

The children of New Jersey will probably show an incidence of tuberculosis about equal

to that of Massachusetts and other states. The Medical Society of New Jersey, and the Radiological Society are supplying the professional advice and leadership in the work of detecting and treating cases of tuberculosis among school children; while school authorities and lay health organizations are furnishing the personnel, the money, and the publicity needed for carrying on the work. The results of the work justify its continued support and active promotion by The Medical Society of New Jersey.

PRESENT STATUS OF LEGISLATIVE BILLS OF INTEREST TO PHYSICIANS

A-21, A-22, A-23—These three bills relate primarily to the early discovery of tuberculosis in school pupils and personnel. Approved by The Medical Society of New Jersey.

A-21—Passed Assembly and is now in Educational Committee of Senate.

A-22—Passed second reading in Assembly and is now ready for vote.

A-23—Passed Assembly and is now in Public Health Committee of Senate.

A-117—Licenses swimming pools and public baths under the State Department of Health. Approved by The Medical Society of New Jersey. The bill has passed the Assembly and is now in the Committee on Revision of Laws in the Senate.

S-115—Raises the standards of public health regulations. Approved by The Medical Society of New Jersey. Still in Committee,—no action taken.

A-380—Raises the educational requirements of nurses. Approved by The Medical Society of New Jersey. Has passed second reading and is ready for vote in Assembly.

A-171, A-256, A-308, A-392—These bills

would do away with dedicated funds collected and spent by the various State Boards, one of which is the State Board of Medical Examiners, for the protection of the profession and the maintenance of the standards for its members. Opposed by The Medical Society of New Jersey. These bills are still in committee. No action taken.

A-416—Would grant an osteopathic license to an individual now licensed as a chiropractor in New Jersey, and who is also licensed as an osteopath in another state, and whose qualifications do not meet those of New Jersey. This individual has failed to produce evidence of qualifications adequate to meet New Jersey standards. Opposed by The Medical Society of New Jersey.

A-416—This bill was reported out of committee on March 2nd, and was immediately recommitted. No action has been taken on this bill since March 2nd.

A-180—Extends the limitations for instituting suits for malpractice cases. Opposed by The Medical Society of New Jersey. Still in committee. No action taken.

MEDICAL MONOLOGUE

Found by Dr. E. J. Marsh, in the New York Herald Tribune

I honestly believe that patient I had last night was crazy. He paid me \$5 on account—he can't be normal. * * * Business is so bad even charity patients are deserting me. * * * I'm forgetting my technic from lack of practice. Why, I fumbled the bandage all over the place when Mrs. Cavendish asked me to hurry in changing the dressing on her thumb—because her dog was in the car outside and he doesn't like to be kept waiting. * * * And

didn't that garage man burn up when I asked him to apply my bill on his bill for repairs on my car! It's a good car, too. That 1928 model is the best they ever turned out. * * * Gee, here comes the landlord again. * * * Alicia—I'm leaving right now and won't be back until morning. And—er—yes, her it is—I knew I had a dime somewhere. Here, Alicia, is 10 cents to apply on your November salary. * * * You're welcome. * * * W. E. FARBSTAIN.

THE UNRECOGNIZED ECONOMIST

Dr. C. I. Ulmer, of Gibbstown, clipped the following item from the *Woodbury Daily Times* of December 26, 1935, which got it from the *Sun* of Williamsport, Pa., where the author practices ophthalmology and otolaryngology:

Editor, The Sun:

When a physician of a neighboring county brings suit for a bill due for seven years, it is given front-page headline space in the press, and the inference is that the physician is in the wrong.

No other person living except the "Good Old Doctor" is expected to be "on call" day and night, Sunday, holiday and vacation time; a true public slave.

No other person is held accountable for factors outside his control, and more often damned for results he cannot avoid, nor is given less thanks for good results obtained, than the doctor.

All financial obligations assumed by the doctor are on a strictly businesslike basis and he is fully

expected to and usually does pay his bills promptly and in full. He is given no rebate on assessments or taxes because his is supposed to be a semi-charitable calling.

He is expected to and does assist in all public and private charities and is a fair mark for all pan-handlers.

He is expected to and does much government work at about one-fourth of the recognized cost of such work in the relief program of the state and nation; even though money can't be thrown away fast enough on cleaning out ditches at the roadsides.

He is given a diploma when reaching the average age of nearly thirty that has cost him ten thousand dollars at the minimum. He is expected to pay this back, look, act and dress the part of a respectable professional man; pay all his bills as he goes and yet not collect for services rendered. This seems a little odd. Would the press wait seven years for subscription payments or discontinue the paper?

—P. H. DECKER, M.D.

MATERNAL WELFARE LECTURES

With the help of Federal funds distributed through the State Department of Health, and in conjunction with the Committee on Education, the Maternal Welfare Committee of the State Medical Society is conducting an educational campaign for better obstetrics in the state.

The State (excepting Essex County, which has already been covered) has been divided into ten districts. Each district will have a *Field Physician*, who will make a survey of the district, calling on all physicians doing obstetrics, in order to stimulate their interest in improving maternity care.

In coöperation with the Bureau of Child Hygiene of the State Department of Health, which is the responsible agency for distributing these Federal funds, the following plan has been developed which the field physician will explain:

1. Prenatal cards for office use will be distributed.

2. A pamphlet on minimum office procedures for adequate prenatal and post-natal care.

3. Prenatal instructions for distribution to patients.

4. Suggestions for procedures during delivery.

5. Free nursing labor service in families of low-wage group.

6. Free consultation when needed in families of low-wage group.

7. A course of ten lectures to be given in each district. (List of lectures, p. 226.)

These lectures will be given in five weekly meetings (two lectures being given at the same meeting) beginning Friday, April 17th. Ask the President of your County Medical Society where the lectures will be held, if in doubt.

It is timely to carry on this work just now since the maternal mortality has increased in some of the counties recently. Let us all get together and make a record for New Jersey.

We hope you will coöperate by attending these lectures and using the literature.

A. W. BINGHAM, *Chairman*,
Committee on Maternal Welfare,
Medical Society of New Jersey.

DISTRICTS

FIELD PHYSICIANS

Morris-Sussex-Warren	Dr. Ruth Earp
Passaic-Bergen	Dr. L. Burnham
Mercer-Hunterdon-Somerset	Dr. James R. Harman
Union-Middlesex	Dr. P. DuBois Bunting
Hudson	Dr. Jos. P. Donnelly
Monmouth-Ocean	Dr. Michael Q. Hancock
Atlantic-Burlington	Dr. F. D. Fahrenbruch
Camden	Dr. Banks Baker
Gloucester-Salem	Dr. Wm. T. Hilliard
Cumberland-Cape May	Dr. Mary Bacon
Field Physician for special work—	

Dr. Lena F. Edwards

DISTRICTS	APRIL 17th	APRIL 24th	MAY 1st	MAY 8th	MAY 15th
<i>Morris-Sussex-Warren District</i> All lectures at Hackettstown High School, Hackettstown 8:30 p. m.	Use of Forceps in Obstetrics Dr. R. T. Potter (Illustrated with motion pictures) Analgnesia and Anesthesia Dr. Robert R. White	Hemorrhage Dr. S. A. Cosgrove Injuries to the Birth Canal During Parturition Dr. E. G. Waters (Illustrated with lantern slides)	Infection Dr. Carl H. Ill Toxemia of Pregnancy Dr. E. J. Kaderabek	Cesarean Section Dr. Wm. K. Pudney Ectopic Pregnancy and Abortion Dr. Rhys Jones	Post-Partum Care Dr. Inglis Frost (Illustrated with lantern slides) Prenatal Care Dr. D. J. Geary
<i>Passaic-Bergen District</i> All lectures at Board of Health, Mill Street, Paterson 9 p. m.	Prenatal Care Dr. D. J. Geary Post-Partum Care Dr. Inglis Frost (Illustrated with lantern slides)	Use of Forceps in Obstetrics Dr. R. T. Potter (Illustrated with motion pictures) Analgnesia and Anesthesia Dr. Robert R. White	Hemorrhage Dr. S. A. Cosgrove Injuries to the Birth Canal During Parturition Dr. E. G. Waters (Lantern slides)	Infection Dr. Carl H. Ill Toxemia of Pregnancy Dr. E. J. Kaderabek	Cesarean Section Dr. Wm. K. Pudney Ectopic Pregnancy and Abortion Dr. Rhys Jones
<i>Mercer-Hunterdon-Somerset District</i> All lectures at State Society Bldg., 137 E. State Street, Trenton 8:45 p. m.	Cesarean Section Dr. Wm. K. Pudney Ectopic Pregnancy and Abortion Dr. Rhys Jones	Prenatal Care Dr. D. J. Geary Post-Partum Care Dr. Inglis Frost (Illustrated with lantern slides)	Use of Forceps in Obstetrics Dr. R. T. Potter (Illustrated with motion pictures) Analgnesia and Anesthesia Dr. Robert R. White	Hemorrhage Dr. S. A. Cosgrove Injuries to the Birth Canal During Parturition Dr. E. G. Waters (Illustrated with lantern slides)	Infection Dr. Carl H. Ill Toxemia of Pregnancy Dr. E. J. Kaderabek
<i>Union-Middlesex District</i> All lectures 9 p. m.	Infection Dr. Carl H. Ill Toxemia of Pregnancy Dr. E. J. Kaderabek Lectures at St. Elizabeth Hospital, Elizabeth	Cesarean Section Dr. Wm. K. Pudney Ectopic Pregnancy and Abortion Dr. Rhys Jones Lectures at Perth Amboy General Hospital, Perth Amboy	Prenatal Care Dr. D. J. Geary Post-Partum Care Dr. Inglis Frost (Illustrated with lantern slides) Lectures at Muhlenberg Hospital, Plainfield	Use of Forceps in Obstetrics Dr. R. T. Potter (Illustrated with motion pictures) Anesthesia and Analgesia Dr. Robert R. White Lectures at St. Peter's Hospital, New Brunswick	Hemorrhage Dr. S. A. Cosgrove Injuries to the Birth Canal During Parturition Dr. E. G. Waters (Illustrated with lantern slides) Lectures at Elizabeth General Hospital, Elizabeth
<i>Hudson County District</i> All lecture at Medical Center, Jersey City 8:45 p. m.	Breech Deliveries Dr. R. A. MacKenzie Hemorrhage Dr. Wm. Shanik	Infection Dr. Carl H. Ill Toxemia of Pregnancy Dr. E. J. Kaderabek	Cesarean Section Dr. Wm. K. Pudney Ectopic Pregnancy and Abortion Dr. Rhys Jones	Prenatal Care Dr. D. J. Geary Post-Partum Care Dr. Inglis Frost (Illustrated with lantern slides)	Use of Forceps in Obstetrics (Illustrated with motion pictures) Dr. R. T. Potter Anesthesia and Analgesia Dr. Robert R. White

DISTRICTS	APRIL 17th	APRIL 24th	MAY 1st	MAY 8th	MAY 15th
<i>Namouth-Ocean District</i> All lectures at Fittkin Memorial Hospital, Neptune	Hemorrhage Dr. S. A. Cosgrove Induction of Labor Dr. E. G. Waters 8:30 p. m.	Use of Forceps in Obstetrics Dr. A. B. Davis Ectopic Pregnancy and Abortion Dr. Gordon F. West 4 p. m.	Prenatal Care Dr. J. Harris Underwood Care of the Newborn Dr. Clarence Bowersox 4 p. m.	Infection Dr. J. C. Brown Injuries to Birth Canal During Parturition Dr. Wm. J. Carrington 4 p. m.	Toxemia of Pregnancy Dr. M. G. Bensley Analgesia and Anesthesia Dr. S. H. Davis 4 p. m.
<i>Atlantic-Burlington District</i> All lectures at 9 p. m. Atlantic City Hospital, Atlantic City	Toxemia of Pregnancy Dr. M. G. Bensley Analgesia and Anesthesia Dr. S. H. Davis	Breech Deliveries Dr. R. A. MacKenzie Hemorrhage Dr. Wm. Shanik	Use of Forceps in Obstetrics Dr. A. B. Davis Ectopic Pregnancy and Abortion Dr. Gordon F. West	Prenatal Care Dr. J. Harris Underwood Care of the Newborn Dr. Clarence Bowersox	Infection Dr. J. C. Brown Injuries to the Birth Canal During Parturition Dr. Wm. J. Carrington
<i>Camden District</i> All lectures at Dispensary Building, Federal Street, Camden 9 p. m.	Infection Dr. J. C. Brown Injuries to the Birth Canal During Parturition Dr. Wm. J. Carrington	Toxemia of Pregnancy Dr. M. G. Bensley Analgesia and Anesthesia Dr. S. H. Davis	Breech Deliveries Dr. R. A. MacKenzie Hemorrhage Dr. Wm. Shanik	Use of Forceps in Obstetrics Dr. A. B. Davis Ectopic Pregnancy and Abortion Dr. Gordon F. West	Prenatal Care Dr. J. Harris Underwood Care of the Newborn Dr. Clarence Bowersox
<i>Gloucester-Salem District</i> All lectures at 9 p. m.	Prenatal Care Dr. J. Harris Underwood Care of the Newborn Dr. Clarence Bowersox Lectures at Woodbury Underwood Hospital, Woodbury	Infection Dr. J. C. Brown Injuries to the Birth Canal During Parturition Dr. Wm. J. Carrington Lectures at Salem County Memorial Hospital, Salem	Toxemia of Pregnancy Dr. M. G. Bensley Analgesia and Anesthesia Dr. S. H. Davis Lectures at Paulsboro High School, Paulsboro	Breech Deliveries Dr. R. A. MacKenzie Hemorrhage Dr. Wm. Shanik Lectures at home of Dr. Fleming, Penn's Grove	Use of Forceps in Obstetrics Dr. A. B. Davis Ectopic Pregnancy and Abortion Dr. Gordon F. West Lectures at Borough Hall, Pitman
<i>Cumberland-Cape May District</i> All lectures at 9 p. m.	Use of Forceps in Obstetrics Dr. A. B. Davis Ectopic Pregnancy and Abortion Dr. Gordon F. West Lectures at Bridgeton Hospital, Bridgeton	Prenatal Care Dr. J. Harris Underwood Care of the Newborn Dr. Clarence Bowersox Lectures at Atlantic Shores Hospital, Somers Point	Infection Dr. J. C. Brown Injuries to the Birth Canal During Parturition Dr. Wm. J. Carrington Lectures at Millville Hospital, Millville	Toxemia of Pregnancy Dr. M. G. Bensley Analgesia and Anesthesia Dr. S. H. Davis Lectures at Vineland Hospital, Vineland	Breech Deliveries Dr. R. A. MacKenzie Hemorrhage Dr. Wm. Shanik Lectures at Atlantic Shores Hospital, Somers Point

LECTURES ON HISTORICAL MEDICINE

Two evening lectures to the public on subjects connected with historical medicine will be given at the Academy of Medicine of Northern New Jersey, 91 Lincoln Park, Newark, New Jersey, at 8:45 p.m., according to the following program:

Thursday, April 30, 1936

Medicine of the American Indian,—By Harlow Brooks, M.D., New York City, Emeritus Professor of Clinical Medicine, New York University.

Thursday, May 21, 1936

Medicine in the Time of Louis XIV, 1638-1715,—by Howard W. Haggard, M.D., New Haven, Conn., Associate Professor of Applied Physiology, Yale University.

These lectures are sponsored by the Committee on Public Health and Medical Education, of the Academy, and admission is free. Invite your friends.

HENRY C. BARKHORN, M.D.,

Chairman of the Committee.

MAX DANZIS, M.D.,

President of the Academy.

NOMINATING COMMITTEE OF THE STATE MEDICAL SOCIETY

	Nominee	Alternate
ATLANTIC	Scanlan, D. Ward	None
BERGEN	Liva, Arcangelo	Alexander, Samuel
BURLINGTON	Rodman, E. Warren	Haines, Edgar
CAMDEN	Lippincott, A. Haines	None
CAPE MAY	Way, Clarence W.	None
CUMBERLAND	Miller, H. G.	Myatt, L. E.
ESSEX	Stahl, Alfred	Mount, Walter B.
GLOUCESTER	Downs, E. E.	Hollinshed, Ralph K.
HUDSON	Londrigan, Jos. F.	McLoughlin, Frank J.
HUNTERDON	English, S. B.	Coleman, A. H.
MERCER	North, Harry R.	Haggerty, D. L.
MIDDLESEX	Haywood, H.	McKiernan, R.
MONMOUTH	Maher, John E.	
MORRIS	Frost, Inglis F.	Sherman, Byron G.
OCEAN	Herbener, Eugene	None
PASSAIC	McMillan, Wright	None
SALEM	Perry, F. L.	None
SOMERSET	Renner, D. S.	None
SUSSEX	Coleman, J. G.	None
UNION	Morris, Watson, B.	
WARREN	Curtis, Frank W.	Skinner, William F.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE
BIOLOGICALS SINCE JULY 1, 1935

DIPHTHERIA TOXOID

SMALLPOX VACCINE

County	To Feb. 29	Month of March	Total to Mar. 31	Average per Month
Atlantic	187	80	267	29.6
Bergen	1564	35	1599	177.6
Burlington	763	44	807	89.6
Camden	206	455	661	73.4
Cape May	198	11	209	23.2
Cumberland	314	4	318	35.3
Essex	3983	908	4891	543.4
Gloucester	173	19	192	21.3
Hudson	54	37	91	10.1
Hunterdon	124	2	126	14.
Mercer	93	3	96	10.6
Middlesex	366	12	378	42.
Monmouth	112	12	124	13.7
Morris	402	32	434	48.2
Ocean	9	0	9	1.
Passaic	1753	169	1922	213.5
Salem	85	4	89	9.8
Somerset	91	2	93	10.3
Sussex	21	0	21	2.3
Union	1084	55	1139	126.5
Warren	121	0	121	13.4
Totals	11703	1884	13587	1509.6

County	To Feb. 29	Month of March	Total to Mar. 31	Average per Month
Atlantic	130	0	130	14.4
Bergen	944	16	960	106.6
Burlington	387	7	394	43.7
Camden	333	1	334	37.1
Cape May	153	0	153	17.
Cumberland	357	3	360	40.
Essex	2317	149	2466	274.1
Gloucester	461	7	468	52.
Hudson	3	0	3	.3
Hunterdon	16	0	16	1.7
Mercer	71	1	72	8.
Middlesex	578	11	589	65.4
Monmouth	850	3	853	94.7
Morris	728	61	789	87.6
Ocean	14	0	14	1.5
Passaic	1595	63	1658	184.2
Salem	126	1	127	14.1
Somerset	141	3	144	16.
Sussex	199	0	199	22.1
Union	1842	21	1863	207.
Warren	219	0	219	24.3
Totals	11464	347	11811	1312.3

OBITUARIES

DR. HAROLD B. DISBROW

Dr. Harold B. Disbrow, Trustee of The Medical Society of New Jersey, and a prominent surgeon, of Lakewood, N. J., died on March 21, 1936, of apoplexy following a long period of heart disease. He was born on July 7, 1889, and graduated from Princeton College in 1911. He took his medical course in Johns Hopkins University, graduating in 1916. He served in France during the war as a surgeon to the 29th Division of the American Forces. He was a Fellow of the American College of Surgeons, and Chief Surgeon to the Paul Kimball Hospital, of Lakewood.

Dr. Disbrow was highly qualified as a physician by his native temperament and his training, as well as by inheritance, for he was of the third generation of a family of at least six physicians which the family gave to Lakewood and its vicinity. The people familiarly called him "Doctor Harold" to distinguish him from his father, his uncles, and his grandfather, all of whom were physicians beloved and honored by their colleagues and the people. His portrait, with those of his father and grandfather, was printed in this Journal of May, 1935, on the occasion of his father, Dr. Vanderoff M. Disbrow, being made an honorary member of The Medical Society of New Jersey.

DR. CHARLES R. SISTA

Dr. Charles R. Sista, a prominent physician of Trenton for nearly twenty years, died on March 12, 1936, in St. Francis Hospital. He had been ill several months of a lymphatic gland disturbance accompanied by a progressive anemia.

Born in Trenton, Dr. Sista graduated from Trenton High School, and in 1915 from the Medical-Chirurgical College of Philadelphia. After an internship at St. Francis Hospital, this city, he established an office at 476 Hamilton Avenue in Trenton.

Early in 1918, Dr. Sista entered the army, going to Camp Greenleaf, Georgia. He was later stationed at the general hospital at Fort Ogelthorpe and was discharged as a first lieutenant, Medical Corps.

DR. CHARLES L. MAROTTE

Dr. Charles L. Marotte, a general practitioner in Trenton, New Jersey, died on March 17, 1936, from a heart affectino following an attack of acute rheumatism. He was a native of Trenton and graduated in medicine from Georgetown University Medical School in 1930. He served as interne in St. Francis Hospital, Trenton, and then began practice in his native city.

He was a member of the Mercer County Medical Society.

DR. JOHN V. WARD

Dr. John V. Ward, of 438 Palisade Avenue, Union City, died Wednesday, February 26, 1936. Death was due to carbon monoxide.

Dr. Ward was born in New York in 1898. He was brought to the West Hudson section of Union City when he was four years of age. He was a graduate of St. Michael's High School, Union City, and St. Peter's Preparatory School, Jersey City.

While attending a pre-medical course at Fordham University, he went to France in 1917 at the age of 19, as a volunteer in a unit which later became the 335th Ambulance Corps of the French Army. He served on the Western and Italian fronts.

He was given citations by the Italian Government, received the U. S. Distinguished Service Cross, and twice was awarded the Croix de Guerre by France. One of the latter decorations was for heroism in taking wounded from the field of battle under heavy fire.

After the war he attended the College of Physicians and Surgeons (Columbia University), graduating in 1924. He was on the Staff of St. Mary's Hospital in Hoboken as a Child Specialist.

He is survived by his widow, Mrs. Ellen Ward, and three children, Thomas, James and William.

DR. EDGAR K. CONRAD

Dr. Edgar K. Conrad, of Hackensack, an active member of the Bergen County Medical Society for many years, died at his home on Hospital Avenue, on January 27th. at the age of 65 years.

Dr. Conrad was the first interne of the Hackensack Hospital, forty-two years ago, going to that institution in April, 1893, shortly after he was graduated from Bellevue Medical College.

From 1894 to 1899 Dr. Conrad assisted Dr. St. John, Head Surgeon of the hospital at that time, and succeeded him in that position.

Dr. Conrad was President of the Bergen County Medical Society in 1923, and for many years was one of its most active members.

Dr. Conrad was loved by all those who were fortunate enough to know him, and his death will leave a great vacancy amongst his fellow practitioners and friends.

DR. E. R. GNASSO

Dr. Enrico Raphael Gnasso, aged 55, died at his home on Sunday, March 22nd, after an attack of angina pectoris. He was born in Salerno, Italy, came to the United States in 1909, and graduated from the University of Alabama Medical School in 1913 with high honors. After some years in the South he moved to Morristown, New Jersey, where he practiced for two years; thence to Fort Lee, New Jersey, where he practiced general medicine for eleven years. He was on the Board of Health for five years and had charge of the Baby Keep Well Station. He was also the police surgeon.

Dr. Gnasso had a brother, a physician, in Brooklyn, New York, and another brother, a physician, in New Brunswick; also a nephew, a pathologist, at the Jersey City Medical Center. Three nephews in Italy are also physicians.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

APRIL

7 Camden	10 Atlantic
7 Cape May	10 Salem
7 Hudson	14 Bergen
8 Mercer	14 Cumberland
8 Ocean	15 Middlesex
8 Union	16 Gloucester
8 Passaic	21 Warren
9 Burlington	22 Monmouth
9 Essex	23 Hunterdon
9 Somerset	

MAY

5 Camden	14 Essex
5 Hudson	14 Passaic
8 Atlantic	20 Middlesex
12 Bergen	21 Gloucester
13 Mercer	27 Monmouth
13 Ocean	Sussex
14 Burlington	

ATLANTIC COUNTY

Robert A. Kilduffe, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held at the Ambassador Hotel, March 13, 1936, at 8.30 p. m. Dr S. L. Salasin, president, presided, and there were 58 members and guests present.

SCIENTIFIC

The scientific paper of the evening was presented by Dr. Richard Kovacs, Clinical Professor and Director of Physiotherapy at the New York Polyclinic Hospital, who spoke upon "Modern Methods of Thermal Therapy".

As could be expected from one so closely and authoritatively connected with the developments of physiotherapy, Dr. Kovacs presented his subject in an interesting and even absorbing manner, illustrating his paper with lantern slides.

Commencing with a short historical resume, he proceeded to an orderly and systematic outline of thermotherapy, clearly explaining the various methods by which it may be applied, and as clearly outlining their results and their limitations.

Perhaps not the least important of the lessons to be gained from the paper was the fact—which would seem to be obvious—that for the successful and intelligent use of thermotherapy something more than the possession of more or less elaborate machinery is required.

The paper was not only interesting, but very informative, so that those who were privileged to hear it cannot help but profit thereby.

The discussion was opened by J. deP. Currens, M.D., associated with Dr. Kovacs in his work, and the originator of the modified Hubbard tank.

Dr. Currens outlined simple methods of thermotherapy which could be applied in the home by hot baths followed by wrapping in blankets, and again emphasized the fact that thermotherapy is a useful adjunct to other treatments, and not a multrum in parvo or a general specific panacea.

Dr. Currens also outlined the reactions which may be expected to occur in the patient: an increase in the total leukocyte count averaging 3000 and persisting several hours; an increase in the basal metabolism rate up to about 7; an increase

averaging 2 to 4 in the pulse rate; a temporary increase in the blood pressure in the first 30 to 60 minutes followed by an average drop of 12, 14 mm.; a marked increase in the alkalinity of the blood, with a slight decrease in blood sugar; a marked increase in the urinary solids and total acidity; and a weight loss of about 2 lbs., mainly the result of fluid loss through perspiration.

Effects upon the capillary tension, circulatory activity, skin tension have been demonstrated by various observers, and all play some part in the results obtained.

The paper was also briefly discussed by Drs. Barbash, Allman, and Kilduffe.

COMMUNICATIONS

A letter was read from the Chairman of the Maternal Welfare Committee of the State Society outlining a program of investigation and meetings to be held in this State. The letter was referred to the County Maternal Welfare Committee for immediate action.

A letter from Mrs. Edna Surran, President of the Auxiliary to this Society invited all members to attend a Public Relations Dinner at the Madison Hotel on March 27th.

A communication from Dr. Joseph C. Buch announced that Miss M. C. Peterson had been appointed to investigate cases of birth injury and paralysis, and to get the patients into the hands of competent physicians for the proper care and treatment. He urged the coöperation of all members.

MEMBERSHIP

An application for membership was received from Dr. W. E. Donnelly, a graduate of the University of Vermont and a former interne at the Atlantic City Hospital. The application was referred to the Board of Censors for action.

MOSQUITO EXTERMINATION

Dr. W. E. Darnall presented resolutions to the Society with regard to the work in connection with the Mosquito Extermination Commission. They were passed and copies are to be made and sent to the proper places as outlined and set forth in the resolutions which are attached hereto.

LEGISLATION

Dr. Allman stated that there were several bills coming up in the Legislature of minor interest to the profession, among them a Workmen's Compensation bill, and one for the early discovery of tuberculosis in school children, both of which are approved. The sterilization bill has not been approved by the medical profession as a whole.

POST-GRADUATE LECTURES

Dr. Carrington reporting for the Post-Graduate Education Committee stated there would be six lectures in April—four on endocrinology, and two on neurotherapeutics. They will be held in the Solarium at the Atlantic City Hospital.

PUBLICITY

Dr. Carrington also reported for the Liaison Committee for Newspaper Release and stated that an abundance of material had been received for the articles appearing in the Sunday Press each week.

Dr. Barbash reported that News items are needed for the Bulletin and urged the members to do their part in getting these in.

He stated that the Bulletin more than paid for itself by the advertisements in it.

Dr. A. G. Merendino reported progress for the Broadcasting Committee.

50 YEARS OF PRACTICE

Dr. Samuel Stern stated that he felt some recognition should be taken of the two members, Drs. Garrabrant and Reynolds, who have been in the practice of medicine for 50 years. Dr. Salasin appointed a Committee—Drs. Stern, Crane, and Andrews—to draw up appropriate resolutions.

BERGEN COUNTY

Charles Littwin, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Englewood Hospital on March 10th.

NEW MEMBERS

The following physicians were elected to membership:—

To Regular:

Dr. Peter Pagano, Ridgewood

From Junior to Regular:

Dr. Addino Bernardini, Paramus

To Junior:

Dr. E. Kakascik, Garfield

Dr. Joseph B. Basrallan, Hasbrouck Heights

The treasurer announced that 193 members had paid their dues.

COMMUNICATIONS

1. A letter from Dr. J. B. Morrison stating that the name of one of our associate members has been left off the official list.

2. A letter from Dr. LeRoy A. Wilkes announcing the engagement of Miss Margaret C. Peterson, R. N. by the Crippled Children's Commission to

follow up cases of infantile paralysis and birth injury paralysis.

3. A letter from Dr. Frank W. Pinneo, Secretary of the Essex County Medical Society, emphasizing the value of certified milk.

4. A letter from a patient of one of our members in reference to a bill that was rendered to him.

LAW OF MEDICAL PRACTICE

Dr. Barnet S. Bookstaver of Teaneck raised the question of a chiropodist suturing wounds and giving tetanus antitoxin. He also stated that corporation was going to be formed in Teaneck to practice medicine and raised the question as to whether it was legal. Dr. Samuel Alexander stated that according to the proposed new Medical Practice Act provision is made to take care of these matters. He further suggested that these questions be referred to the Ethics Committee.

QUARANTINE REGULATIONS

Dr. Bookstaver, speaking of quarantine regulations stated that once a communicable disease is reported, all quarantine instructions must come from the Health Department and should not come from the doctor.

POST-GRADUATE COURSES

Our executive secretary announced the Post-Graduate Course in Obstetrics to be given over a period of six weeks beginning March 18th. Dr. D. Corn, our president, urged everyone to take advantage of the course.

WOMAN'S AUXILIARY

Mrs. Eleanor A. Bickner, President of the Woman's Auxiliary of the Bergen County Medical Society, announced a drive for membership, and a proposed dinner dance on May 2nd for the purpose of raising money for a philanthropic fund to aid needy doctors and their families. After discussion by Drs. J. H. Irwin, S. T. Snedecor and G. M. Levitas it was decided to appoint a special committee to cooperate with the committee of the Woman's Auxiliary.

DR. HERRMAN'S ADDRESS

Dr. W. G. Herrman, Second Vice-President of the Medical Society of New Jersey, gave a talk in which he urged the necessity of all the doctors taking active part in organized medicine or else take the consequences of their neglect.

SCIENTIFIC

Dr. O. S. Lowsley, director, James Buchanan Brady Foundation for Urology, New York Hospital, then gave a very interesting and instructive talk on "Some Aspects of Prostatic and Renal Surgery".

Dr. Francis P. Twinem, Chief, Urological Clinic, New York Hospital spoke on "The Treatment and Prevention of Urinary Calculus".

BURLINGTON COUNTY

Perry M. Scott, M.D., Reporter

The monthly meeting of the *Burlington County Medical Society* was held March 12, 1936, at the Moorestown Field Club, Moorestown, New Jersey. The meeting was called to order at 9.30 by Dr. Hornberger, president.

SCIENTIFIC PROGRAM

Dr. Hornberger introduced Dr. Thomas J. Summey, Moorestown, Chairman of the Program Committee, who presented the following program for the Surgical Section:

An interesting talk on "Surgical Pathology" was given by Dr. Allen J. Wallis, formerly of the Pathology Department of the Pennsylvania Hospital. He presented lantern slides of normal thyroid gland structure, normal skin, normal endometrium, and normal mammary gland tissue, and then showed various alterations that occur in the tissue as a result of malignancy, infection, acute and chronic, ulceration, and benign growths. He spoke of the difficulty making a decision in the borderline cases where the tissue does not present sufficient abnormal structure to say it is a new growth.

"Traumatic Surgery of the Extremities." A representative of Davis & Geck Co., presented a moving picture showing methods of cleansing, sterilization, debriment, and suturing of a deep wound of the thigh.

E. R. A. AND SOCIAL SECURITY

Dr. Hornberger spoke of the need of more care in filling out of the E. R. A. blanks, and acknowledged the response to the request of the E. R. A. committee for more funds to carry on its work. Dr. Fahrenbruch spoke of the new Social Security Act which has been enacted by Congress and which will give the State of New Jersey \$65,000 a year to spend. Two thirds is to be spent on maternal welfare work, and establishment of new clinics with paid doctors, consulting service, and nursing service for births that occur at home. On motion this was approved by unanimous vote of the Society.

Adjournment was followed with refreshments.

CAMDEN COUNTY

William T. Read, M.D., Reporter

The annual meeting of the *Camden County Medical Society* was held October 1, 1935, in the Camden City Dispensary Building, 725 Federal Street, Camden, at 9 p. m. Dr. William F. Shafer, presiding, and 50 members present.

ANNUAL MEETING

Prior to the regular meeting the business committee met and approved for presentation to the society an amendment to the Constitution and By-Laws. Dr. A. H. Lippincott, chairman of the business committee, submitted for the first reading the following:

"Be it resolved that Article XIV Section 1 of

the Constitution of this Society be changed from: "The annual meeting of the Society shall be held on the first Tuesday in October of each year", to read: "The annual meeting of the Society shall be held on the first Tuesday in May of each year".

NEW MEMBERS

The application for membership of Dr. Charles W. Miller was read for the first time.

The application for membership of Dr. Ulysses Wiggins was not presented owing to the fact that the censors did not have opportunity to approve the application.

HISTORY OF PAST YEAR

Dr. Helen F. Schrack, Historian, read a most interesting historical sketch of the work accomplished by this Society and its members during the past year. Upon motion of Dr. MacAlister it was moved and seconded that the Society extend its thanks to the historian.

MALARIA CASES

Upon request of the Chair, Dr. A. L. Stone, Chief of the Health Department of the City of Camden, spoke on the epidemiology of the present mild malaria epidemic in our county. He prophesied that unless very strict supervision of the cases was made, there would be an increase in the number of cases during the fall months.

PRESIDENT'S ADDRESS

Dr. T. K. Lewis, president-elect, assumed the chair during the presentation of the President's annual address when Dr. F. W. Shafer read a most interesting essay on "The Story of Surgery During the Middle Ages".

ACCIDENT INSURANCE

Dr. Lippincott raised the question as to the increased cost in premium for his Health and Accident Policy carried with the State Society Group Insurance Company. The question was discussed by Drs. Lewis, Lee, Sharp, and Casselman. The Secretary was instructed to write Dr. Pinneo to determine the agreement of the State Society Committee on Insurance with the carrier. This would establish the equity of the rate asked for Dr. Lippincott's premium.

The question was raised from the floor as to the present status of the automobile insurance as advised under the State Group Policy. The Secretary explained that the agreement with the Manufacturers Casualty Company, with whom the Group Insurance was written last year, had been cancelled. This cancellation resulted from a disagreement between the Way Agency and the Manufacturers Casualty Insurance Company. The new carrier is the Atlantic Casualty Insurance Company, which is rated A-L by Best & Co.

The Manufacturers' Casualty Company has opened a Special Agency in order to endeavor to retain its policies which were written through the Way Agency. These policies, of course, will not carry the endorsement of the State Society although a competitive rate is offered.

Dr. Ralph Hollinshead, Secretary of Gloucester County Medical Society, questioned the time of service of the newly elected delegates and member of the State Nominating Committee under the change of Constitution. The question specifically asked was "Would the newly elected delegates and member of the State Nominating Committee, be enabled to represent the Society at the annual meeting in June?" The secretary explained that as a result of the constitution of the State Society, it was necessary that the delegates and member to the State Nominating Committee to serve in the same year they were elected.

Dr. T. K. Lewis, president-elect, was invited to assume the Chair by retiring president Dr. F. W. Shafer. Dr. Lewis thanked the Society for the honor conferred upon him.

January Meeting

The regular monthly meeting of the *Camden County Medical Society* was held in the Camden City Dispensary Building, January 7, 1936, at 9 p. m. Dr. T. K. Lewis presiding, and 67 members and guests present.

NEW MEMBERS

Dr. William Braun took the oath of membership and was welcomed by the Society.

The following men were then duly elected: Dr. W. F. Burns, Dr. Martin E. Swiecicki, and Dr. E. S. Magee.

Dr. Russell Magee and Dr. A. J. Di Ielsi had their applications for membership presented to the society.

The secretary read the formal resignation of Dr. W. W. Kain, who has maintained membership in this Society for forty years. Upon motion of Dr. A. Haines Lippincott, Dr. W. W. Kain was elected to Honorary Membership in the Society.

SCIENTIFIC

Mr. Arthur Moore, director of Physical Education of Camden City Schools, introduced Dr. Shailer Upton Lawton, associate professor of Education, New York University. The title of Dr. Lawton's paper was "Physical Education and Its Application to the Physician".

Some of the points that Dr. Lawton emphasized were the following:

Physical education as a form of preventive medicine, is interested in bringing a person up to his genetic possibilities. It gives as excellent means of studying the human organism under stress and strain, both physical and mental.

People coming under his care are subjected to three types of examinations: first, physical inspection; second, moderate physical examination which does not require the examiner to have a medical degree; third, examination by a physician.

The usefulness of physical educators was then brought out in regulating activity for convalescents, for neurotics, and as a constructive outlet for criminals.

Following the paper, discussion was carried on

by Drs. Lewis, Grenhart and Mr. Moore in regard to the advisability of intensive training for football in high schools.

February Meeting

The regular meeting of the *Camden County Medical Society* was held in the Camden City Dispensary Building at 9 p. m., on February 4, 1936. Dr. T. K. Lewis presiding, and 61 members present.

A letter was read from Dr. Samuel L. Salasin, president of Atlantic County Medical Society, advocating the candidacy of Dr. W. J. Carrington for the office of second vice-president of the State Society in June 1936. On motion of Dr. Buzby, it was voted that this communication be filed for future reference.

NEW MEMBERS

Dr. W. F. Burns was introduced as a new member of the Society.

Application for membership of Dr. John Fessman, and the application for transfer from Gloucester to Camden of Dr. E. R. Ristine were read.

Dr. Russell Magee and Dr. A. J. Di Ielsi were balloted upon and duly declared elected to membership in the Society.

Dr. T. B. Lee proposed the name of Dr. Letty Ward for election to Honorary Membership in the Society.

The secretary read a communication from Dr. W. W. Kain thanking the Society for electing him to Honorary Membership in the Society.

Following introduction by the president, Dr. George P. Muller, Clinical Professor of Surgery, University of Pennsylvania, addressed the Society on "Surgical Accidents". He questioned the title of his paper thinking it might better be called "Surgical Emergencies". He considered and discussed many conditions starting with traumatic injuries with particular regard for fractures, ruptured viscera, etc. The differential diagnosis in these conditions was carefully gone into and the importance of the location and type of pain which might be present, was stressed. He indicated that the laboratory was a valuable help in diagnosis and should be intelligently used. The paper was concluded with consideration of several medical conditions that might simulate surgical conditions and come to the surgeon for diagnosis.

Discussion was opened by Dr. F. W. Shafer, who was followed by Drs. Jack, Deibert, Lee, Davis, and Goldstein. Discussion was closed by Dr. Muller.

POST GRADUATE COURSE

At the suggestion of the President, the Society considered the Post Graduate Lecture Course. It was moved and seconded that this Society underwrite the annual Post Graduate Lecture Course to the maximum extent of \$350.00.

Dr. J. S. Shipman, chairman, chairman of the Scientific Committee, announced that the March Meeting would be *Case Report Night* and requested those desirous of participating to submit the subjects to his office.

ESSEX COUNTY

Earl LeRoy Wood, M.D., Reporter

The *Essex County Medical Society* devoted the scientific part of its regular meeting held Thursday evening, March 12, 1936, at the Academy of Medicine, Newark, to a consideration of the subject of "Maternal Welfare". County Society President A. Charles Zehnder, asked Maternal Welfare Commission President Benjamin A. Furman, to preside and conduct the meeting.

Dr. Furman introduced the speaker of the evening, Dr. Philip F. Williams, Assistant Professor of Obstetrics, University of Pennsylvania, who read a paper entitled "Intra-partum Care in It's Relation to Maternal Welfare".

Dr. Walter B. Mount, in commenting on the paper, said: "A paper like that is very fine to discuss. The subject matter has been prepared so carefully, so beautifully, I don't feel competent to pick out any particular phase for consideration. Dr. Williams and his committee have done a wonderful piece of work. They have done it not only carefully, but have been so sane and sensible in their recommendations that they have not brought out adverse comment which certain other reports have created. I hope this paper will be published in the State Journal, so that we may read it now and again six months later."

Dr. John F. Condon reminded the society that Dr. Williams had contributed much to the general obstetrical knowledge by rewriting Shears' "Obstetrics, Normal and Operative", one of the best books on the subject.

REPORTS ON MATERNAL WELFARE

The President of the Maternal Welfare Commission, Dr. Benjamin A. Furman, read the Annual Report of the Medical Commission for Maternal Welfare of Essex County, which will be published under its own title.

Dr. John N. Pannullo, Chairman of the Prenatal Committee of the Maternal Welfare Commission read a report, which will also be published.

ENDORSEMENT OF DR. W. P. EAGLETON FOR
A. M. A. PRESIDENT

Of prime importance was the enthusiastic passage of the following resolution:

"Whereas: Wells P. Eagleton is an outstanding leader and executive in the Medical Profession throughout the nation, we the members of the Essex County Medical Society unanimously endorse his name as a candidate for the office of President-elect of the American Medical Association, and respectfully present this action to the Board of Trustees of the Medical Society of New Jersey, requesting their coöperation and urging the Board of Trustees to instruct the delegates from New Jersey to present his name at the 1936 meeting of the American Medical Association."

COURTESY PRIVILEGES OF HOSPITALS

A resolution presented by Dr. John F. Condon, requesting the hospitals of Essex County to extend courtesy privileges to all members of the

County Society was passed. Secretary Pinneo was instructed to notify the staffs of all hospitals in the county of the recommendation with the request that they endorse, concur and make appropriate recommendations to their Boards of Trustees or governing bodies.

Dr. H. H. Satchwell reporting for the Economics Committee and the Medical Dental Service Bureau, made a plea for the continued support of the Bureau by all physicians. Physicians were urged to send their patients and financial problems to the Bureau for assistance. On March 10th the Bureau paid to Hospitals \$1026.05; to Physicians \$968.35; and to Dentists \$278.55. These payments for the preceeding month were made at the end of only three months' operation, and were about double the amount paid the previous month. It is hoped that this rate of increase can be continued. It will if enough patients are sent to the Bureau by the physicians.

NEW MEMBERS

The following new members were elected:

Regular—

James Otto Hill, 84 Barclay Street, Newark.
Harry Horn, 622 Stuyvesant Avenue, Irvington.
Ben Hymowitz, 56 West Runyon Street, Newark.
E. Mae McCarroll, 59 Hillside Place, Newark
(Reinstated)

Associate—

Charles J. Calasibetta, 37 Longfellow Ave., Newk
Robert G. Hamilton, 92 Main Street, Orange.
Leo Kohn, 301 South Orange Ave., So. Orange.
David B. Meisel, 241 Avon Avenue, Newark.
Anthony M. Sellitto, 84 Hudson Ave., Maplewood.
Ralph Daniel Shaner, 94 Hillside Ave., Nutley.
Robert E. Waldron, 317 Roseville Avenue, Newark

THE NEWARK EYE AND EAR INFIRMARY

At a regular quarterly staff meeting of the *Newark Eye and Ear Infirmary*, held Friday, March 13 1936, the following resolution was adopted:

"Resolved: The Newark Eye & Ear Infirmary extends the courtesy of its hospital to all Members of the Essex County Medical Society for the care of their private patients in accordance with the rules of the hospital. This action results from the suggestion of the Essex County Medical Society that such a rule be promulgated."

A similar action to the above was taken by St. James Hospital, Newark, one week previously.

THE ACADEMY OF MEDICINE OF MEDICINE OF NORTHERN NEW JERSEY

Reported by Franklin J. Tobey, M.D., Secretary

The Stated Meeting of the *Academy of Medicine of Northern New Jersey* was held on Thursday, January 16th, 1936. President Danzis called the meeting to order at 9 p. m.

NEW MEMBERS

The following physicians were elected to Fellowship in the Academy: Abram Levy, M.D., Bound Brook; Aaron E. Parsonnet, M.D., Newark; Sam-

uel A. Goldberg, M.D., Newark; Joseph Skwirsky, M.D., Newark; Thomas S. P. Fitch, M.D., Plainfield.

Junior Fellows were elected as follows: Joseph Sheinblatt, D.D.S., Elizabeth; John S. Cregar, M.D., East Orange; Leonard S. Greenfield, M.D., Newark; Baxter L. Clement, M.D., Newark.

SCIENTIFIC PROGRAM

Dr. Danzis welcomed the guest speaker of the evening. Dr. Frank C. Yeomans, Professor of Proctology of the Polyclinic Medical School and Hospital, New York.

Dr. Yeoman's paper, "Ulcerative Colitis, Diverticulitis and Cancer", was very instructive from a clinical standpoint, and was well received by the audience.

Drs. M. J. Synnott, J. Gerendasy, M. Kraemer and B. E. Kaplin discussed the paper and congratulated Dr. Yeomans.

The meeting adjourned with a rising vote of thanks to the speaker.

March Program

Section—Obstetrics and Gynecology

Thursday, March 5th, 8:45 p. m.

Paper: "Uterine Bleeding." Alfred Beck M.D., Professor of Obstetrics and Gynecology, Long Island College of Medicine.

William K. Pudney, M.D., Chairman; David B. Gershenfeld, M.D., Secretary.

Section—Eye, Ear, Nose and Throat

Monday, March 9th, 8:45 p. m.

Paper: "Orthodontic Problems of Interest to the Rhinologist." A. Wolfson, D.D.S.

"Deformities of the Face of Interest to the Rhinologist and Ophthalmologist." Lyndon A. Peer, M.D.

B. E. Failing, M.D., Chairman; A. Russell Sherman, M.D., Secretary.

Section—Medicine and Pediatrics

Tuesday, March 10th, 8:45 p. m.

Paper: "Hyperparathyroidism." Fuller Albright, M.D., Assistant Professor of Medicine, Harvard University.

Jacob Polevski, M.D., Chairman; Manfred Kraemer, M.D., Secretary.

Anniversary Meeting—Academy

Thursday, March 19th, 9 p. m.

Anniversary Discourse: "The Academy of Medicine as an Educational Force in the Community." Dr. Frank Kingdon, President, University of Newark.

A collation will be served by the Woman's Auxiliary to the Essex County Medical Society.

Sincerely yours,

FRANKLIN J. TOBEY, M.D.,
Secretary.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

Dr. George Laws, of Philadelphia, a former resident of this county, addressed the *Gloucester County Medical Society* at its monthly meeting on March 19 at the Woodbury Country Club.

Dr. Laws, who spoke on "Functional Uterine Bleeding", is the son of the late Dr. George Laws, of Paulsboro, for many years Secretary of the County Medical Society and well known to older residents.

Dr. W. W. Pedrick, Chairman of the E. R. A. Committee, and Dr. I. W. Knight, Chairman of the Public Health Committee, presented reports at the meeting.

Members of the Woman's Auxiliary were guests of the Society at a buffet supper following the meeting.

The following doctors were present: Drs. M. F. Lummis, Pitman; R. K. Hollinshead, Westville; W. J. Burkett, Pitman; H. L. Sinexon, C. C. Sheets, Paulsboro; C. I. Ulmer, Gibbstown; William Brewer, Duncan Campbell, E. E. Downs, H. B. Diverty, J. H. Underwood, C. A. Bowersox, F. G. Sherman and Dorothy Rogers, Woodbury; T. M. Gairdner, Gibbstown; R. C. Venturo, Glassboro; Oran Wood, Paulsboro; I. W. Knight, Pitman; R. D. Zapf and Don Weems, Wenonah; William G. Harris, Mullica Hill; William Pedrick, Glassboro; B. A. Livengood, Swedesboro; William E. Crain, Woodbury, and E. L. Ristine, Camden.

HUDSON COUNTY

John N. Connell, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held at the Carteret Club Tuesday, March 3, 1936. The meeting was called to order by the President, Dr. T. J. Schuck, at 9:30 p. m.

SECRETARY'S REPORT

The Secretary read the following communication:

"Whereas, a protest has been presented to the Judicial Council of the Medical Society of the State of New Jersey, in the matter of an election held in Hudson County on October 1st, 1935; and whereas, it will be necessary for the Judicial Council to gather such evidence to enable it to properly render an opinion on the above matter, will you therefore be present at a hearing to be held on Sunday, February 9th, at 3:45 p. m., at the Newark Academy of Medicine, Lincoln Park, Newark, N. J.?

"Will you also present such correspondence relative to any protests and all the minutes of the Hudson County Society and of the Executive Committee for all the regular and special meetings, together with a sample ballot used in the election and a ballot used in the 1934 election?

"(Signed) JAMES A. FISHER, M.D.,
"Secretary, Judicial Council."

In answer to this letter, Dr. Brennock stated that the present President, Dr. T. J. Schuck; Past President, Dr. E. J. Chapman; Past President, Dr. L. A. Pyle; the Chairman of the Election Committee, Dr. William Doody, and the Secretary of

the Hudson County Medical Society went to Newark and appeared before the Judicial Council on February 9th at 3:45 p. m., and gave testimony concerning the validity of the 1935 election of the Hudson County Medical Society, which was held on October 1, 1935. Appearing also at this hearing and giving testimony concerning this election were the following members of our Society: Dr. C. B. Kelley, Treasurer of this Society; Dr. H. Alexander, a member of this Society; and Dr. B. T. D. Schwarz, former Secretary of this Society; and up to now there has been received by the Secretary's Office no official notice concerning the action of the Judicial Council.

On motion, this report was received.

AMENDMENTS

Dr. T. J. Schuck announced that the amendment to the Constitution and By-Laws, concerning the establishment of a Maternal Welfare Committee, would have to be read again and voted upon at this meeting. A two-thirds' vote will be required for its adoption.

Dr. V. P. Butler presented the following recommendations which are offered as amendments to the By-Laws:

"Chapter 4, Section 20: A Maternal Welfare Committee shall consist of nine members elected annually for a term of three years, three to be elected each year. Upon the adoption of this By-Law, three members are to be elected for a term of one year, three for a term of two years, and three for a term of three years. The committee shall select its chairman. This committee will cover all phases of Maternal Welfare, but give special attention to Maternal Welfare in this county. It shall coöperate with the Maternal Welfare Committee of the State Society, as well as those of other County Societies.

"It will report from time to time to this Society on matters of Maternal Welfare. The members will familiarize themselves with conditions existing in this County, and will make such recommendations as may be necessary to this Society. It shall furnish an annual report to this Society.

"Chapter 3, Section 9: The Secretary, Treasurer and Trustees shall be bonded in some authorized Bonding or Surety Company. The amount of the bond to be fixed by the Society at its annual meeting, based upon the financial reports submitted by them. The cost of such bonding is to be paid by the Society."

It was moved and seconded that these amendments be adopted by the Society. Motion carried. So ordered.

PUBLIC HEALTH COMMITTEE

Dr. A. E. Jaffin, Chairman of the Public Health Committee, offered the following resolution:

"Whereas, pulmonary tuberculosis is a preventable disease, in which the mortality has already been reduced from 182 per 100,000 in 1900 to 54 in 1933, and

"Whereas, in spite of our present improved methods of diagnosis, increased number of sanatorium beds, clinics, and other efforts, the decrease in the death rate since 1926 was from 76 to 54 per 100,000,

and not as great as that of the preceding ten years, from 1916 to 1926, when it dropped from 124 to 76 and

"Whereas, it is very doubtful whether our present highly developed methods will produce any further striking decrease, and

"Whereas, prevention at the source is the most effective method, and

"Whereas, the greatest danger is in the teen age and early adult life, and

"Whereas, the Mantoux test will reveal those already infected and lead to the source of infection much earlier, and

"Whereas, mass tuberculin testing and the rapid paper x-ray filming of high school students have proven to be the most effective means of attaining the above objective, and

"Whereas, at a recent meeting of the State Medical Society, and the Radiologic Society of New Jersey, as well as the New Jersey and Essex County Tuberculosis Leagues, it was recommended that each County Society approve this plan, believing that in so doing, it would tend to increase the leadership of the medical profession in all health matters to the mutual advantage of the public and profession, be it therefore

"Resolved, that the Hudson County Medical Society goes on record here and now as adopting these recommendations of the above-mentioned bodies as outlined in the March number of the Bulletin of the Hudson County Medical Society."

The resolution was passed by the Society after a lengthy discussion by Drs. Quigley, Maras, Potter, Schapiro, Pollak, Maver, Weiss, and Rector.

NOMINATING COMMITTEE

Dr. A. J. Conly, Chairman of the Nominating Committee, presented the following nominations for 1937:

President, Dr. J. L. Evans
Vice-President, Dr. W. Williamson
Treasurer, Dr. H. Spence
Secretary, Dr. T. Brennock
Reporter, Dr. J. N. Connell

Trustee for three years to 1939 (to fill unexpired term of Dr. Sullivan, deceased): Dr. W. J. Gleeson
One year to 1937: Dr. T. J. Schuck
Censor, three years to 1939: Dr. R. Ballinger
Member of Audit Committee, three years to 1939: Dr. H. B. Ainsley

Members of Publication Committee, three years to 1939:

Dr. I. H. Franklin Dr. M. I. Marshak
Dr. N. M. Alter Dr. J. D. Pellarin

Delegate to State Nominating Committee, to serve in 1937: Dr. J. F. Londrigan

Alternate to State Nominating Committee, to serve in 1937: Dr. F. McLoughlin

Committee on Constitution and By-Laws, three years to 1939: Dr. A. C. Ruoff

Legislative Committee, 3 years to 1939:

Dr. P. Kresch Dr. W. Weber
Dr. W. J. Matthews

Public Health Committee, three years to 1939:

Dr. J. L. Rosenstein Dr. G. Ginsberg
Dr. J. P. Stout

Delegates to State Convention, three years to 1939:

Dr. E. J. Chapman	Dr. R. L. Ballinger
Dr. T. J. Schuck	Dr. C. J. Larkey
Dr. B. S. Pollak	Dr. A. Leining
Dr. S. A. Cosgrove	Dr. J. J. Quinn
Dr. J. L. Evans	

Alternates to State Convention for three years to 1939:

Dr. A. A. Mutter	Dr. H. Fialk
Dr. E. J. Waters	Dr. A. Schlein
Dr. E. E. Lupin	Dr. S. B. Sprague
Dr. J. S. Madaras	Dr. J. A. Botti
Dr. J. J. O'Connor	

Election Committee, to serve in 1937:

Dr. S. G. Scott	Dr. W. M. Doody
Dr. W. Eckert	Dr. V. J. Sheeran
Dr. D. D. Dougherty	Dr. G. W. Kerdasha
Dr. L. A. Schneider	

Maternal Welfare Committee for one year to 1937:

Dr. A. A. Mutter	Dr. J. H. Jentz
------------------	-----------------

For two years to 1938:

Dr. G. B. Spath	Dr. I. L. Gordon
Dr. E. G. Waters	

For three years to 1939:

Dr. J. F. Norton	Dr. W. A. Pinkerton
Dr. S. A. Cosgrove	

It was regularly moved and seconded and adopted that the report be accepted.

SCIENTIFIC SESSION

Dr. Perry Hall read a paper as prepared by Dr. Samuel A. Cosgrove, who attended a meeting in Toledo. Subject—"Something About the Hospital".

Dr. John N. Connell read a paper on "Management of Toxemias".

Dr. E. G. Waters—Subject—"Injuries to Birth Tract During Parturition".

Dr. V. J. Reynolds—Subject—"Pathological Exhibit".

Meeting adjourned 12:10 a.m.

MERCER COUNTY

A. Dunbar Hutchinson, M.D., Reporter

The *Mercer County Medical Society* met in the Trenton Country Club on March 11th, President Stone presiding.

SCIENTIFIC

Dr. Ralph Tyson, Professor of Pediatrics, Temple University, addressed the Society on the subject, "The Present Status of Immunization".

*Dr. Tyson referred to immunization as preventive pediatrics, and subdivided the subject into five sections:

1. Prenatal, with reference to malformations. Mother's diet is the preventive agent.
2. Prevention of birth injuries.
3. Preserving the new-born, by general hygienic measures.
4. Control of early pediatric diseases arising from deficiency in the general make-up of the infant.
5. Immunize against smallpox, diphtheria, whooping cough, scarlet fever, poliomyelitis, mumps, chicken pox, measles, typhoid, tetanus, rabies and tuberculosis.

Dr. Tyson emphasized the necessity of preventing the respiratory infections by a proper balanced diet and rest in bed with optimum nutrition.

The prevention of mental disturbances was stressed, as in this realm of early infant life great changes in the nervous system may be developed and manifested in abnormal growth and associated diseases.

The speaker detailed in a most interesting manner the method and routine of close observation of the growing child, with suggestions for treatment.

A very interesting discussion followed in which Dr. Tyson took particular interest in answering the several problems introduced.

NEW MEMBERS

Following the counting of the ballots, the tellers announced the election of Drs. K. F. Metzger, S. R. Miller, Benjamin Salway and H. W. Swertfeger to active membership; Drs. S. B. Lavine, A. Lowenstein and H. S. Magee to associate membership, and Dr. C. W. Miller Jr. on transfer.

EXECUTIVE COMMITTEE

The amendment to the By-Laws creating an Executive Committee was adopted, and the election of Drs. J. H. McCullough, George W. Williams, and F. E. Proctor was made unanimous as members of this committee.

Dr. Haggerty again referred to the public health hour, and urged its support as a vital necessity.

MIDDLESEX COUNTY

Charles H. Calvin, M.D., Reporter

A special meeting of the *Middlesex County Medical Society* was held Wednesday evening, February 26th, 1936, at "The Pines", Metuchen, with the President, Dr. J. J. Mann, presiding. Members of the Woman's Auxiliary were also present.

Dr. Mann stated this was the first time the Middlesex County Medical Society has been honored by the presence of members of the State Legislature as guests of the Society. Assemblymen Andrew Kurtz and Fred DeVoe were present. Dr. Mann informed the Society the reasons for the absence of Senator John E. Toolan and Assemblyman John V. Burke.

MEDICAL LEGISLATION

Dr. Hilton Read, Atlantic City, Chairman of the Welfare Committee, addressed the Society on "Pending Legislation Affecting the Medical Profession". He stated he was happy to see the State Legislators present. The Welfare Committee is composed of four subcommittees as follows:

1. Public Relations Committee.
2. Public Health Committee.
3. Legislature Committee.
4. Welfare Committee.

Under Public Relations, he feels it is now time that information should be given the laity, and the information should be the proper kind. If this is done, he thinks the public will be behind the medical profession. All the public wants is the true facts. The Public Health Committee is trying to get the public to realize the value of immunization,

vaccination, tuberculin testing, etc., and this is to be done by our own physicians.

Dr. Read explained how the Legislature Committee functions. A bill, as soon as printed, is given to the committee who analyzes it. The analysis of the bill is then forwarded to the *key men* of each county with appropriate comments. The will or opinion of each county is thus secured and reported to the Representatives of both Houses. The bills presented this year are not of outstanding importance except the Workman's Compensation Bill and the Uniform Medical Practice Act. So far, the Legislators have coöperated 100 per cent with the physicians.

Dr. Read objected to the statement of Dr. Fishbein, Editor of the A. M. A. Journal, when he said there was no danger of socialization of medicine. While at present President Roosevelt is opposed to socialization of medicine, we do not know when he will change his mind. It really isn't the socialization, but the *politicalization*, of medicine we are afraid of, for it means inferior medicine. The public will not secure the medical attention which they should have. We have been formerly an *individualized* profession, but are now becoming *organized*, and we must talk in the language of the vote for the politician. Because of lack of organization, we have been the target of all the social groups, and it is time we woke up.

STATE SOCIETY PROJECTS

Dr. Spencer T. Snedecor, of Hackensack, First Vice-President of the Medical Society of New Jersey, said this was the first time he has been to one of the Middlesex County meetings. He really came to get acquainted. He praised Dr. George Fithian, of Perth Amboy, for his work on the E. R. A.

In Washington, D. C., there is the threat of socialized medicine, the Social Security Act, and the Copeland Bill to combat. The State Society decided to take a definite stand by interviewing all our Representatives at Congress, and explaining to them our position on all three propositions. It is felt the Pure Food Act is better than the Copeland Bill.

The Representatives were informed what the Social Security Act really meant, as interpreted by the Medical Society. They showed there were no provisions for crippled children, for the blind or for the aged, and also that nothing was said about the pay for the doctors. We have the best plan for medical care of any in the entire world and certainly do not want to fool with it. As other bills come up, we must try to explain to the Legislators our position and our opinions of these bills. This and a number of other things cannot be carried on individually but must be done by organized medicine. I recommend that the Middlesex County Society study the Washington Plan. It is apparently working well in Hudson and Passaic Counties. The Board of Trustees has approved this plan, and has submitted it to the American Medical Association. The hospitals were originally a place to take care of the sick, and were under the control of the physicians; but if we are not careful, the hospitals will soon try to dictate to the doctors.

The way to prevent this is by a strong organization. The physicians should control the policy of the hospital and the appointments to the staff.

Dr. LeRoy A. Wilkes, Executive Officer of the State Society, explained how our Legislature Committee worked. It watches all bills affecting the Medical Profession as they are introduced in the State Legislature. He praised all the Legislators for their hearty coöperation.

He stated that during the three years he worked in Austria he found the standard of their health and medical practice to be far below that of our dispensary clinics. There was no preventive medicine practiced in Europe and very little in England.

The legislative bills in which the Society is interested at present are the *Workman's Compensation Bill* and the *Social Security Act*. We will support any sound public health measures that are supported by the Public Health Department.

Another bill we are opposed to is the attempt to take the funds secured from the Medical Profession in license fees and place them in the general treasury. We feel that the money collected from the profession should be used for our own purposes.

RESPONSE OF LEGISLATORS

Mr. Andrew Kurtz, State Assemblyman, Middlesex County, said he was interested in health and the welfare of the State, and will be inclined to favor any bill which the medical organization wishes to present.

Mr. Fred DeVoe, State Assemblyman, Middlesex County, discussed the Social Security Act, stating that he is against it. He showed how the title of a bill may look very innocent, and stated that the only way to determine its import is to read the entire bill. He is only too glad to have our opinions on bills affecting the Medical Profession, for he feels we are far more able than he to offer an opinion on medical subjects. He stated he was against all *Deviation Bills*, meaning the diverting of funds from the highway, medical profession, hunters and fishermen licenses and placing them in the general treasury. He finished with saying he will be very glad to coöperate with this Society in medical and health legislation.

Refreshments were served after the meeting adjourned.

MONMOUTH COUNTY

James P. Pregnell, M.D., Reporter

EXECUTIVE COMMITTEE

A meeting of the *Executive Committee of the Monmouth County Medical Society* was held on Monday evening, February 3, 1936, at the Fitkin Memorial Hospital, Neptune, New Jersey.

Communications were read and ordered filed.

A letter from the State Board of Health, in regard to a license for the Rogers Maternity Home, Asbury Park, was referred to the Maternal Welfare Committee.

Legislative Bulletins from the State Executive Offices were read and discussed.

A memorial resolution on the death of Dr. Daniel Traverso was adopted; citing his interest in public health. (See Journal, March, page 173.)

A Post-Graduate Institute will be held under the auspices of the Philadelphia County Medical Society at the Bellevue-Stratford Hotel, Philadelphia, from April 20th to 24th. Further announcement of the program will be made later.

REGULAR MEETING

The regular meeting of the *Monmouth County Medical Society* was held at the Berkeley-Carteret Hotel, Asbury Park, N. J., on Wednesday evening, February 26, 1936, at 8:30 o'clock. President W. H. Fairbanks presided.

The minutes of the January meeting were read and approved, and the report of the Executive Committee was accepted.

EXAMINATION OF INSANE

It was moved that the Secretary write the Monmouth County Board of Freeholders, requesting them to establish a standard fee of ten dollars for the commitment of indigent patients to State institutions for the insane. The motion was seconded and passed.

W. P. A.

In answer to a communication from the County P. W. A. Headquarters, the Society passed the following motion: "All P. W. A. workers injured in the line of duty, should, after receiving first aid, be immediately referred to a private physician rather than to a clinic." The Secretary was instructed to inform the P. W. A. Headquarters of the Society's action.

MATERNAL WELFARE

The Maternal Welfare Committee reported favorably on the Rogers Maternity Home of Asbury Park.

NEW MEMBER

Dr. Robert S. McTague, of Atlantic Highlands, New Jersey, was elected to membership.

SCIENTIFIC

Following the business meeting, Dr. W. H. Fairbanks introduced the speaker of the evening, Dr. Nicholas Ransohoff, whose subject was "Newer Concepts of the Treatment of Fractured Neck of Femur".

Dr. Ransohoff described the method of treating fractures of the femoral neck devised by Dr. David R. Telson and himself. The fractures are reduced by the Leadbetter method, under local anaesthesia. When x-ray show reposition of fragments to be accurate, three heavy stainless steel wires, threaded on the end, were drilled through the femoral neck into the head of the femur. The point of entry, direction, and depth of insertion of the wires were determined by measurements on the x-ray film and projected on the patient by means of a simple formula. Following the insertion of the wires, the skin about them was depressed and the wires clipped. The skin was then allowed to spring back in place, covering the cut end of the wires. A simple sterile dressing was then applied, and

the patient was removed to his room either in a wheel chair or on a stretcher.

By means of this fixation, the fracture is so firmly splinted as to be disregarded as a factor in the treatment of an elderly patient. The method is simple, requires no incision, and produces no shock; and the end results are far better than those obtained by immobilization in plaster.

The paper was discussed by Drs. Slocum, Featherston, Maher, Rullman, Holters, Leonard, and Pregall.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A meeting of the *Morris County Medical Society* was held the evening of March 19, 1936, in the Recreational Hall of the Cafeteria Building at The New Jersey State Hospital at Greystone Park.

Vice-President Sherman, in the unavoidable absence of President Costello, presided over the meeting which was attended by about forty members, the attendance being affected by the weather and road conditions in the outlying areas.

AMENDMENTS TO CONSTITUTION AND BY-LAWS

Amendments to the Constitution and By-Laws were read and will be acted upon at the next meeting. They dealt with the following subjects:

1. To change the date of the annual meeting from September to June to conform with the fiscal year of the State Medical Society.

2. To enable the Executive Committee to admit new members to the Society.

3. To provide for a Committee on Constitution and By-Laws consisting of two members appointed by the President, to which committee shall be referred all suggestions for change in the Constitution and By-Laws and setting forth their duties.

4. To provide that the Chairman of the Public Relations Committee shall be elected from the members of the Executive Committee.

NEW MEMBERS

Four new members were unanimously elected to the Society: Dr. William Courtney Douglas, of Bernardsville; Dr. Marlin Treadwell Ryman, of Chatham; Dr. Bartelomeo Rossi, of Madison; and Dr. Marshall D. Hogan, of Greystone Park.

NOMINATING COMMITTEE

A Nominating Committee was chosen, consisting of Dr. Lathrope, Chairman, and Drs. Carberry and Teller, to make recommendations of officers and delegates at the annual meeting.

SYMPOSIUM ON MEDICAL ECONOMICS

Presiding Officer Sherman announced that the Program Committee had prepared a symposium on "The Practice of Medical Economics by County Medical Societies", in which officers and committee chairmen of the State Society outlined the current activities which County Societies and their members should sponsor. The speakers were: Dr. Thomas K. Lewis, of Camden, Chairman of the

Sub-Committee on Medical Practice of the State Welfare Committee;

Dr. Stanley A. Nichols, of Asbury Park, Chairman of the Sub-Committee on Public Health;

Dr. Spencer T. Snedecor, of Hackensack, Second Vice-President of The Medical Society of New Jersey; and

Dr. LeRoy A. Wilkes, Executive Officer of the State Medical Society.

The speakers covered their respective topics fully and lucidly, and emphasized professional security, and the recovery of the control of activities which practicing physicians had permitted to pass into other hands. Individual responsibilities were clearly indicated, as well as the essential importance of organized responsibility and activity to accomplish the ends of the Society.

The workshop of every doctor should be a *laboratory* of medical economics; his consulting room a *health center*; and the physician a *health officer*.

The practice of *curative* medicine has been and is well done, but *preventive* medicine needs the stimulus of organization taken care of in the doctor's office. The indigent medical relief problem must be answered by the medical organization; and Medical Societies must control the practice of the future. Definite appointments for immunization of the children in the Public Health Hour must be made instead of the vague invitation—"Come up and see me sometime."

The "Washington Plan" with its central admitting bureau was explained, and places in New Jersey and elsewhere where it is in successful operation were indicated. The operation of hospitals and how they can be brought more in accord with the physicians and medical economics was outlined.

An invitation was extended to the members when in Trenton to visit the Central Office of the State Society, and observe its operations.

The speakers contributed to an evening of unquestioned value and importance to the medical

men of Morris County, and this impression was cordially manifested by the members of the local Society. Discussion was entered into by various members of the audience, and explanations were readily given by the speakers.

SALEM COUNTY

Lee C. Hummel, M.D., Reporter

On February 12th the regular meeting of the *Salem County Medical Society* was held at the hospital. Dr. Flemming presided, and in spite of the weather a good representation was present.

SPEEDING UP BUSINESS SESSION

Due to the large accumulation of correspondence, the Secretary was appointed a committee of one to glean the important correspondence from the unimportant in the future, in order to speed up the business session.

DATE OF ASSUMING OFFICE

A motion was passed to change the date of election and installation of county officers to coincide with the election and installation of the State officers as suggested by the State Society. A Public Relations Committee was appointed consisting of Drs. Suter, Mackes and Hummel.

INFORMAL DISCUSSION

Because of the inclement weather and poor traveling condition, no speaker had been arranged for the evening and the meeting was turned over for general discussion of interesting cases seen by members of the Society. Such evenings may not be of great value for their instruction, but are very pleasant because of the opportunity for talking over with our fellow practitioners the daily problems we all meet.

The discussions were continued until midnight over sandwiches and coffee in the hospital dining room.

NEW JERSEY PHYSICIANS DYING IN FEBRUARY

Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Wm. F. Seidler	75	Feb. 22, 1936	29 Rossmore pl., Belleville	Same	Accidental fall at home.
Paul Luck	60	Feb. 27, 1936	Beth Israel Hosp., Passaic	120 Lexington Ave., Passaic	Lobar pneumonia.
John F. O'Brian	34	Feb. 16, 1936	St. Mary's Hosp., Passaic	175 Bergen Ave., Ridgefield Park	Broncho pneumonia. Miliary tuberculosis.
Frederick W. Gilbert	62	Feb. 12, 1936	112 Prospect St., Ridgewood	Same	Myocarditis. Endocarditis. Chronic nephritis.
William H. Green	45	Feb. 13, 1936	38 Emmet Ave., Newark	Same	Acute nephritis.
Herman B. Campbell	57	Feb. 5, 1936	30 Keer Ave., Newark	Same	Broncho pneumonia.
Mary E. Pattengell	68	Feb. 14, 1936	114 Orient Ave., Jersey City	Same	Diabetic mellitus.
Robert Glasgow	81	Feb. 25, 1936	Odd Fellows Home Trenton	Burlington	Chronic myocarditis. Arterio sclerosis.
John V. Ward	37	Feb. 26, 1936	Vernon	Monroe Pl., Ridgefield	Carbon monoxide gas. Suicide.
William C. Allen	64	Feb. 7, 1936	Blairstown	Same	Ac. bronchitis. Diabetes. Lobar pneumonia.

THE WOMAN'S AUXILIARY

PRESIDENT'S LETTER

Dear Auxiliary Members:

At the beginning of the year, in our inaugural address, we likened the progress of our Auxiliary to the airplane. (Supplement, Jour., Sept., p. 73.) We hope you have had an enjoyable trip; and now as we approach the end of the year we trust that your landing will be safe and satisfactory,—“a happy landing”.

The end of our Auxiliary year is in sight and we must give an account of our stewardship. The American Medical Association Convention meets in Kansas City, May eleventh to fifteenth, and our State meeting will be held in Atlantic City June second, third and fourth. It is quite necessary that our reports should be ready for both conventions. Send your reports, if you have not already done so, at once to me and to the proper officers.

The Fall was delightful in its balmy atmosphere, but the Winter has been cold and dreary; perhaps some can say with Longfellow:

“O the long and dreary Winter;
O the cold and cruel Winter;
Ever thicker, thicker, thicker
Froze the ice on lake and river,
Ever deeper, deeper, deeper.
Fell the snow o'er all the landscape.”

But now, Spring with its budding blossoms, the returning birds, the growing grass, and the bursting foliage beckons us on to renewed

effort so that we may bring our year's work to a fitting close.

I trust many of you will be able to attend the Kansas City meeting. Such large gatherings are an inspiration, and the new contacts made, and the new ideas exchanged, create enthusiasm. Just to know there are so many others doing the same thing as you inspires you to greater effort. You will then return to our own State meeting in June full of the spirit of the Auxiliary and plans to help our doctor husbands and The Medical Society of New Jersey.

Our own State meeting must be sustained. We will have most interesting business sessions, a wonderful Arts and Hobby Exhibit, an attractive card party, an enjoyable luncheon, and a banquet and reception, all for your entertainment and recreation. We want your presence at all these gatherings; encourage your officers by attending the business meetings; go to the luncheon and visit your friends; honor the men by attendance at the banquet and reception; and be sure to visit the Arts and Hobby Exhibit to see what talent your friends have, and if you have any thing you would like to place on view, send it.

“Shall we meet for tea at the Arts and Hobby Room?”

MRS. FREDERICK A. KINCH,
Westfield, N. J.

THE ART AND HOBBY EXHIBIT

A letter from Mrs. Ily R. Beir, Atlantic City, Chairman of the Art and Hobby Exhibit Committee.

To Members of the Woman's Auxiliary:

Your attention has been called to the Art and Hobby Exhibit at our Annual Meeting on June 2-4, 1936. Three special circular letters were prepared and sent to the Presidents of the County Medical Societies, the Presidents of the Woman's Auxiliaries, and to the exhibitors in previous years. Each of these letters emphasized the *historical* phase of the exhibits, the appeal to the Auxiliary Presidents being as follows:

“This year we will add a new feature of historical interest. We request that you obtain, for our exhibit at the Annual Meeting, the loan from your County Historical Society, or from members or their families, of objects, documents, pamphlets, etc., of medical histori-

cal interest, or articles bearing on the life and career of noted New Jersey doctors.”

The letter to previous exhibitors contained the following suggestion:

“An added feature this year will be an exhibit of objects of medical historical interest. Should you have any documents, pamphlets, objects, instruments, etc., that bear upon medical matters of New Jersey, medical men of New Jersey, or medical history of New Jersey, we would be very glad to have you enter them.”

It would be well for the Woman's Auxiliary to adopt the project of searching for mementos of medical practice in the past and of collecting descriptions of them for permanent preservation. Your Chairman submits this

proposition to the members for their consideration at the Annual Meeting. If members who have articles, records, relics, etc., of medical historical interest who do not care to send same for exhibition will send a list and description of such articles together with the place and hours at which they can be seen, a record of same will be accessible at the exhibit rooms and a copy on file at Trenton.

Since arts and hobbies have both been well

represented in the past and medical historical exhibits added this year and because space will probably not permit separate exhibit rooms, and separate committees are not needed, I recommend that the title of this exhibit and committee be changed from Arts and Hobby to that of Arts, Hobby, and Medical History Exhibit or Committee.

MRS. ILY R. BEIR, *Chairman,*
Art and Hobby Exhibit.

STATE EXECUTIVE BOARD MEETING

The regular March meeting of the Executive Board of the *Woman's Auxiliary to the Medical Society of New Jersey* was held at Essex House, Newark, N. J., on Monday, March 9, 1936. The president, Mrs. Frederick Kinch, presided with twenty-one members and two guests present.

The Treasurer's report was read, and later Mrs. McConaghy again presented the budget, which was discussed, but will not be acted upon until the meeting in Atlantic City.

Mrs. Beir, as Chairman of the Arts and Hobbies Exhibit, reported that an Historical Exhibit would be added to the other collection and asked that each county send articles or old medical curiosities.

Most of the session was given over to reading and discussing the revised Constitution and By-laws of the Auxiliary, which is to be presented at the June meeting in Atlantic City, to be voted on.

At one o'clock a delicious luncheon was served, for which Mrs. K. C. Forsyth, president of the Essex County Auxiliary, was the chairman. Later a rising vote of thanks was given to her by the members in appreciation of her courteous hospitality.

For the convention at Kansas City, the following are the delegates and alternates:

<i>Delegates</i>	<i>Alternates</i>
Mrs. Mulford	Mrs. Mann
Mrs. Lippincott	Mrs. Sfena
Mrs. Corbusier	Mrs. Strainberg
Mrs. Rogers	Mrs. VanNess
Mrs. Haggerty	Mrs. Epler
Mrs. Renner	Mrs. Hubbard
Mrs. Beir	

The meeting adjourned about four o'clock, the members to meet again the day before the opening of the June Convention.

Atlantic County

Mrs. Carl A. Surran, President

The *Women's Auxiliary to the Atlantic County Medical Society* held its regular monthly meeting at the Amassador Hotel, Friday, March 13, 1936, at 8 P. M. The president, Mrs. Carl Surran, presided.

Reports of officers and committee chairmen were given, and the constitution was read. During the meeting Mrs. Surran extended a cordial invitation to all members of the Auxiliary to a luncheon-bridge on Wednesday afternoon, March 18th, in appreciation for the hearty coöperation and pleasure she received from all the members.

After the business meeting we were entertained by Dr. Mario Badillo, director of the Toy Theatre. Dr. Badillo discussed the modern theatre, emphasizing its tremendous advancement in the last few years. He explained the forward movement as being due to wide interest being taken in the Federal theatre project and the greater experience of the playwrights and their entrance into a more active outside life.

"Next to Russia, with its Art Theatre", he stated, "America is doing the best work. This is because the President of the United States has a deep understanding of its workings, as proved by the Fed-

eral theatre project. For this tremendous work, people have been selected who have never used the theatre for commercial purposes, but for creative work alone; those who have something to give to the art."

According to Dr. Badillo, the project has been divided into sectional groups throughout the country, and in the South the Negro players are presenting Shakespearean drama.

The speaker mentioned the work of the Children's Theatre, which teaches concentration and observation; the Poetic Theatre, the Community Theatre, and the New Theatre.

Seven sketches from well-known plays that have enjoyed success on Broadway were presented by a group of players from the Toy Theatre. They included: "Pride and Prejudice", "Remember the Day", "Accent on Youth", "Paradise Lost", "Winterset", "First Lady" and "Jay Hawker."

Participating in the sketches were: Lee Case, Mae Thomas, Mabel Fairfax, Edith Chambers, Catherine Wilson, George Tallas, Master James Kraverebach and Dora Dare.

Mrs. Adrian Wychgel sang as solos, "I Heard You Going By" and "The Lilac Tree", and a combined violin and vocal selection, "An Old Violin". She was accompanied by Mrs. Alfred Westney.

Mrs. E. Virginia Moore, monologist, gave "The Green Eye of the Yellow Goddess", accompanied at the piano by Bernard Holtennorth.

Attending were: Mrs. Bernard Crane, Mrs. Edward Dyer, Mrs. D. C. Reyner, Mrs. Charles Hyman, Mrs. Sidney Rosenblatt, Mrs. Alfred Westney, Mrs. Arthur Von Dielan, Mrs. Lawrence Wilson, Mrs. M. Brown Holoman, Mrs. Eugene Dalton, Mrs. Sloan Stewart, Mrs. Louis Feinstein, Mrs. Abraham Kretchmer, Mrs. Samuel Gorson, Mrs. Samuel Salasin, Mrs. P. H. Marvel, Mrs. S. M. McGeehan, Mrs. William Roop, Mrs. David Allman, Mrs. J. J. Berry, Mrs. Harry L. Hoffman, Mrs. S. E. Fredericks, Mrs. William Gyger, Mrs. Carl Surran, Mrs. William J. Carrington, Mrs. Ruffin Stamps, Mrs. W. B. Stewart, Mrs. James H. Mason, Mrs. Samuel L. Winn, Mrs. C. D. Sinkinson, Jr., Mrs. Robert Bradley, Mrs. E. H. Harvey, Mrs. I. R. Beir, Mrs. E. L. Miles, Mrs. Percy C. Joy, Miss Mabel Fairfax, Mrs. Raymond Williams, Mrs. John Irvin, Mrs. L. M. Walker, Mrs. Manuel Malley, Miss Catherine Cleary.

Essex County

Reported by Mrs. Nicholson

The regular meeting of the *Woman's Auxiliary to the Essex County Medical Society* was held at the Academy of Medicine, 91 Lincoln Park, Newark, March 23, 1936, at 2 p. m. Plans are being arranged for a tea April 27, 1936, in "Honor of the Doctors' Mothers".

Mrs. K. Forsyth, President of the Auxiliary, introduced the speaker of the afternoon, Dr. A. C. Zehnder, President of the Essex County Medical Society, who gave a very interesting talk on the Washington Plan of the Medical-Dental Service Bureau. Dr. Zehnder also gave a resumé of the Benevolent Fund. He explained how the fund was created, and how the monies were disbursed to needy physicians and their families. The Auxiliary has again contributed \$500.00 to the fund.

The second speaker, Dr. Haven Emerson, professor of Public Health at the College of Physicians and Surgeons, Columbia University, spoke on "Organized Care of the Sick". Dr. Emerson praised the Visiting Nurses' Association. He said the nurses going from home to home make unnecessary the building of new hospitals, and the making of expensive additions to the older ones. Dr. Emerson asserted that many patients respond to treatment in the home much better than in a hospital. He mentioned particularly children ill with pneumonia and many maternity cases. The cost of such care is much less than in a hospital. A hospital survey of the metropolitan district, which has been under way for some time, was largely the foundation of Dr. Emerson's address.

March 19, 1936 the Auxiliary served as hostesses for the 25th Annual meeting of the Academy of Medicine.

Hudson County

Reported by Mrs. J. A. Murray

The *Woman's Auxiliary to the Hudson County Medical Society* held its regular monthly meeting on Monday, March 2nd, at 2 p. m., in the Y. W. C. A.

in Jersey City, the President, Mrs. A. E. Jaffin, presiding, and thirty-nine members present.

Immediately after the opening of the meeting, Mrs. John Nevin, a Past President of the Auxiliary, paid a beautiful tribute to the loyalty and service of Mrs. Josephine Haggerty, one of our beloved officers, who died during the past month; and the Auxiliary stood in silence for several minutes in her memory.

Mrs. Frank Facciolo, Public Relations Chairman, reported that we have the consent of the Hudson County Medical Society to read five-minute health articles before other organizations. The articles are to be written by members of the Hudson County Medical Society, and are to be read by members of the Auxiliary who are also members of other organizations.

Our President, Mrs. Jaffin, announced that in conjunction with these talks the Auxiliary is planning to invite leaders of these other organizations to our April meeting when Dr. Martin E. Rehfsuss, of Philadelphia, will be the guest speaker. He will address the meeting on "Fashions in Dieting".

Mrs. Miles T. Long, Membership Chairman, reported five new members: Mrs. Sidney Chayes and Mrs. M. J. Weiss, of Bayonne; Mrs. Thomas Kegan and Mrs. Thomas McG. Brennock, of Jersey City, and Mrs. Edgar Roberts, of West New York. This makes a total of nineteen new members since January first. Our Membership Chairman and her committee deserve much praise for their splendid work.

The speaker of the day was Mr. Carl Barget of the faculty of Dickinson High School. Mr. Barget reviewed women in America during the first years of the nineteenth century, particularly in New England. "The young girl of that period was expected to get married and manage a home," he said. "Most of them did, but a few exceptions, such as Emma Willard, Mary Lyon, Lucy Larcom and Susan B. Anthony, stepped out and sowed the seed which resulted in the higher education of other women and the advancement generally of women in all walks of life until today there is scarcely a vocation or profession which is not open to them."

Mr. Barget traced the life of women in the years right after the war of 1776, and told how the home was the center for practically everything; how the women not only cooked and cared for the children, but spun the cloth and made the garments of the whole family. He also told how decade by decade many of these occupations were taken out of the home and in some instances, especially in the first years of manufacture, women followed their work in the factories.

A social hour followed. Mrs. John O'Neill poured tea and a group of hostesses served.

Middlesex County

Reported by Mrs. William H. McCormick

The members of the *Women's Auxiliary to the Middlesex County Medical Society* were the guests of the Medical Society on Wednesday, February 26th, at their Legislature Meeting at the Hotel Pines

in Metuchen. On this occasion the Auxiliary omitted the usual business meeting.

On Wednesday afternoon, March 11th, the Auxiliary held a special meeting at the Packer House in Perth Amboy with the President, Mrs. John J. Mann, presiding. Interesting discussions of the work of the Public Health and Public Relations Committee took place. The work and aims of the Association for the Relief of the Widows and Orphans of Physicians were also presented at the meeting.

A temporary Constitution and By-Laws were adopted.

After the meeting adjourned, the members of the Auxiliary were the guests of the President, Mrs. Mann, at tea.

Union County

Reported by Mrs. Frederick A. Kinch

The *Woman's Auxiliary to the Union County Medical Society* gave a tea Wednesday afternoon at the home of Dr. and Mrs. Harold D. Corbusier, of Plainfield, for other women's organizations in the county interested in health problems, and for the other Auxiliaries throughout the State.

Dr. Norman W. Burritt, of Summit, gave an address on "The Doctor's Office a Health Center". Each individual has the right to choose his own physician, and when sick should go to him and not to a drug store, a Board of Health, or a hospital for treatment. This and what constitutes a problem of public health was the theme of his talk.

At the conclusion of his address, Dr. Burritt answered questions on the status of the Public Health Hour which was adopted last year by the doctors of the county so that everyone in the community could have the advantage of diphtheria and small-pox inoculation; and on the tubercular testing of

school children in their teen ages. This latter question is now before the Medical Society of Union County for a workable and satisfactory solution.

Following this, Dr. LeRoy A. Wilkes, Executive Secretary of the Medical Society, spoke briefly on his work in the schools in Philadelphia in trying to ascertain the children physically unfit to continue their education until their health was first improved.

The members of the State Board of the Women's Auxiliary who were present were called upon to say a few words. Mrs. F. A. Kinch, State President, and member of the Union County branch, greeted the guests.

At the conclusion of these talks refreshments were served by the hostess, who was assisted by Mrs. F. B. Gilpin and Mrs. F. A. Kinch.

Warren County

Reported by Mrs. Herman Baldauf, Secretary

The *Woman's Auxiliary to the Warren County Medical Society* met on the afternoon of March 17th at the home of Mrs. F. A. Shimer, Phillipsburg. A business meeting was held with Mrs. William Varney, of Washington, presiding. Mrs. Herman Baldauf, Belvidere, gave her report as Secretary.

A motion was made to send committees to each Warren County town to make personal calls on the doctors' wives, to interest them in the Auxiliary. Mrs. D. P. D. Jackson and Mrs. Herman Baldauf, Belvidere, were given Blairstown and Belvidere area; Mrs. William Varney and Mrs. Skinner, Washington, were given Washington, Oxford and Vienna. Mrs. Krautz, Mrs. Shimer and Mrs. Stope, of Phillipsburg, were given Phillipsburg and Hacktstown.

Following the business meeting, tea was served by the hostess. The next meeting will be at the home of Mrs. Varney in Washington.

BOOK REVIEW

TREATMENT BY DIET, by Clifford J. Barborka, B.S., M.S., M.D., Department of Medicine, Northwestern University Medical School, Chicago. Cloth. Price \$5. Pp. 615, with illustrations. Philadelphia & London: J. B. Lippincot Company, 1934.

After many years of waiting, in the hope that some day a practical book on dietotherapy will appear, which will not be a repetition of the many obsolete and frequently a conglomeration of meaningless lists of diets, the reviewer found it in Dr. Barborka's book. The material is given concisely, in outline form, of diets in health and disease. Anyone interested will find under each disease entity the etiology, dietary indications and then a few sample dietaries for each of the three meals, per diem. The author covers every subject where diet is an essential part of the treatment clearly and

concisely. He has dietary suggestions, for example, in the care of circulatory and febrile ailments, lesions of the oesophagus, stomach, biliary tract and liver and the intestines. As the originator of the Ketogenic Diet, he gives indication for its use in epilepsy, migrain, asthma, and chronic urinary infections. The question of food allergy is covered by the author's broad grasp of the principles of dietotherapy. Diets for skin lesions, arthritis, pregnancy and lactation, dental caries and routine hospital diets, as well as special methods of feeding conclude this encyclopedic modern discussion of treatment by diet. There is so much valuable material for all those interested in this subject that the reviewer cannot cover it without the utilization of much space. For the physician lecturing to student nurses in a hospital, it contains much valuable material. The book should be in the library of every thinking physician.—J. G.

The NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

**Proctology,
Gastro-Enterology**
and ALLIED SUBJECTS

For the
General Practitioner

Intensive full time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City

ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.

Dependable Gland Products

2-24 Mt. Pleasant Ave.

Newark, New Jersey

ORTHOPEDIC SHOES

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY

Medical Service Co.

INCORPORATED

370 WEST MARKET STREET
NEWARK, N. J.

Physicians'
And Surgical
Equipment
And Supplies

Rentals of:
Oxygen Tents
Hospital Beds
Wheel Chairs
Diathermy Appts.
Etc.

WE SOLICIT YOUR
KIND PATRONAGE

FIREMEN'S PHARMACY

DEPENDABLE
PRESCRIPTION
SERVICE

NEW JERSEY
FORMULARY
PREPARATIONS

BIOLOGICALS

BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

HENRY C. BARKHORN M.D., 45 Johnson Ave., Newark, N. J.

Change my address on mailing list

From.....

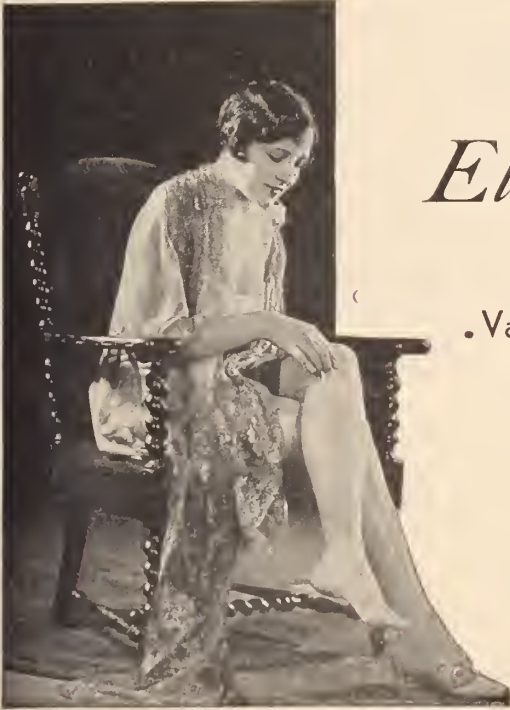
To.....

Journal is not being received

My correct address is

Date

Signed..... M. D



The "Master" *Elastic Stocking*

- Varicose Veins
- Swollen Limbs
- Sprained Muscles
- Weak or Enlarged Joints

The "Master" is preferred Because

... it is hand-knitted to individual measurements from one continuous strand of rubber • The exact shape of the limb is knitted into the stocking • With each stitch the exact amount of pressure is under complete control.

• It assures support ... affords comfort ... wears exceedingly well.

POMEROY

SURGICAL APPLIANCES

901 Broad Street,

Newark, N. J.

New York • Bronx • Brooklyn • Detroit • Boston • Springfield • Wilkes-Barre

MEDICAL PRACTITIONERS RECOGNIZE US AS DEPENDABLE OPTICIANS

Est. Since

1895

Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions
MAINTAINING

Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Personal
Supervision
Eugene J.
Anspach

ANSPACH BROS. Prescription Opticians **838 BROAD ST., NEWARK**

556 Main St., East Orange, N. J.

382 Springfield Ave., Summit, N. J.

626 Cookman Ave., Asbury Park, N. J.

MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

1920

Careful Compounding of the Eye Physician's
Prescription for Perfect Glasses



Guildcraft Opticians

At the Centre
Tel. Montclair 2-6128

Member of the Guild of Prescription
Opticians of America

1936

Eye Physicians Prescriptions Exclusively

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

Member of the Guild of Prescription
Opticians of America

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
SO. ORANGE, N. J.	... Taft's Pharmacy, 2 So. Orange Ave.	S. O. 2-0063
NEWARK, N. J.	... Liss, Michael, 794 Mt. Prospect Ave.	HU. 3-4794

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Personal and Dependable Service, Day and Night. Special Attention Given
to Hospital Calls, Train and Express Shipments

PLACE	NAME AND ADDRESS	TELEPHONE
NEWARK, N. J.	... Smith and Smith, 160 Clinton Ave.	Bigelow 3-2123
ELIZABETH, N. J.	... Aug. F. Schmidt & Son., 139 Westfield Ave.	Elizabeth 2-2268
ORANGE, N. J.	... Weatherhead Funeral Home, 126 Main St.	Orange 3-5278-9

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO RENT
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, \$1.00

CASH MUST ACCOMPANY ORDER

Forms Close 26th of the Month

FOR SALE—Summit, N. J. Corner House. Exclusive residential section. Ideal for Doctor's office and home or for convalescent home. Sixteen beautifully and completely furnished rooms with two exposures. Four baths. Bedrooms with hot and cold running water. Oil heat.

Will sell with or without furnishings. Exceptional opportunity. Box 275—Summit, N. J.

FOR SALE—At 41 Ridgewood Ave., Glen Ridge, N. J. A residence of artistic beauty, with all conveniences for gracious living—yet suitably arranged with separate wing for physician or dentist. Well built but reasonable. Phone Glen Ridge 2-5389-J.

DOCTOR wishes office hours two or three times a week in good section of South Orange. Would rent from Doctor in non-competitive line, or would associate with another in establishing new office. Necessary finances for all requirements. Address Box K, care of The Journal.

PRINTERS SINCE 1908

Specializing in

CATALOGUES STATIONERY
COMMERCIAL FORMS BOOKLETS

MEDICAL SOCIETY BULLETINS

ENGRAVED PROFESSIONAL STATIONERY
MODERATELY PRICED

The Orange Publishing Company

12 SOUTH DAY STREET
ORANGE, N. J.

—Printers to the State Medical Society—

COMPLETE PRINTING SERVICE



WHY CAMP SUPPORTS ARE SCIENTIFICALLY DESIGNED

THE Camp designing staff—with a combined experience of many years in the surgical support field—is constantly endeavoring to render in Camp garments the objectives of various groups of specialists consulted, as well as professional suggestions relayed by Camp nurses detailing all over the world and by Camp dealers.

From the eastern seaboard three years ago and a little later from the West and Midwest came this suggestion from obstetricians: the desirability of a diagonal pull, in addition to the straight around attachments, in a garment designed to support the abdominal walls without disturbing the relationship of the fetus to the pelvis. To effect this abdominal support, and at the same time to provide proper back support, was a task involving considerable difficulties. However, approximately twelve months later—after numerous conferences, many adjustments and trial by various pregnant patients—a new series of prenatal supports was completed, prenatal supports with a diagonal pull, proved by X-ray to support properly the abdominal walls without constriction at any point.

A comparable situation arose with a number of different internists. The desirability of a garment to fit snugly—without discomfort—over thin, protruding hip bones and yet to hold the abdominal organs as high as possible, was obvious from requests by physicians who had prescribed and found wanting in these respects many visceroptosis garments. To provide such a garment involved the manufacture of a specially made material pliable enough to fit like a hood over the crest of the ilium and sufficiently firm to support the abdominal organs. Only after two years of collaboration and painstaking investigation was there ready for distribution a series of such garments.

Thus is the designing room at the Camp factory a veritable melting pot of professional desires and design possibilities. This is why Camp supports are scientifically designed.

S. H. CAMP & COMPANY, JACKSON, MICH.

Manufacturers

CHICAGO NEW YORK WINDSOR, CANADA LONDON, ENGLAND



CAMP PROFESSIONAL SUPPORT SERVICE

Accepted by the Council on Physical Therapy
of the American Medical Association

Belle Mead Sanatorium and Farm

BELLE MEAD, NEW JERSEY

Long established and licensed. On the approved hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy. With a separate, attractive department for Convalescents and Elderly Persons. Five attractive buildings for thorough classification.* Physicians are invited to visit and coöperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a four hundred acre stock farm at the foot of the Watchung Mountains. Easily accessible by rail, bus and auto. Scientific treatment and nursing. Hydrotherapy, electrotherapy, suitable diversion. Occupational therapy. Arts and craft shop. **RATES VERY REASONABLE** for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phone Belle Mead 21. New York City Office, 667 Madison Avenue; hours 3 to 4 Tues., Thurs., Sat. Tel. Regent 4-2160.

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

AN AID FOR THE PREVENTION OF RINGWORM INFECTION

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed

For Hand and Skin Sterilization

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity

NON-POISONOUS NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES

Incorporated
300 Century Building
PITTSBURGH, PENNA.

precise **ACCURACY** with **Portability** and these exclusive features:

- Calibration 250 or 300 mm.
- Size 1½" x 3¾" x 11½".
- Weight 30 ounces.
- Inflation system self-contained.
- Cast Duralumin Case.
- Manometer encased in metal.
- Nameplate cast in cover.
- Air-Flo Control.
- Individually calibrated Pyrex glass tube.
- Steel reservoir.
- Unobstructed legible scale.
- Lifetime guarantee against glass breakage.
- Perpetual guarantee for accuracy.
- Price \$29.50.



KOMPAK
MODEL
SMALLEST
LIGHTEST
HANDIEST

Lifetime
Baumanometer
STANDARD FOR BLOODPRESSURE

W. A. BAUM CO. Inc. NEW YORK
SINCE 1916 ORIGINATORS AND MAKERS OF
BLOODPRESSURE APPARATUS EXCLUSIVELY

Behind MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)



is a background of

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association



A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.
BALTIMORE, MARYLAND

AURORA INSTITUTE

A RESORT FOR HEALTH

Morristown, New Jersey

Telephone: 4-3260

COMPLETELY equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroid, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. NO CONTAGIOUS OR MENTAL CASES.

Write for further information

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

ADOLPH WEIZENHOFFER, M.D., Assoc.

WILLIAM S. COLLENS, M.D., Director of Metabolism

FAIR OAKS

SUMMIT N. J.

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous dis-

eases, exhaustion states and cases requiring rest, hygienic, dietetic and occupational therapy.

Insane and tubercular cases are not accepted.

Telephone 6-0143

D. R. T. P. PROUT
Summit, N. J.

BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY



"Interpines"

GOSHEN, N. Y.

Phone 117



Ethical - Reliable - Scientific

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

Frederick W. Seward, M.D., Director

Frederick T. Seward, M.D., Res. Physician

Clarence A. Potter, M.D., Res. Physician

CHARLES B. TOWNS HOSPITAL

293 Central Park West

New York, N. Y.

For ALCOHOLISM and DRUG ADDICTION

This institution has specialized in addictions for over 30 years. Its method of treatment has been fully described in THE JOURNAL A. M. A.; in The Handbook of Therapy, from the A. M. A. Press; and in other scientific literature. The treatment is a regular hospital procedure, and provides a definite means for eliminating the toxic products of alcohol and drugs from the tissues. A complete Department of Physical Therapy, with gymnasium and other facilities for physical rebuilding, is maintained. Operated as an "open" institution. Physicians are not only invited but urged to accompany and stay with their patients.

**ANY
PHYSICIAN**
having an ad-
dict problem is
invited to write
for Hospital lit-
erature.



Located Directly
Across from Central Park

Mountain View Rest

Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651-1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism.

Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.



APPROACH



VIEW OF THE GROUNDS

BOOKLET AND TERMS ON REQUEST

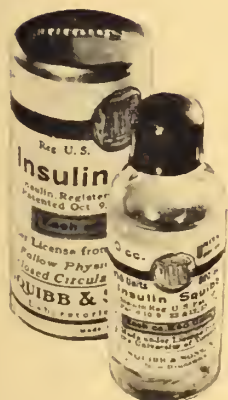
Visiting Resident Physician

DR. GEO. DAVIES

15 Fairview Avenue

Verona, N. J.

INSULIN SQUIBB



Manufactured under
license from the
University of Toronto

Made from beef pancreas

INSULIN SQUIBB is an aqueous solution of the active principle obtained from beef pancreas. In common with other brands of insulin, it must conform to the standards and requirements established by the Insulin Committee of the University of Toronto . . . Insulin Squibb is highly purified, highly stable, remarkably free from pigmentary impurities and proteinous reaction-producing substances . . . Supplied in 5-cc. and 10-cc. rubber-capped vials and in usual "strengths."

E. R. SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

A SQUIBB GLANDULAR PRODUCT

Calcreose, Maltbie

THE ORIGINAL BRAND OF CALCIUM CREOSOTATE, U.S.P. XI.

A dependable aid in the treatment of chronic and persistent coughs.

Calcreose is available in these two convenient forms:

COMPOUND SYRUP CALCREOSE

An expectorant cough syrup that tastes good
is effective and does not nauseate.

Each fluid ounce represents:

Calcreose Solution (N.N.R.)	160 Minims
Alcohol	24 Minims
Chloroform (approximately)	3 Minims
Wild Cherry Bark	20 Grains
Aromatics and Syrup q. s.	

TABLET CALCREOSE 4 GRAINS

Each tablet equivalent to two minims
of pure creosote combined with cal-
cium oxide.

May we send
you complimentary samples
of both?

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY

The Medical Profession Can Rely Upon Us to Render
ACCURATE OPTICAL SERVICE

No Glasses Are Supplied Except on Prescription—

WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is
the oldest optical house in New Jersey, having been established in 1892.
Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

J. C. Reiss
Optician

Hill Street

Is on the West side of
Broad St.

Opposite City Hall
Where parking is possible.

Member of the Guild of Prescription Opticians of America

ANNUAL REPORTS AND PROGRAMS

ANNUAL MEETING — JUNE 2-4, 1936

Haddon Hall, Atlantic City

THE N. J. ACADEMY
OF MEDICINE
MAY 19 1936

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society

137 EAST STATE STREET, TRENTON, N. J., TEL. 9330

VOL. XXXIII, No. 5

MAY, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 245-326

EDITORIALS—

	Page
PUBLICITY FOR THE COUNTY MEDICAL SOCIETY	245
THE ANNUAL REPORTS	246
RESPONSIVENESS TO CONTACTS	246
PROMPT ACTION IN UNION COUNTY	247
THE FIRST DECADE OF THE MEDICAL SOCIETY OF NEW JERSEY	248
THE NEW BRUNSWICK HEALTH WEEK	248
DETECTING TUBERCULOSIS IN PUBLIC SCHOOLS	249
GOOD MINERS	250
OBITUARIES OF MEMBERS	250

ANNUAL MEETING—

Annual Reports of Officers and Committees	251-290
Reference Committees on Annual Reports	290
Index of Annual Reports	291
Programs of Annual Meeting	292-296
Commercial Exhibits	297
Announcements	299

STATE SOCIETY ACTIVITIES—

The First Decade of The Medical Society of New Jersey	300
Annual Meetings, 1786, 1836, and 1866	305
Dr. Wells P. Eagleton for President of the A. M. A.	307

STATE SOCIETY ACTIVITIES (Cont.)— Page

Medical Care of Low-Wage Group—Report of Committee on Medical Practice	308
Board of Medical Examiners, Prosecutions	310
Course in Public Speaking	311
New Brunswick Health Week	311
Immunizations in April	314

OBITUARIES—

Deaths During March	313
Dr. Evans Steadman	314

COUNTY SOCIETY REPORTS—

Atlantic	315
Bergen	316
Burlington, Camden	317
Cape May, Cumberland, Essex	319
First and Second Judicial Districts	320
Academy of Medicine of Northern N. J.	320
Gloucester, Hudson, Mercer	321
Middlesex, Monmouth	322
Morris, Somerset, Union	323
Warren	324

WOMAN'S AUXILIARY—

Letter from the Chairman of Organization	325
Atlantic, Hudson, Somerset	326

Roster of Officers and Committees, Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)
12 South Day Street, Orange, N. J.

Copyright 1936 by
The Medical Society of New Jersey



Entered as second-class matter, Sept. 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

THE WATERS OF SARATOGA SPA



Analysis of the Three Waters

(MINERAL PARTS PER MILLION)

Hypothetical Combinations	Geyser	Hathorn	Coesa
Ammonium chlorid	61.17	59.10	38.77
Lithium chlorid	27.00	64.49	42.43
Potassium chlorid	233.81	789.54	348.00
Sodium chlorid	2,511.61	8,594.84	4,930.39
Potassium bromid	32.00	160.00	16.00
Potassium iodid	1.60	4.80	2.00
Sodium sulphate	Trace	None	None
Magnesium sulphate	None	None	None
Sodium metaborate	Trace	Trace	Trace
Sodium nitrate	Trace	Trace	Trace
Sodium nitrite	Trace	Trace	Trace
Sodium bicarbonate	2,206.54	424.71	433.70
Calcium bicarbonate	1,877.09	3,380.84	2,545.74
Barium bicarbonate	Trace	25.65	39.03
Strontium bicarbonate	Trace	Trace	Trace
Ferrous bicarbonate	23.15	40.07	14.25
Magnesium bicarbonate	874.71	2,244.88	1,378.52
Alumina	1.59	4.98	2.70
Silica	6.60	14.40	9.60
Total	7,856.87	15,808.30	9,801.22

This means that an 8 oz. tumbler of Geyser Water for instance, contains 28 grains of minerals of which 18.2 are acid-fighting bicarbonates. Other mineralized waters boast when they can show 3 grains.

Look for the Seal of The State of New York on every bottle of the genuine waters of Saratoga Spa.

"Geyser" the alkaline water tends to aid digestion and correct acidity.

"Hathorn" is a saline-alkaline purgative and tonic.

"COESA" mildly laxative and diuretic, is also an aid in gall bladder, liver and certain digestive disorders.

All are highly mineralized and sparkling with natural carbonation.



THE WATERS OF SARATOGA SPA

THE GREAT NEW SPA with which the State of New York has surrounded the unique, **naturally carbonated** mineral springs at Saratoga measures the medical importance of the waters which resulted in this \$8,500,000 development.

In addition to the Bath treatments for heart conditions, rheumatic and nervous disorders, emphasis is laid on the internal use of the waters for gastro-intestinal conditions.

Similar use of the waters may be made in the patient's home, for in the State bottling plant special equipment fills and seals the bottles free of air contact which might impair the catalytic qualities present.

SARATOGA SPRINGS AUTHORITY

Walter S. McClellan, M.D., Medical Director
159 SARATOGA SPRINGS, N. Y.

PLAN TO SEE THE SPA FOR YOURSELF THIS SEASON

THE MEDICAL SOCIETY OF NEW JERSEY

FOUNDED JULY 23, 1766

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

President, MARCUS W. NEWCOMBBrown's Mills
President-Elect, FRANCIS R. HAUSSLINGNewark
First Vice-President, SPENCER T. SNEDECOR.....Hackensack
Second Vice-President, WILLIAM G. HERRMAN...Asbury Park
Secretary, J. BENNETT MORRISONNewark
Treasurer, ELIAS J. MARSHPaterson

TRUSTEES

FREDERIC J. QUIGLEY, <i>Chairman</i> .....Union City	WALT P. CONAWAY (1936), Atlantic City	} Nominated by and elected from Fellows
H. W. NAEFY, <i>Secretary</i> (1938) .....New Brunswick	WATSON B. MORRIS (1936), Springfield	
MARCUS W. NEWCOMB .....Brown's Mills	HARRY R. NORTH (1936) .....Trenton	
FRANCIS R. HAUSSLING .....Newark	THOMAS K. LEWIS (1936) .....Camden	
SPENCER T. SNEDECOR .....Hackensack	WELLS P. EAGLETON (1937) .....Newark	
WILLIAM G. HERRMAN .....Asbury Park	*HAROLD B. DISBROW (1937) .....Lakewood	
J. BENNETT MORRISON .....Newark	ANDREW F. MCBRIDE (1937) .....Paterson	
ELIAS J. MARSH .....Paterson	BLASE COLE (1938) .....Newton	
*Deceased.	ALDRICH C. CROWE (1936) .....Ocean City	

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1936)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....JAMES A. FISHER, Asbury Park (1936)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1936)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WALT P. CONAWAY, Atlantic City	Term expires 1936
JOHN F. HAGERTY, Newark	" " 1936
BLASE COLE, Newton	" " 1937
E. R. MULFORD, Burlington	" " 1937

Alternate Delegates

LUCIUS F. DONOHUE, Bayonne	Term expires 1936
HILTON S. READ, Atlantic City	" " 1936
S. B. ENGLISH, Glen Gardner	" " 1937
ELMER PETER WEIGEL, Plainfield	" " 1937

STANDING COMMITTEES

Scientific Work

CLARENCE L. ANDREWS, <i>Chm.</i> , Atlantic City	Term expires 1936
LOUIS C. LANGE, Weehawken	" " 1937
ROBERT S. GAMON, Camden	" " 1938

Program and Arrangements

WILLIAM J. CARRINGTON, <i>Chm.</i> , Atl. City	Term expires 1938
D. WARD SCANLAN, Atlantic City	" " 1936
JOHN W. GRAY, Newark	" " 1937
MARCUS W. NEWCOMB, Brown's Mills	Ex-officio
J. BENNETT MORRISON, Newark	Ex-officio

Publication

HENRY C. BARKHORN, <i>Chm.</i> , Newark	Term expires 1936
EDWARD J. ILL, Newark	" " 1937
FRANK J. McLOUGHLIN, Jersey City	" " 1938
MARCUS W. NEWCOMB, Brown's Mills	Ex-officio
J. BENNETT MORRISON, Newark	Ex-officio

Finance and Budget

HARRY R. NORTH, <i>Chm.</i> , Trenton	Term expires 1939
HERSCHEL PETTIT, Ocean City	" " 1936
WELLS P. EAGLETON, Newark	" " 1937
WILLIAM J. SWEENEY, Weehawken	" " 1938
ALFRED STAHL, Newark	" " 1940
ANDREW F. MCBRIDE, Paterson	" " 1936

Honorary Membership

EPHRAIM R. MULFORD, Burlington	Term expires 1936
FREDERIC J. QUIGLEY, Union City	" " 1937
LANCELOT ELY, Somerville	" " 1938

Hospitals and Medical Education

HARRY H. SATCHWELL, <i>Chm.</i> , Irvington	Term expires 1936
LOUIS A. PYLE, Jersey City	" " 1938
ARCANGELO LIVA, Rutherford	" " 1937
DAVID B. ALLMAN .....Atlantic City	
RICHARD D. ANDERSON .....Burlington	
C. COULTER CHARLTON .....Atlantic City	
CHARLES B. KELLEY .....Jersey City	
EARL H. SNAVELY .....Newark	
THOMAS J. SUMMEY .....Mt. Holly	
H. H. TYNDALL .....Weehawken	

Medical Defense

CHRISTOPHER C. BELING, <i>Chairman</i> .....Newark
E. REISSMAN .....Newark
EDGAR A. ILL .....Newark
WILLIAM J. ARLITZ .....Hoboken
T. S. THOMAS .....Morristown

Insurance

FRANK W. PINNEO, <i>Chairman</i> .....Newark
BARCLAY S. FUHRMANN .....Flemington
EDMUND N. HUFF .....Englewood
A. DUNBAR HUTCHINSON .....Trenton
CHESTER I. ULMER .....Gibbstown
GEORGE T. TRACY .....Beverly

Welfare Committee

HILTON S. READ, <i>Chairman</i> .....Atlantic City
MARCUS W. NEWCOMB (ex-officio) .....Brown's Mills
J. BENNETT MORRISON (ex-officio) .....Newark
HUGO ALEXANDER .....Hoboken
SAMUEL ALEXANDER .....Park Ridge
WILLIAM H. ARESON .....Montclair
NORMAN BURRITT .....Summit
JOHN C. CLAYTON .....Freehold
A. H. COLEMAN .....Clinton
W. F. COSTELLO .....Dover
FRANK W. CURTIS .....Stewartsville
GEORGE F. DANDOIS .....Wildwood
FRANK L. FIELD .....Far Hills
HOWARD S. FORMAN .....Jersey City
J. IRVING FORT .....Newark
INGLIS F. FROST .....Morristown
DAVID W. GREEN .....Salem
D. L. HAGGERTY .....Trenton
EUGENE G. HERBENER .....Lakewood
FLORENTINE M. HOFFMAN .....New Brunswick
ERNEST G. HUMMEL .....Camden
ALLEN G. IRELAND .....Trenton
I. W. KNIGHT .....Pitman
DAVID A. KRAKER .....Newark
THOMAS B. LEE .....Camden
JULIUS LEVY .....Trenton
THOMAS K. LEWIS .....Camden
WRIGHT MACMILLAN .....Passaic
CHARLES H. MITCHELL .....Trenton
WATSON B. MORRIS .....Springfield
STANLEY H. NICHOLS .....Long Branch
B. S. POLLAK .....Secaucus
LOUIS A. PYLE .....Jersey City
HARRY L. ROGERS .....Riverton
D. WARD SCANLAN .....Atlantic City
MILLARD F. SEWALL .....Bridgeton
JAMES H. SPENCER, JR. ....Newton
S. EMLIN STOKES .....Moorestown
THEODORE TEIMER .....Newark
CHESTER I. ULMER .....Gibbstown
H. ROY VAN NESS .....Newark
H. B. WILSON .....Hackensack

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Relations

D. WARD SCANLAN, *Chairman*Atlantic City
 WATSON B. MORRISSpringfield
 S. EMLIN STOKESMoorestown
 FLORENTINE M. HOFFMANNew Brunswick
 WRIGHT MACMILLANPassaic

Legislation

B. S. POLLAK, *Chairman*Secaucus
 SAMUEL ALEXANDERPark Ridge
 WILLIAM H. ARESONUpper Montclair
 CHARLES H. MITCHELLTrenton
 INGLIS F. FROSTMorristown

Public Health

STANLEY NICHOLS, *Chairman*Asbury Park
 THEODORE TEIMERNewark
 JHULIS LEVYTrenton
 HOWARD S. FORMANJersey City
 ALLEN G. IRELANDTrenton
 ERNEST G. HUMMELCamden
 I. W. KNIGHTPitman

Medical Practice

THOMAS K. LEWIS, *Chairman*Camden
 H. B. WILSONHackensack
 J. IRVING FORTNewark
 CHESTER I. ULMERGibbstown
 D. LEO HAGGERTYTrenton

Workmen's Compensation

DAVID A. KRAKER, *Chairman*Newark
 WILLIAM H. ARESONUpper Montclair
 H. ROY VAN NESSNewark
 J. IRVING FORTNewark

To Study Report on the Uniform Medical
Practice Act

SAMUEL ALEXANDER, *Chairman*Park Ridge
 CHARLES B. KELLEYJersey City
 HARRY H. SATCHWELLIrvington
 JAMES J. MCGUIRETrenton
 GEORGE F. DANDOISWildwood
 WELLS P. EAGLETONNewark
 FREDERIC J. QUIGLEYUnion City
 S. EMLIN STOKESMoorestown

SPECIAL COMMITTEES

Constitution and By-Laws

CHARLES J. MURN, *Chairman*Paterson
 I. R. BOOTHBYClinton
 E. J. CHAPMANJersey City
 ROBERT L. MCKIERNANNew Brunswick
 EDWARD W. SPRAGUENewark
 FREDERICK P. WILBUR (Died Sept. 9, 1935)Franklin

Committee on the Control of Cancer

HENRY B. ORTON, *Chairman*Newark
 J. CARLISLE BROWNAtlantic City
 E. E. DOWNSWoodbury
 ROBERT HALBACKToms River
 GEORGE SOMMERTrenton
 *JOHN W. GRAYNewark
 *EDWARD J. ILLNewark
 *HARRISON S. MARTLANDNewark
 *Advisory members.

Nursing and Nursing Education

HARRY H. SATCHWELL, *Chairman*Irvington
 RICHARD D. ANDERSONBurlington
 JOHN F. CONDONNewark
 GEORGE M. KNOWLESHackensack

Advisory Committee on Tuberculosis

B. S. POLLAK, *Chairman*Secaucus
 R. DOUGLASEnglewood
 SAMUEL ENGLISHGlen Gardner
 MARTIN COLLIERCamden
 JOSEPH MORROWRidgewood

Advisory Committee on Mental Hygiene

DAN S. RENNER, *Chairman*Skillman
 MARCUS CURRYGreystone Park
 J. BERKELEY GORDONMarlboro
 MATTHEW MOLITCHJamesburg
 JAMES S. PLANTNewark
 ROBERT G. STONETrenton

Advisory Committee on Pneumoconiosis and
Silicosis

CLYDE M. FISH, *Chairman*Pleasantville
 JAMES H. MASONAtlantic City
 HENRY H. KESSLERNewark
 SAMUEL B. ENGLISHGlen Gardner
 IRVING M. VANDERHOFFNewark

Advisory Committee to the Woman's Auxiliary

EDWARD W. SPRAGUE, *Chairman*Newark
 B. FRANKLIN BUZBYCamden
 WILLIAM K. CAMPBELLLong Branch

Medical Bills Committee

DAVID A. KRAKER, *Chairman*Newark
 HOMER I. SILVERSVentnor
 SAMUEL SICATrenton
 LOUIS A. PYLEJersey City
 B. FRANKLIN BUZBYCamden

State Medical Advisory Committee to E. R. A.

*E. ZEH HAWKES, *Chairman*Newark
 *CHRISTOPHER C. BELINGNewark
 *GEORGE W. FITHIANPerth Amboy
 *CHARLES H. SCHLICHTERElizabeth
 *BYRON G. SHERMANMorristown
 ALDRICH C. CROWEOcean City
 JAMES A. FISCHERAsbury Park
 WILLIAM J. SWEENEYWeehawken
 FRANK G. SCAMMELLTrenton
 MARCUS W. NEWCOMB (ex-officio)Brown's Mills
 ALSO THE CHAIRMEN OF THE COUNTY E. R. A. COMMITTEES
 *Executive Committee.

Committee on Scientific Exhibits

ASHER YAGUDA, *Chairman*Newark
 ELWOOD E. DOWNSWoodbury
 JOHN W. GRAYNewark
 ROBERT A. KILDUFFEVentnor
 WILLIAM J. MARQUISNewark
 HARRISON S. MARTLANDNewark

Maternal Welfare

ARTHUR W. BINGHAM, *Chairman*East Orange
 MARY BACONBridgeton
 J. CARLISLE BROWNAtlantic City
 P. DUBOIS BUNTINGElizabeth
 SAMUEL A. COSGROVEJersey City
 ALBERT B. DAVISCamden
 F. D. FAHRENBRUCHMt. Holly
 CARL ILLNewark
 R. A. MACKENZIEAsbury Park
 WALTER B. MOUNTMontclair
 T. F. THOMPSONLakewood

Care of Crippled Children

ELMER P. WEIGEL, *Chairman*Plainfield
 B. FRANKLIN BUZBYCamden
 HENRY H. KESSLERNewark
 F. G. DILGERHackensack
 THOMAS K. LEWISCamden

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

C. COULTER CHARLTON, *Chairman*Atlantic City
H. L. HARLEY, *Secretary*Atlantic City

Pediatrics

F. I. KRAUSS, *Chairman*Cbatbam
CHESTER R. BROWN, *Secretary*Arlington

Radiology

WILLIAM G. HERRMAN, *Chairman*Asbury Park
P. S. AVERY, *Secretary*New Brunswick

Gastro-Enterology

SIGURD W. JOHNSEN, *Chairman*Passaic
LOUIS L. PERKEL, *Secretary*Jersey City

The Department of Health of the State of
New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of
New Jersey

ARTHUR W. BELTING, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	J. Carlisle Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	David Corn, Ridgefield Park....	George M. Knowles, Hackensack..	Charles Littwin, Englewood
BURLINGTON..	J. Howard Hornberger, Roebling..	George T. Tracy, Beverly	Parry M. Scott, Beverly
CAMDEN	Thomas K. Lewis, Camden	R. S. Gamon, Camden	William T. Read, Jr., Camden
CAPE MAY	John B. Townsend, Ocean City...	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND .	Burton H. Walker, Vineland....	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	A. Charles Zebnder, Newark....	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER ..	*E. R. Ristine, Westville	Ralph K. Hollinshed, Westville...	Henry B. Diverty, Woodbury
HUDSON	Traugott J. Sebuck, Hoboken....	Thomas McG. Brennock, Jer. City	John N. Connell, Jersey City
HUNTERDON ..	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner....	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX ..	J. J. Mann, Perth Amboy	Adrian X. Urhanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH ..	Walter A. Rullman, Red Bank...	Dan'l F. Featherston, Asbury Park	O. R. Holters, Asbury Park
MORRIS	William F. Costello, Dover	Attilio Galasso, Morristown	Marcus A. Curry, Greystone P'k
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Wright MacMillan, Passaic	Wayne W. Hall, Paterson	Sigurd W. Johnsen, Passaic
SALEM	C. L. Fleming, Pennsgrove	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	R. F. Hegeman, Somerville	A. F. W. Sierra, Bound Brook...	A. W. Pigott, Skillman
SUSSEX	F. J. Scott, Franklin	L. S. Voorhees, Newton	Frederick H. Morrison, Newton
UNION	Thomas J. Walsh, Elizabeth....	Lorrimer B. Armstrong, Westfield.	Russell A. Shirrefs, Elizabeth
WARREN	William Varney, Washington....	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.

* Resigned, Dr. M. F. Lummis, Pitman, Acting President, to fill unexpired term.



CARBONATED ALKALINE WATER

NOT A LAXATIVE
UNIFORM STRENGTH—PURITY

KALAK WATER CO. OF NEW YORK, INC.

6 Church Street

New York City



Rigid Sanitary Control
ASSURES THE PURITY OF OUR ICE CREAM

As a physician you will appreciate the importance of the exacting cleanly care and strict bacteriological control that assure the healthful purity of our ice cream.

ABBOTTS

YOU CAN RECOMMEND
IT WITH CONFIDENCE

the STANDARD of Fine Quality in ICE CREAM.

ABBOTTS DAIRIES, Inc.—Phila., Newark, Trenton, Camden, South Jersey, Seashore, Elkton, Allentown, Reading



Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

for twenty years

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....



Especially Indicated in **SPASTIC CONSTIPATION**

The high incidence of spastic constipation demands the use of a bland, non-irritating regimen, in both diet and medication.

Petrolagar-Plain is not a cathartic. It mixes intimately with the bowel content and prevents the formation of hard masses.

5 TYPES of Petrolagar

All of which are Council-Accepted

To enable the physician to fit the treatment to the particular need of the patient, these five types afford a range of laxative potency which will meet practically every requirement of successful bowel management.

Petrolagar is 65 per cent (by volume) liquid petrolatum of most rigid specifications, emulsified with "Number One, Silver White, Kobe Agar-agar."



Samples Free on Request

Petrolagar Laboratories, Inc.

8134 McCORMICK BLVD.
CHICAGO, ILL.

ALPHABETIC LIST OF ADVERTISERS

Abbott's Dairies, Inc.	V
American Car Company	XVII
American Pharmaceutical Co., Inc.	XVIII
Anspach Bros.	XXXI
Avchen's Pharmacy	XXXV
Aurora Institute	XXXVIII
Baby's Wash	XXV
Bancroft School, The	XXXVIII
Baum Co., Inc., W. A.	XXIV
Belle Mead Sanatorium and Farm	XXXIX
Bergman, David	XXX
Bethlehem Laboratories	XXIV
Bowne, Fred'k T. W.	XXIV
Blondel & Son, John	XXXIII
Brown, Inc., Arthur K.	XXXII
Brunswick Laundry	XL
Carrick Co., G. W.	XX
Clinton Pharmacy	XXXIV
Corn Products Sales Company	XIII
Crowell Co., Stanley M.	XXXI
Dairyalea Milk	XXIX
Darby, Inc., Russell E.	XXXIV
Deuchler, H. C.	XXXI
Dugan Brothers of N. J. Inc.	XXX
Echo Lake Dairy	XXIX
E-K Medical Gas Laboratories, Inc.	XXV
Essex House	XX
Evergreen Dairy	XXIA
Fairchild Bros. & Foster	XX
Fair Oaks	XXXVIII
Feldman & Sons, Inc., S.	XXXI
Firemen's Pharmacy	XXXIV
Fisher Cadillac	XXXIII
Fisher Studebaker	XXXIH
Florham Farms	XXIX
Ford's Pharmacy	XXX
Gleason Dairy Co., E. J.	XXXA
Gray, Inc.	XXXIH
Half Dime Savings Bank, The	XXXIII
Hoaglands	XXXIV
Hoffmann-La Roche, Inc.	XXIIX
Hynson, Westcott & Dunning, Inc.	XXIV
Interpines	XXXVIII
Johns-Manville	XXXVIII
Jefferson Medical College, The	XXXVI
Jensen & Bedell, Inc.	XXXII
Kalak Water Co., Inc.	V
Keystone View Co.	XXXI
Lane, John J.	XXX
Lederle Laboratories, Inc.	XXI
Lilly and Company, Eli	XXII
Login & Son, Inc., B.	XXX
Lucking, Inc., Jos. H.	XXXIIX
Maher & Sons, James H.	XXXIIX
Mallinckrodt Chemical Works	XX
Maltbie Chemical Co., The	XLII
Marquier's Pharmacy	XXXV
Marshall, Ralph E.	XXXI
Mattinson Health Foundation, Inc.	XXXIX
Mead Johnson & Company	XII
Mennen Company, The	VIII
Merck & Co., Inc.	XVI
Middletown Milk & Cream Co.	XXIX
Mobilgas	XXVI
Montclair Window Shade Co.	XXXI
Mountain View Rest	XXXVII
Murdoch, Inc., J. T.	XXV
Murray & Bro., John J.	XXXIIX
National Hotel Supply Co.	XXXIX
Nestle's Milk Products, Inc.	X
New Jersey Medical Supply Co., Inc.	XXV
N. Y. Polyclinic Medical School and Hospital, The	XXXVII
O'Dowd's Dairy	XXXIIX
Orange Publishing Co., The	XXIV
Parke, Davis & Company	XI
Paulson & Van Hise	XXXIIX
Paulus Dairy, The	XXIX
Pomeroy Company	XXXVII
Prescription Pharmacists	XXXV
Prudential, The	XXI
Raritan Valley Farms, Inc.	XXX
Reiss, J. C.	XLII
Representative Funeral Directors	XXXIV
Saratoga Springs Authority	II
Scharfenbergers	XXVI
Schmalz Farms	XXX
Schmidt's	XXXIV
Schmidt & Son, Aug. F.	XXXIIX
Seaside, The	XX
Storm, Katherine L.	XXVI
Smith, James P.	XXVI
Schreiber, Earle C.	XXXI
Schulz & Behrle	XXXIIX
Squibb & Sons, E. R.	XIV
Towns Hospital, Charles B.	XXXVI
U. S. Fidelity and Guaranty Co.	VI
Van Tassel & Roy, Inc.	XXXIIX
Waldron & Sons Co., Inc., B. R.	XXX
Walker-Gordon Laboratory Company	IX
Way Underwriting Agency	XIX
White Laboratories, Inc.	XXVIII
Winthrop Chemical Co., Inc.	VII
Wood-Brook Farms	XXX



A MASTERPIECE in Creative Chemistry

The manufacturer who introduces an outstanding medicinal chemical such as Luminal is honor bound to maintain its quality. His reputation is as dear to him as that of the painter who creates a masterpiece.

For many years Luminal has played an important part in the treatment of epilepsy and other neuroses. Always the utmost care has been exercised to safeguard its chemical purity. This has required scrupulous supervision of every stage in its complex synthesis by skilled and experienced chemists.

Luminal has a background remarkably rich in the number of published clinical reports on its use in epilepsy, psychoses, migraine, vomiting of pregnancy, drug addiction, insomnia, etc.

Therefore, the physician who specifies Luminal can be sure at all times that his patient receives a product of firmly established merit.

LUMINAL

Reg. U. S. Pat. Off. & Canada
Brand of PHENOBARBITAL

Winthrop Chemical Company, Inc.
Pharmaceuticals of merit for the physician

NEW YORK, N. Y. WINDSOR, ONT.
Factories: Rensselaer, N. Y.—Windsor, Ont.



*"Bring on your Germs
I'm not Scared!"*

"AM I a fortunate baby! I've *never* had a skin rash or infection . . . and I'm giving a great deal of credit to Mennen Antiseptic Oil and Antiseptic Powder.

"Mother heard 'bout Mennen Oil from the doctor at the hospital where I was born. He told her that nearly all hospitals important in maternity work are using this oil . . . because it helps to keep baby's skin free from irritations, pustules and rashes. 'Nother thing, he said it has done wonders in banishing Impetigo from nurseries by controlling the development and spread of this nasty disease.

"Up until last month, I've never missed a day without getting my Mennen Oil body-rub. But I'm a growin' youngster. I just passed through

the diaper stage . . . so from now on I'm getting Mennen Antiseptic Powder.

"This powder scares germs away, too. It not only gets right down into my skin-folds and creases . . . where the germs hide . . . but also keeps my skin free from chafing and rawness. Gosh, but it's great for a baby like me to know I am protected 'gainst germs. And it gives me greater comfort to know that millions of other babies are getting the same *antiseptic protection*, too!"

VISIT THE MENNEN EXHIBIT
AT THE CONVENTION

THE MENNEN COMPANY
345 Central Ave. Newark, N. J.

**MENNEN ANTISEPTIC OIL *and*
ANTISEPTIC BORATED POWDER**

R: Cleanliness, Safety, Uniformity, Nutritional Value

•

That is the meaning in terms of a baby's interest, when we translate the prescription:

R— Walker-Gordon Certified Milk.

For more than forty years, Walker-Gordon has specialized in the production of milk for babies.

Never during this period has there been a moment's relaxation from the rigorous ideals we have set ourselves.

Walker-Gordon was founded as a public trust—it has operated as a public trust—it shall continue as a public trust.

•

Walker-Gordon Laboratory Company
Plainsboro, New Jersey

Your LACTOGEN Prescription, like Woman's Milk, has these distinctive characteristics

- | | | |
|---|---|--|
| A | It contains nothing but the natural constituents of Milk | <i>it has agreeable taste</i> |
| B | It forms a fine, light and flaky curd. Its fat globules are broken into fine and low-resisting particles. | <i>it has ready digestibility</i> |
| C | It is free from pathogenic germs.
It has a low bacterial count. | <i>it is safe</i> |
| D | It provides fat, protein and carbohydrate in percentages approximating those of normal Human Milk. | <i>it has Natural Balance</i> |
| E | Its analysis does not vary from day to day. | <i>it gives uniformly good results</i> |



Lactogen is the only available product made from milk only which, when liquefied, results in formulas approximating human milk in percentages of milk fat, milk protein, milk sugar and minerals (ash).

Samples and literature will be supplied to Physicians on request.



Accepted by the
Committee on Foods
of the American
Medical Assn.

NESTLÉ'S MILK PRODUCTS, Inc.
155 East 44th Street
New York City



"Past Regrets and Future Fears"

In addition to difficulty in putting away the cares and worries of "dead yesterday" and "unborn tomorrow" some of your sleepless patients have the additional hurdle of fear. Fear—engendered by recollection of other sleepless nights—that sleep, so much needed, will again elude them; fear that continued loss of sleep will break down health.

Insomnia, whatever its cause, may easily become chronic, and establishment of normal sleep habits frequently requires temporary use of a hypnotic.

Ortal Sodium is effective—one five-grain capsule will usually induce quiet, restful sleep (a three-grain capsule is often sufficient). Its effect is not unduly prolonged; the patient is usually alert and refreshed the following morning.

Ortal Sodium (sodium hexyl-ethyl barbiturate) is supplied in capsules of 3/4, 3, and 5 grains, in bottles of 25, 100, and 500.



P A R K E , D A V I S & C O M P A N Y

Now Ready—

CAPSULES of MEAD'S OLEUM PERCOMORPHUM

25 soluble gelatin
capsules in a box

Not advertised to
the public

IN PREGNANCY AND LOW-CALORIE DIETS and wherever vitamins A and D are required with minimum added calories

RESTRICTED diet regimens, as for the obese, know no season for vitamin therapy. Because of the frequent drain on the mother's stores and the added requirement of the fetus, the need for vitamins A and D is increased during pregnancy. Yet, it is in just such cases that there may be an aversion or intolerance to fats. In the obese, who studiously avoid butter, cream and other good sources of vitamin A, the deficiency should be made up. This can be done

in a convenient and highly acceptable manner by prescribing Mead's Capsules of Oleum Percomorphum, which combine a high potency of both vitamins A and D. Each 10-drop capsule supplies natural vitamins in amounts not less than 13,300 A units and 1,850 D units (U.S.P.). Every capsule represents more than 5 teaspoonfuls of cod liver oil* in vitamins A and D. These vitamins, moreover, are in the same ratio as in cod liver oil.*

*U.S.P. XI Minimum Standard

For physicians who prefer Mead's Viosterol in Halibut Liver Oil, 3-minim capsules containing not less than 8,500 vitamin A units and 1,700 vitamin D units (U.S.P.) are available.

MEAD JOHNSON & COMPANY, Evansville, Indiana, U. S. A.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

Making the First Formula Agree with the Baby

NEWBORNS require breast milk. Deprived of human milk, their nutritional requirements are met by simple mixtures of cow's milk, sugar and water. The milk may be fresh, evaporated, dried, sweet or sour; the sugar simple or mixed.

Whole milk formulas are suitable for most newborns with good digestive capacities. The amount of whole milk given should approximate $\frac{2}{3}$ of the total required calories. And the remainder (one-third) should be in added Karo. Water is added to the mixture for the fluid intake to be about $2\frac{1}{2}$ ounces per pound of baby weight per day.

Evaporated milk formulas are indicated for newborns with limited digestive capacities. They may be used to advantage in considerably higher concentrations than whole milk for premature, feeble and debilitated infants.

The added Karo is again one-third of the total required calories.

Dried milk formulas are suitable for allergic infants who will take only small volumes at a feeding and babies of allergic parents. Formulas approximately equivalent to whole milk may be made up with water and Karo added in the same ratio as in whole milk mixtures.

Acid milk formulas are of particular value for babies with low digestive capacities requiring large food requirements. Acid milk requires no dilution with water.

FORMULAS FOR THE NEWBORN

3 Ounces; 6 Feedings

Whole Milk	10 ounces
Boiled Milk	10 ounces
Karo	2 tablespoons

Evaporated Milk	6 ounces
Boiled Water	12 ounces
Karo	2 tablespoons

Powdered Milk	5 tablespoons
Boiled Water	20 ounces
Karo	2 tablespoons

Lactic Acid Milk	12 ounces
Boiled Water	8 ounces
Karo	2 tablespoons

REFERENCES:

Kugelmass, Clinical Nutrition in Infancy and Childhood, Lippincott.
Marriott, Infant Nutrition, Mosby.
McLean & Fales, Scientific Feeding in Infancy, Lea & Febiger.

The amount of Karo required may be added directly to the total volume of acid milk prescribed. Karo is an excellent milk modifier of dextrans, maltose and dextrose (with a small percentage of sucrose added for flavor) for both the baby and the budget.

Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. SJ5 17 Battery Pl., New York City



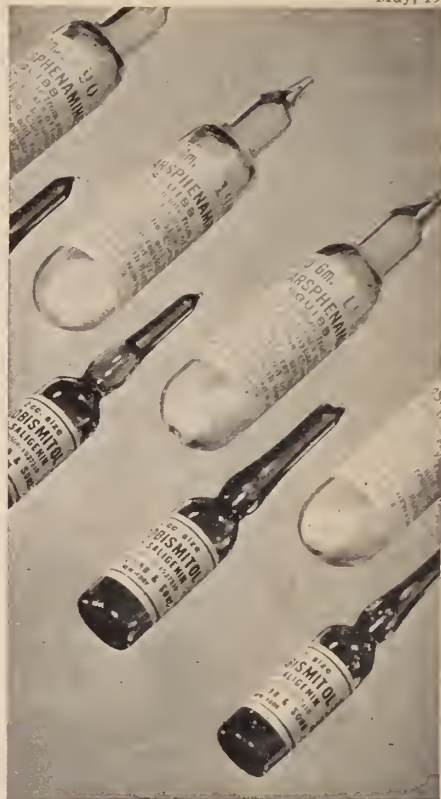
13,198 cases of syphilis

IN A RECENT REPORT* dealing with the results of treatment in 13,198 patients with early syphilis, the value of persistent and continuous treatment is stressed. A minimum of from 12 to 18 months of continuously applied treatment with alternate courses of an arsphenamine and a heavy metal was found to produce by far the most favorable results.

Iodobismitol with Saligenin is a propylene glycol solution containing 6 per cent sodium iodobismuthite, 12 per cent sodium iodide and 4 per cent saligenin. It presents bismuth in anionic (electro-negative) form. Iodobismitol with Saligenin has been shown by clinical trials and experiments to be rapidly and completely absorbed and slowly excreted, thus providing a relatively prolonged bismuth effect. Its content of 4 per cent saligenin—a local anesthetic agent—is an additional advantage. Repeated injections are well tolerated in both early and late syphilis.

Neoarsphenamine Squibb is readily and rapidly soluble and possesses uniformly high spirocheticidal power and low toxicity. Arsphenamine and Sulpharsphenamine are also available under the Squibb label.

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.



For literature write the
Professional Service Dept.
745 Fifth Avenue
New York City

*Martenstein, H.: Syphilis Treatment: Enquiry in Five Countries, *League of Nations Quart. Bull. Health Organ*, 4: 129, 1935.

ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.

Dependable Gland Products

2-24 Mt. Pleasant Ave.

Newark, New Jersey

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

"Owing to the fact of their ready secretion by the liver cells bile salts are the most reliable chologogues with which we are acquainted." Starling.

Powder, in $\frac{1}{4}$ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

FAIRCHILD BROS. & FOSTER

NEW YORK

in the treatment of syphilis..

chemotherapeutic agents of the highest quality available should be employed. Merck & Co. Inc. has attained an enviable reputation as a manufacturer of fine chemicals through many years of service to the medical profession.



ARSPHENAMINE MERCK ★ NEO-ARSPHENAMINE MERCK
SULPHARSPHENAMINE MERCK ★ BISMOSOL
TRYPARSAMIDE MERCK
(for neurosyphilis)

Literature on any one or all of these products may be obtained from
MERCK & CO. Inc. Manufacturing Chemists RAHWAY, N. J.

CANNED FOODS AND THE PUBLIC HEALTH

IV. BOTULISM

• Several of our readers have inquired as to the possibility of botulism resulting from the consumption of commercially canned foods. The canning industry is proud of the part it has played in the eradication from its products of this deadly type of food intoxication. We are glad to devote this space to a discussion of this important topic.

During recent years, the daily press periodically carries reports relating how one or more members of a family, or of a group of persons, were stricken after a meal, usually with fatal results. Sometimes these accounts describe how an "anti-toxin" was rushed to the scene—an indication that botulism was involved. These press reports often include the statement that a "canned food" was incriminated as the cause of the illness.

We wish to emphasize that as far as the records go, these outbreaks without exception are not attributed to foods commercially canned in this country. In practically every instance, it was found that the foods—usually of a non-acid or semi-acid nature—had been preserved at home by the use of inadequate heat sterilization processes (1). These press reports, by not stating correctly the type of food involved, have done much to cast unwarranted suspicion on commercially canned foods as possible causes of botulism.

Botulism, or acute toxemia due to *Clostridium botulinum*, is by no means a new affliction. As early as 1802—ninety-five years before van Ermengem discovered the true cause of the intoxication—warnings were issued against botulism. However, not until severe outbreaks occurred in this country some fifteen years ago, was it realized that cognizance should be taken of the fact that

foods canned by the methods used in those days could become contaminated with the toxin of this organism. This fact having been realized, the canning industry took immediate steps to prevent such contamination of their products.

Research was inaugurated and has been continued to which the industry has contributed not only financially, but also by the studies of scientists associated directly with the canning industry (2). The end result of these researches was the development of scientific methods of determination of heat sterilization treatments, or heat processes as they are known to the industry, which would be adequate to insure the safety of canned foods from the standpoint of botulism (3).

The effectiveness of the measures generally adopted by the canning industry of the United States is evidenced by the fact that no case of botulism attributable to an American commercially canned food has occurred during the past ten years (1a). Foods packed in commercial canneries are heat processed not only to insure protection from bacterial spoilage causing merely the loss of the food, but to render them safe from the standpoint of botulism, as well. In fact, a sterilizing process sufficient to insure the destruction of the most heat resistant strain of *Cl. botulinum* ever isolated is considered the minimum requirement of heat treatment of commercially canned foods. The National Canners Association has issued lists of scientifically determined processes for non-acid canned foods with which canners comply (4).

Such are the facts. The American canning industry offers its products to the consuming public for what they are; namely, wholesome and nutritious foods.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

1. a. 1935 Amer. J. Public Health, 25, 301
b. 1935 J. Amer. Diet. Assn. 11, 15

2. 1936 J. Bacteriology 31, No. 1 P. 71
1923 Amer. J. Public Health, 13, 108
1922 J. Inf. Dis. 31, 650

3. 1923 Natl. Res. Council Bulletin, 7,
No. 37

4. 1931 N.C. A. Bulletin 26-L,
Revised

This is the twelfth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.

Headquarters for

BIOLOGICALLY STANDARDIZED VITAMIN PRODUCTS

VIOSTEROL A. P. C.

NATURAL A&D CONCENTRATE A. P. C.

HALIBUT LIVER OIL A. P. C.

YEAST MEDICINAL A. P. C.

COD LIVER OIL A. P. C.

WHEAT GERM OIL A. P. C.

SUPER TABAMINS (Natural Cod

Liver Oil Conc. in Tablet Form)

All forms and combinations

LIQUIDS

—

CAPSULES

—

TABLETS

AMERICAN PHARMACEUTICAL COMPANY, INC.

Manufacturing Chemists

PHARMACEUTICAL AND MEDICINAL PRODUCTS OF THE HIGHEST QUALITY

Offices and Laboratories

525 WEST 43rd STREET

NEW YORK, N. Y.

When prescribing please specify A. P. C.

OUR LABORATORIES ARE OPEN FOR INSPECTION AT ALL TIMES

White's COD LIVER OIL CONCENTRATE

LIQUID TABLETS CAPSULES

A concentrate of the *natural* vitamins A and D for which cod liver oil has long been renowned. 100 times the potency of cod liver oil* but *not* fortified by materials from other sources.

LIQUID FORM—for infants. Two drops equal 1 teaspoonful of cod liver oil.*

TABLET FORM—for children and adults. Each tablet equals 1 teaspoonful.

CAPSULE FORM—for larger dosage. Each capsule equals 4½ teaspoonfuls.

*U. S. P. XI Minimum Standards.



WHITE LABORATORIES, INC.

NEWARK

NEW JERSEY

PROMOTED



ETHICALLY

AUTOMOBILE --- --- PROTECTION

With your car insured under the State Medical Society's
endorsed policy you receive

*Unquestioned Company
Financial Strength*

Sound Future Protection

*Unequalled Service and
Prompt Loss Settlement*

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized
agent on automobile insurance for the State Medical So-
ciety will furnish you with full details.

Way Underwriting Agency

INCORPORATED

**605 BROAD STREET
NEWARK, NEW JERSEY**

Telephone Mitchell 2-0613

At Your Service!

MALLINCKRODT CHEMICALS

For Therapy and Surgery

IODEIKON—For clear gall-bladder shadows; introduced by Mallinckrodt in 1924, now U.S.P. as soluble iodophthalein. Used orally or intravenously. . . . **ISO-IODEIKON**—An isomer of Iodeikon which gives an X-ray of the gall-bladder and test of the hepatic function by means of a single injection.

BIARIUM SULPHATE MALLINCKRODT—For sharp G-I pictures. Made by precipitation and sifted through fine silk; without grit or toxic impurities; specifically for internal use.

HIPIPIRAN—A radiopaque derivative of a normal urinary constituent. Suitable for intravenous or oral urography and for retrograde pyelography and cystography.

MALLINCKRODT ARSENICALS — Arsphenamine; Sulpharsphenamine; Neoarsphenamine. Toxicity tests more stringent than government requirements; pre-release clinical tests; ampule tips distinctively colored as added precaution.

ETHER ANESTHESIA MALLINCKRODT—Mallinckrodt Ether for Anesthesia is a product of outstanding quality, checked for purity by the most sensitive tests, and packed in hermetically sealed containers.

MALLINCKRODT ANALYTICAL REAGENTS—A complete line of dependable reagent chemicals for the clinical pathologist.

MALLINCKRODT PRESCRIPTION CHEMICALS—Over 1500 fine chemicals are manufactured by Mallinckrodt. To secure their superb quality on your prescription, specify M. C. W.

Mallinckrodt
CHEMICAL WORKS

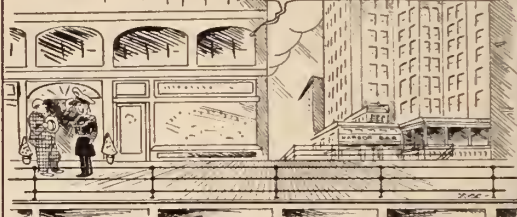
St. Louis Philadelphia Toronto
Chicago New York Montreal

Protecting The Potency of Your Prescriptions
Since 1867

When in ATLANTIC CITY

DOORMAN! I'M PARCHED
FROM SO MUCH TALK AND
CONFERENCE, WHERE CAN
I QUENCH A THIRST?

AT THE "HARBOR BAR" AROUND
THE CORNER AT THE Seaside.
YOU'LL FIND A WIDE SELECTION OF
THE BEST IN LIQUID REFRESHMENT.



"HARBOR BAR" at
The Seaside
Atlantic City's Distinctive Hotel
ACROSS BOARDWALK FROM STEEL PIER
ONE BLOCK FROM HEADQUARTERS

A BANQUET AT ESSEX HOUSE is a Major Event

Tempting food, graciously
served in the Essex House
manner. Ballrooms and private
Dining Rooms that lend
a cordial spirit of elegance

Essex House
NEWARK, NEW JERSEY

BROAD ST. at Lincoln Pk. MI 2-4400
WILLIAM P. GRACE, Manager

For the prevention and treatment of
staphylococcic infections . . **STAPHYLOCOCCUS TOXOID**
Lederle

STAPHYLOCOCCUS TOXOID has assumed an importance in the field of biologic therapy which merits recognition.

With its aid physicians are successfully treating recurrent and chronic staphylococcic infections which were formerly considered to be intractable.

Murray (Lancet, 1935, I, 303) reports the following results of its use:

Condition Treated	Recovered	Improvement	Slight or No Benefit
Acne	3 cases	21 cases	6 cases
Blepharitis	8 "	6 "	1 "
Furunculosis	25 "	14 "	- "
Carbuncles	3 "	1 "	- "
Others	12 "	14 "	2 "
Total	51	56	9

C. E. Dolman (Lancet, Feb. 9, 1935, 306) reported successful results in 72 out of 81 cases of intractable staphylococcic infections with a series of injections of Staphylococcus Toxoid.

Each preparation of Staphylococcus Toxoid *Lederle* is tested for antigenic potency before release.

For complete information and literature, address:

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.



PACKAGES:

DILUTION 1 (Each cc. contains the toxoid derived from 100 necrotizing doses of Toxin) 5 cc. vial.

DILUTION 2 (Each cc. contains the toxoid derived from 1000 necrotizing doses of Toxin) 5 cc. vial.





ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products



AMYTAL

(Iso-amyl Ethyl Barbituric Acid, Lilly)

Supplies the relaxation and sleep which are essential to rapid convalescence of medical and surgical patients. Upon awakening the head is clear; there is no after depression; energy and self-confidence are restored.

'Amytal' (Iso-amyl Ethyl Barbituric Acid, Lilly) is supplied in 1/8-grain, 1/4-grain, 3/4-grain, and 1 1/2-grain tablets in bottles of 40 and 500.

Prompt Attention Given to Professional Inquiries

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK OVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 5

MAY, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

Publicity for the County Medical Society

The County Medical Society is usually one of the oldest voluntary organizations in a county. Some churches and schools may be older, but the organization of practicing physicians is unique in the unity of its membership and the singleness of its purpose, yet it is among the least known and appreciated of all organizations which serve all the citizens.

The great problem of every County Medical Society today is to make its influence felt among the *people* so that they will understand the breadth of its contacts, and will appreciate the services which it is rendering to the community in distinction from those supplied by the individual doctor to sick individuals. The *community* needs medical advice, just as a sick individual needs it.

Some degree of recognition of the importance of the advice of the County Society to the community has come through the Emergency Relief Administration, which has placed medical service along with food, clothing, and shelter as fundamental needs to be supplied by the community to the needy. It was The Medical Society of New Jersey and its Component County Societies which assured to those of low incomes the same high grade of medical service that the well-to-do obtain.

Two simple methods have already been developed and are available for extending knowledge of the essential place which the County Society occupies in the organization of community life.

1. Take part in "Health Exhibits", which are staged by community health organizations, such as schools, tuberculosis societies, and parent-teacher associations. Material for these exhibits may be obtained through the executive offices. An example of participation in such exhibits is that of the Middlesex County Society in the "Health Week" observed in New Brunswick during the week April 13-18. (See page 311 of this Journal.)

2. Establish a "Speakers' Bureau" under the auspices of the Committee on Public Relations, for the purpose of providing speakers for groups which meet for social and educational purposes. In these projects the Woman's Auxiliary can be of essential service in making appointments for the addresses.

The physicians of the Medical Staff of the Hackensack Hospital have demonstrated the practicability of conducting a class for training physicians in public speaking, in preparation for the active work of the Public Relations Committees (page 311).

The Annual Reports

A sure indication of progress in Medical Society administration is the fact that all the annual reports of the officers and committees have been prepared so promptly that they could be set in type and paged by April 29th. This responsiveness has been evident throughout the year as has been shown by the promptness with which the reports of committee meetings have been prepared and the clearness and completeness of their presentation.

There has also been a unity in the current reports and their summaries in the annual reports. This has been possible because the current records have been available in the Executive Offices, and also because of the close attention which has been given to their verification and to the preparation of cross references which have been made to previous reports and to the actions taken by the House of Delegates.

There has been a studied effort to avoid vague references such as "in a recent Journal", or "in a former report". It has not always been an easy matter to locate a passing reference to an action by a committee, especially at the inception of a movement whose ultimate importance is problematical; but this has been possible in practically every instance. The value of these references and cross indexes becomes more and more evident since the officers and committees have made special efforts to unify their reports and to make them readily accessible.

Another evidence of the realization of the value of the completeness and accuracy of the reports is the requests that regular pages of The Journal be assigned to the several committees. It has not been practical to comply fully with these suggestions; but the Publica-

tion Committee has adopted the better policy of giving all the space needed to report the proceedings fully and clearly. Readability and completeness have been promoted by the adaptation of the space to the amount of material that has been supplied,—seven pages in some instances, and only one or two in others. As a matter of fact, the amount of space actually given to each department of Society activity has exceeded that for which requests have been made by its sponsor.

Quality and clearness have always been emphasized above size in the reports both current and annual. It would seem that the present size of The Journal is well adapted to its object; and that further progress will be along the lines of accurate classification and clearness of presentation.

A test of the logical development of the items of a report is their susceptibility to paragraph headings. It has been the policy of the Publication Committee to insert capitalized paragraph headings, even to the extent of rearranging and editing the reports when necessary. It has always been the policy of the Publication Committee that a corrected proof of every report shall be submitted to the author, as is done with original articles, the object being to insure that the author's intention is the only one which can be inferred from his language.

The Medical Society of New Jersey is outstanding in its logical and consistent development of its projects and activities; and a study of the records contained in The Journal will corroborate that opinion. Those records will be source materials on which future officers, committees and writers will rely for information.

Responsiveness to Contacts

A State Medical Society is efficient according to the degree of response which the County Societies, their members, and the general public show to its projects. The ultimate objective

of any medical project is that it shall be adopted by both the physicians and the people.

There is a most gratifying responsiveness by the leaders of both the State Society and

the County Societies. They know what is practical and desirable because they have graduated from the school of the County Society into what may be called the "Research Department" of the State Society. They are also familiar with the responsiveness of the allied groups engaged in health and social welfare activities.

The next stage of the work of the State Society will be to develop the responsiveness of the *members* to the projects suggested by the State leaders. The officers and committees of the State Society have given much thought to that problem, and have suggested that each County Society shall have an organized office, as a few of the larger societies already have.

The responsiveness of the members will depend largely on that of the health agencies in their communities. The first approach of the medical profession to the people along lines other than direct medical service to the sick will be through the health and social agencies. In order to promote these approaches, The Medical Society of New Jersey has adopted the policy of sending a representative to every meeting of a state organization whose activities affect the distribution of medical services. The cordial reception given to these medical representatives has been most gratifying.

The Medical Society of New Jersey is also suggesting the further step that each County Society shall send a representative to every meeting of the county groups.

The Medical Society of New Jersey has gone a step further in establishing a Committee on Public Relations, which shall function 'as a sub-committee of the Welfare Committee by assigning local physicians to address local organizations on health matters. This is the ultimate development of the principle that every County Medical Society with its local subdivisions shall be the *health adviser of the community*, just as the individual member shall be the adviser to the families and individuals.

This plan of approach to the people will ultimately result in the establishment of a complete system of medical and health service which will meet with the favorable response of both the family physician and the people.

Does this plan sound a bit idealistic? Physicians must develop a constructive plan in order that the medical profession may answer the charges of the national social groups that the Medical Societies are not fulfilling their proper functions, and that therefore the government must undertake them. The Medical Society of New Jersey recognizes the fact that the government has an essential part in the delivery of medical services; but it insists that the method and extent of government participation in this State shall be planned and directed by The Medical Society of New Jersey. In the development of the plans for this unified medical service, The Medical Society of New Jersey has already gone further than most of its members realize.

Prompt Action in Union County

The Union County Medical Society has set a commendable example in preparedness by calling a special meeting to consider the economic situation resulting from the action of the State Legislature in returning relief problems back to the local communities for solution (page 324). The practical effect of this action is to compel the physician to donate his professional services to those of low incomes or no income at all.

The leaders of the Union County Medical

Society have done wisely in inviting local officials and representatives of civic organizations to their meeting, for it is these groups who influence those who direct the expenditure of public funds in every line of human effort. Physicians may properly assume the initiative in inviting business men to their meeting, for the money value of their free services donated to the sick is far in excess of the reported money donations to the institutions, hospitals and clinics, as has been demonstrated in the City of Camden (Jour., Feb., p. 105).

The First Decade of The Medical Society of New Jersey

The request of Dr. Ely for data for his inaugural address as President on June 7, 1934, was the inspiration which led the Editor to delve into the earliest records of The Medical Society of New Jersey. The object of the research was to reproduce the conditions under which the founders of the Society lived, and the influences which led them to establish the new organization on an enduring basis which has changed but little, except the addition of new projects in keeping with the general progress of human affairs.

Most histories of the early days of the Society have been written from an impersonal point of view. The present article, which appears on page 300 of this Journal, is an attempt to portray the motives of the founders, reproduce their point of view, and to trace the development of the projects which they originated.

The method adapted by the Editor was to draw up a chart of the attendance of the founders at each meeting; and to insert on it the salient facts of their lives and their civic interests outside of the practice of medicine. The principal source of this information has been the incomparable volume of Dr. Stephen Wickes, entitled "History of Medicine and Medical Men in New Jersey up to 1800".

The study revealed the surprising facts that the suspension of the activities of the Society from November 14, 1775, to November 6, 1781, was due solely to the fact that one-half of the members were in the medical service

of the American Army; and that even before the end of the War of Independence, the surviving members reassembled and resumed the regular sessions of the Society on November 6, 1781, the year in which the next State Society, that of Massachusetts, was founded. The third State Medical Society to be founded was that of Delaware, which was incorporated in 1789.

The preservation of our knowledge of the founders of The Medical Society of New Jersey has been the work of Dr. Wickes, who had used the original record book and prepared the volume of the minutes up to the end of 1858. The minute book has been lost because it was left in charge of the Secretary of the Society; and since no one reclaimed it from his heirs after his death, it seems to have disappeared, as most old records do when no one comes forward to reclaim them.

Doubtless many undiscovered records are still in existence in unsuspected places, and a determined effort will be made to bring them to light. Mr. Duff's house on Albany Street in New Brunswick, in which the Society was founded, has been located and should be marked with a suitable tablet.

The Journal appeals to the members to send any item of information which may lead to the discovery of old records and data of priceless worth. The establishment of a historical department of the Exhibit of Arts and Hobbies at the Annual Meeting may encourage the members of the Auxiliary to adopt the fascinating project of discovering and preserving valuable medical records long forgotten.

The New Brunswick Health Week

The Medical Section of the Rutgers Club is a professional club of the physicians in New Brunswick and immediate vicinity whose purpose is to secure a more coördinated and more effective presentation of health care for the people, and greater coöperation among the physicians of New Brunswick. The club, as such, limits all its activities to New Brunswick. All health problems are considered and solutions

sought with the coöperation of *The Middlesex County Medical Society*. The activities are always along lines prescribed by organized medicine.

Like other communities, New Brunswick has seen a definite change in the attitude of the public toward medicine. Too many expect medical care as a *right* rather than as a *privilege*. Organized medicine is responsible indi-

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. X

May, 1936

No. 5

EARLY promoters of the tuberculosis movement hoped that tuberculosis might at least be curbed. Today some are advocating that the objective should be to eradicate disease rather than merely to maintain partial control. It is a grave matter however, says Wade H. Frost, in an article in the *American Review of Tuberculosis*, to hold out to the public the expectation of eradicating such a disease as tuberculosis unless the expectation rests upon sufficiently solid ground. This ground he examines critically and suggests that further search be made for every item of information that might throw light on the subject. Abstracts of the paper follow.

CAN TUBERCULOSIS BE ERADICATED?

The most conspicuous fact in the history of tuberculosis in the last 50 years has been its steady and rapid decline in mortality. In view of the circumstances under which this has taken place and in the light of what is known of the natural history of the disease, is it reasonable to expect that the downward trend may continue indefinitely, perhaps to the point of regional suppression of the disease, or is it more reasonable to anticipate a compensating upward swing to a higher level?

The extermination of an infectious disease is not simple. This is especially true of the endemic diseases caused by obligate parasites of man transmitted directly from person to person by way of the respiratory tract. In general, the diseases of this group have shown no consistent, substantial decrease in recent years. Diphtheria and scarlet fever have, indeed, declined greatly, but it is by no means certain that this has been due largely to environmental control. Their past history shows wide variations in prevalence and severity; and, in diphtheria, specific immunization and therapy have played a part.

It seems evident that the best modern environment sets no effective barrier against the common endemic infections transmitted directly by way of the respiratory tract. It is demonstrable, in one way or another, that very few people escape infection, clinical or subclinical, and that escape from the diseases themselves must be credited more often to human resistance than to avoidance of exposure. Against such diseases specific immunization appears to be the logical method of attack, and smallpox,

against which it has been applied, is the only disease of this group which has been regionally eradicated.

The belief that it is practicable completely to prevent dissemination of infection transmitted from person to person by way of the respiratory tract is no longer tenable. Therefore, if the expectation of eradicating tuberculosis rests upon complete avoidance of infection, it must needs be abandoned for the present. However, the condition necessary for eradication of an obligate parasite is not that transmission be immediately and completely prevented, but that it be lowered and held permanently below the level at which a given number of infectious hosts succeed in establishing an equivalent number to carry on the succession. If, in successive periods, the number of infectious hosts is continuously reduced, and this declining ratio is continued long enough, extermination must be the result. Within historic times many species of animals have been exterminated, regionally or entirely, by man's intervention, throwing the biological balance against them, and it is not inherently improbable that the tubercle bacillus should be similarly exterminated as the result of human interference with its propagation.

It is true that the tubercle bacillus falls in that general group of pathogens against which environmental barriers are of least effect, namely, those which enter and escape by way of the respiratory tract; but it is differentiated from the other organisms of this group by an unusual combination of conditions limiting its propagation and rendering it peculiarly vulnerable to artificial interference.

These conditions are first, that in order to escape from its host it must cause a lesion which breaks through to the surface, and, second, that it succeeds in producing such lesions in only a limited proportion of infected persons. Various other pathogens limited to the human host are subject to one or the other of these conditions, but not to both. For instance, the virus of measles appears to be spread only from persons actually suffering from or in process of developing the eruptive disease; but it is so highly infective that it succeeds in producing this effect in nearly all persons who survive to adult age. On the other hand, the diphtheria bacillus, the pneumococcus, the virus of poliomyelitis and various other pathogens transmitted by way of the respiratory tract, cause clinical disease in only a small proportion of those who are infected; but actual disease is not essential to propagation of these microorganisms, since subclinical infections, being equally "open," suffice to spread them from host to host, and to perpetuate the species. The combination of the two limiting conditions is the peculiarity of tuberculosis.

Because of this combination of limiting conditions, it is reasonable to infer that tuberculosis may be reduced to an indefinitely low level, even to regional suppression, by isolation of identifiable cases and by other measures of environmental control which are ineffective in the control of numerous other diseases transmitted directly from person to person by way of the respiratory passages and this inference is broadly confirmed by the facts known about the past and present distribution of tuberculosis in different parts of the world and in

different strata of the population. The fact that at the present time tuberculous infection, as distinguished from the disease, is widely prevalent is not inconsistent with this view of the controllability of the disease.

With improved measures of control which are within the limits of practicability, including better detection and isolation of open cases, with higher standards of living and personal hygiene, there appears to be no fundamental reason why tuberculosis may not be virtually eradicated from large areas in this country. While there are certain contingencies which obviously might bring about a recrudescence after the disease has reached an extremely low level, it does not appear that this result is inevitable in accordance with any accepted biological law or that it is especially to be anticipated.

Admitting that we cannot actually know the future of tuberculosis, it is none the less important that we should clearly define what are reasonable expectations in the light of present knowledge, since present activities in study and control necessarily are directed chiefly toward the future. If, as I believe, it is reasonable to anticipate control to the point of permanent regional suppression, the establishment of this as the objective has obvious and important implications as to the scope and intensity of control measures. It has less obvious but important implications with respect to indicated lines of investigation.

The Outlook for the Eradication of Tuberculosis, Wade H. Frost, Am. Rev. of Tuberc., Dec., 1935.

rectly, because it has permitted non-medical organizations to educate the public in health matters. The worth of the products advertized, or the professional repute of the manufacturers, receives no consideration. However, each advertiser claims the approval of doctors. One needs but to listen to the various radio programs to substantiate these statements.

The public, as a whole, still respects the physician. He is still considered the authority in all matters of health. However, if the physician will not supply the information which the lay public needs and seeks, they will get that information wherever they can.

With this basic interpretation of the status of medical care, the Medical Section of the Rutgers Club determined to experiment in the field of medical education of the lay public. It is the firm belief of the members that socialization, politicalization, and commercialization of medicine can be prevented through a program that will present to the lay public the value of good health; accurate information on the preventive measures they should know; point out the medical facilities available in the community; and coördinate all the various organizations vitally interested in health care, in order to eliminate misunderstanding and duplication of service.

Because the health care of the people rightfully belongs in the hands of the medical profession, the physicians in New Brunswick have assumed full responsibility for the health care

of the people. Medical care today can be administered well only with the aid and coöperation of the various allied professions and lay organizations for the promotion of health. However, they must be advised and supervised by the medical profession. The lay public, too, needs a certain amount of education in preventive medicine.

To best accomplish the above-stated purposes, the Medical Section of the Rutgers Club sponsored the organization of the *Dental Section of the Rutgers Club* in New Brunswick, and assisted in the formation of the *New Brunswick Health Council*. This Council will be the connecting link between the professions and the public. It will be the clearing house for all local general health problems.

To educate the public, the club has organized a *Speakers' Bureau*. Two members will be assigned to a medical topic of interest to the public. They will prepare themselves, and one or the other will be ready at any time to present that topic to any lay audience. The public will be told what organized medicine believes it should know.

The Medical and Dental Sections of the Rutgers Club sponsored a Health Week, which is described on page 311 of this Journal. It was a successful application of the publicity plans of the Sub-Committee on Public Relations of the Welfare Committee of The Medical Society of New Jersey.

JOSEPH H. KLER, M.D.

Detecting Tuberculosis in Public Schools

The campaign which has been waged against tuberculosis for a quarter of a century has dislodged the arch enemy of mankind from his greater strongholds from which patients with *evident advanced* disease bombarded unsuspecting people with living tubercle bacilli. The objectives today are the *latent* cases who are a menace not only to themselves, but also to those with whom they come in contact. The discovery of these cases requires the active coördinated efforts of physicians and public health agencies, both official and voluntary.

There are more of these cases than is generally realized.

The public schools provide an efficient means of discovering latent cases, for every child up to the age of fourteen *must* attend school. Medical science has developed two accurate means of diagnosing tuberculosis cases *before* their disease becomes evident to ordinary observation, or even a physical examination by a stethoscope. These measures are the *tuberculin test* and the *x-ray* applied not only to children who are evidently in sub-normal

health, but to those who are apparently in robust health. How many of these cases exist is not known with accuracy; but the increase of known cases among youths, especially girls, calls for active measures for their discovery and treatment.

Practical experience in New Jersey has led The Medical Society of New Jersey, the State Department of Health, the New Jersey Tuberculosis League, and the School Authorities to an agreement regarding specific measures to be carried out by these four agencies, acting in harmony, each doing the part for which it is peculiarly well fitted.

The annual report of Dr. B. S. Pollak, Chairman of the Advisory Committee on Tuberculosis (Jour., page 281), calls attention to the ramifications of the results which may be expected from applying the tests to school children, especially those in the teen ages. Critics of these organized examinations refer to the comparatively small number of children who are found to have active tuberculosis. Dr. Pollak calls attention to the fact, often over-

looked, that every case has received its infection from a *previous* patient who has probably escaped notice. The plan adopted calls for a systematic search for these unknown cases *in the homes* of the children who are found positive to the tests, and even among the *teachers and other employees in the schools themselves*. It is a fundamental principle in epidemiology that the *original source* of infection must be discovered and treated before tuberculosis can be eradicated from the State or nation. If every case of tuberculous infection among school children is discovered and its source is traced, we may anticipate that within a very few years the deaths from tuberculosis will be again cut in half.

Considering only the financial cost of applying the tuberculin and x-ray tests to all school children, no other method is so economical eventually, or so certain in its results. The agreements among the four major groups engaged in anti-tuberculosis work is a guarantee that the campaign will be conducted with economy and efficiency from every point of view.

Good Mixers

Sickness is no respecter of persons, and the psychology of the indigent patient is the same as that of the rich. The standard of practice requires the doctor to be friendly to the sick of every class and to the members of their families. The physician is the honored guest in every family that he visits professionally, no matter what its economic and social status may be.

Courtesy invites courtesy, and no man on the street receives more heartfelt homage and respect than the family doctor. The greetings of grateful patients is his satisfying reward for

friendly service often given under conditions which would appal any other person except the nurse or the priest whose service is inseparable from his.

The doctor is an equally good mixer with his confreres, who share his anxieties and his aspirations. A meeting of a medical society is a superb demonstration of social qualities where differences of opinion and station are ignored as they are in the sick room.

The unity and power of the medical profession springs largely from the courtesy inseparable from a common service to those in need.

Obituaries of Members

Special efforts have been made that the Journal shall recognize the work done by members whose deeds live after them. Twelve deceased members were honored with printed

memorials during the last twelve months, but more than that number were not mentioned. The Journal asks for the assistance of the members in honoring their departed brethren.

THE MEDICAL SOCIETY OF NEW JERSEY ANNUAL REPORTS

of the OFFICERS AND COMMITTEES TO THE HOUSE OF DELEGATES

June 2, 3, and 4, 1936

Index on Page 291

REPORT OF THE PRESIDENT

By MARCUS W. NEWCOMB, M.D., Brown's Mills, N. J.

To the House of Delegates:

In opening my annual report as President, I want to acknowledge my special indebtedness to my fellow officers, Drs. Snedecor and Herrman, First and Second Vice-Presidents; Dr. Quigley, Chairman of the Board of Trustees; Dr. Read, Chairman of the Welfare Committee; and to many others too numerous to mention at this time. These men, together with the Executive Officer and the Journal Editor, gave unsparingly of their time and effort to make it possible for me to carry on as President in spite of the many duties already assumed. The accomplishments of my administration have been due in large measure to the self-sacrifice so willingly made by my associates.

GOVERNMENT CONTROL OF PRACTICE

During the administrative year just closing, the most conspicuous efforts of the Society Officers and Committees have been chiefly directed toward combating the tendency to institute governmental control and operation of medical practice. Our efforts have been largely devoted to the consideration of and opposition to Federal and State legislation which threatened to undermine the fundamental policies long in force, permitting the physician freedom to use his individual initiative and researches in providing and constantly improving medical service furnished to the people in need thereof.

The National Government has now provided through legislation a program for Federal welfare related to unemployment insurance, old-age pensions and benefits, aid to mothers and children with special reference to maternity and infancy, and to crippled children, the blind and the indigent. The original Federal plan included a nationalized Federal medical service.

Sustained and organized effort on the part of the medical profession, through its National, State, and County Medical Societies, to present to the public pertinent facts *not* brought

out by the proponents of these European ideas and plans, has apparently convinced the Federal Administration of the inadvisability of such a procedure at this time; but the threat is not yet removed and one may question whether developments in the near future may not again bring this question to the fore.

New Jersey may well be proud of the persistent and well-organized defense made by our Society of the present basic form of medical practice.

This plan has produced greater satisfaction, less sickness and deaths per unit of population, and more real initiative and success in research and in the practical application of the outcomes of such research than in any other country. Further, it is typical of our State Medical Society and to its everlasting credit, that its defense was not entirely a negative one, indicating a closed mind, but was a vigorous effort to study the proposals offered and constructively criticize their weaknesses. Sufficient evidence was offered by our Society of mature consideration of all proposals, and definitely constructive criticism, plans and suggestions were offered to convince fair-minded persons who investigated our efforts of our earnest desire and willingness to progress along sound evolutionary lines when such changes were necessary to meet changing conditions with which we are periodically faced.

Our Trustees and Welfare Committee members have labored diligently and continuously to meet promptly the problems which have arisen that affect the professional interests of our members. These problems have in the past four or five years been manifold.

INTEGRATION OF ACTIVITIES

The integration of the many activities of the Welfare Committee through better organization and the fixing of responsibility on subcommittees—i. e., legislation, public health,

public relations, and medical practice—is a forward step of great importance.

The *Welfare Committee* report is comprehensive and should be read by each member, since it deals with the four most essential problems of concern to our members. Public Relations is a field in which our activities should broaden. Many community groups whose work has definite health implications, must become better informed regarding the aims and activities of the Medical Society and the scope of functions in which it properly engages.

The Welfare Committee report and the reports of its sub-committees and of the special advisory committees are all fine contributions, of which the committee members and the State Medical Society as a whole can well be proud.

The other committees have also discharged their duties faithfully and to these members we acknowledge our debt and express our thanks and appreciation.

The *Woman's Auxiliary* continues to grow in strength and importance and the conspicuous part they take in our Annual Meeting is our acknowledgment of their ability and help.

The *Executive Officer's* report will give an idea of the many details involved in carrying out the plans of the officers and committees of the State Medical Society and integrating these with the plans of the Component County Medical Societies.

The *Executive Offices* are now equipped to conduct economically the services required in our work, and every investment and expenditure is economical and can be so defended at all times by the accounts and records kept by our Executive Officer.

CONTACT WITH THE A. M. A.

The *President-Elect of the A. M. A.*, Dr. J. Tate Mason, of Portland, Oregon, came to New Jersey to meet and confer with the Trustees and Officers of our State Society. This conference proved to be an enjoyable occasion and was productive of frank discussion and friendly criticism of a constructive type, beneficial to all concerned. Dr. Mason stated at the conclusion of the luncheon given in his honor by Dr. Eagleton at the Essex Club in Newark that, "New Jersey was the best organized and most active State Medical Society he had visited so far." We believe this compliment to be sincere and more than a mere gesture of friendliness. Dr. Mason's fine personality and frankness did much to further teamwork between the A. M. A. and the New Jersey State Society. If more frequent contact between officers of the national and state associations

were made possible, greater unity of purpose and performance would result and be to our mutual benefit.

STANDING ORDERS FOR NURSES

The *Standing Orders for Nurses* have provided a desirable coöperative effort and they were also approved by the Metropolitan Life Insurance Company as a guide for their own nurses in New Jersey where the attending physician had given no specific orders.

The Metropolitan Life Insurance Company has also shown a fine spirit of coöperation by promptly accepting our suggestions and modifying their posters and pamphlets to emphasize the place of the physician in the case to their policy holders.

DR. EAGLETON FOR PRESIDENT OF THE A. M. A.

The name of *Dr. Wells P. Eagleton* has been endorsed by our Trustees and our delegates to the A. M. A. convention in Kansas City in May have been instructed to propose and support Dr. Eagleton for President-Elect of the A. M. A. This is a worthy honor for a man we have long loved, honored and respected in New Jersey.

THE JOURNAL

Plans to acquaint each member periodically with the "high lights" of activities planned by the State Society Officers and Committees, through personal letters, have been approved for next year to reach those who do not attend the meetings of their County Society regularly and who evidently do not make full use of the Journal, in which these activities are printed in full each month.

I want to emphasize the fact that our Journal is not only a fine *scientific* journal, but equally important to our Society and its members individually is the fact that in the Journal the *aims and purposes, programs and plans, schedules and accomplishments* of the Society are recorded for their individual information and benefit. Each member can himself benefit and at the same time increase the prestige and influence of his profession in New Jersey by becoming actively engaged in, or at least intimately concerned with, and aware of what is being planned and carried out by the State and Component County Societies in the interests of our profession and our members.

QUALITY AND DISTRIBUTION OF MEDICAL SERVICES

Because there are now *two* important considerations in medical practice, we must keep informed of the problems in *both* if we are to

maintain the leadership and prestige to which we aspire in health service. There is not only the consideration of the professional qualifications and the improvements in medical technic, which insure our ability to provide the highest *quality* of medical service, but there is also the obligation to study and improve its *distribution* to those in need, at a price which they can afford to pay, and under conditions which are fair and just to our members.

It is largely to the problems related to this *second* aspect that the officers and committee members of the State Medical Society devote the major part of their time and effort.

Because of their neglect to keep informed of the activities of the government and those of other groups in our State and community which infringe upon our rights and privileges as a profession, there comes at times needless and unjust criticism both from within and from without our profession. Failure to keep informed of our many activities carried on to protect and to extend the practice of our profession in ways which experience has shown to be sound and effective results in the erroneous belief among some of our less informed members that they get little benefit from their State Medical Society.

Due to the enormous amount of volunteer work which comprises the greater part of our activities, our dues represent only about one-tenth of the value received by our members. The member who puts more effort into his Society than is represented by his dues gets the most benefit from his Society. The State Medical Society can only provide the opportunity to benefit.

The Journal provides all this information and is our principal avenue of passing this information along to our individual members. It is well indexed and is arranged so as to make easily available to those who read it, regular reports upon the work of the various committees appointed by the President to carry on the work of the Society.

The *individual* today can accomplish most only as a part of a *well-organized group*. The profession of medicine will stand or fall on its achievements both in the professional practice of medicine, as conducted by its members, and in the distribution of these services to the public under the control and direction of the organized medical societies, in accordance with the basic principles and accepted methods which underlie all organized effort.

SERVICE TO THE LOW-WAGE GROUP

In their regular meetings the County Medical Societies could profitably provide more op-

portunity for considering the reports of their State Society committee representatives upon matters of vital concern to each member. At the present time, there is sustained interest only in the professional presentations. We can never hope to retain control of the planning and distribution of medical services, nor to receive a fair consideration of our claims for some compensation for providing for the medical needs of the indigent, unless we formulate and present to the official welfare agencies organized plans for good medical care of their wards and support these plans unitedly. There are already those who wish to do this for us, by inserting themselves, at a profit to themselves, between the physician and those in need of his services. There has never been a time when organization and a definite program to provide medical services to all the people were more needed than at the present time.

The brief on medical relief prepared by Dr. Lewis, and approved by the Welfare Committee on April 5 and the Trustees, was sent to *all* the legislators in the New Jersey Assembly and Senate and is constructive and practical. The physician continues to make his contribution to the needy, but he demands help from the public in bearing the increased load. This is only fair.

More concerted effort will result from the synchronizing of County and State Society terms of office for officers and committees and better understanding of the program and plans will be made possible.

Some difficulties will be inevitable during the first year under the new plan, but we believe its success is assured.

The adaptation in Essex- Passaic and Union Counties of the principles of the *Washington Plan* for adjusted charges to those unable to pay the usual charges for needed medical service is being watched with interest by the State Medical Society Officers. We believe the plan is sound in principle.

The *conference of Allied Medical Professions* has not been quite as active this year as last, but is always a ready medium for the consideration of any problems which may suddenly arise in which the interests of the four groups are involved.

The *Interstate Medical Economics Conference* held last fall in New York City was valuable though the minutes of that meeting were never issued by the committee in charge.

The increase in the number and content of the *County Society bulletins* is noteworthy, and should be a matter of congratulation for a valuable service well done.

The great increase of physicians in New Jersey has occasioned some individual constructive criticisms—such as “fewer examinations held for licensure”; “only citizens (not first papers) eligible for practice”; and “stricter survey of reciprocal licenses”. Certain it is that New Jersey already has an adequate supply of competent and qualified physicians at this time.

The Medical Society of New Jersey has been opposed to the Copeland Bill from its first appearance in Congress and notice of this opposition has been repeatedly sent to our State rep-

resentatives in Congress and to others in this State, also to the A. M. A.

There is yet much to be done for the benefit of the public and our profession. The greatest effort in the coming year should, I believe, be directed toward informing our members in each County Medical Society of our program and activities to further enlist their coöperation and support and to improve the coördination of effort between the State Society and the Component County Societies.

MARCUS W. NEWCOMB,
President.

REPORT OF THE EXECUTIVE OFFICER

By LEROY A. WILKES, M.D., Trenton, N. J.

To the President:

It is difficult for many of the members of the Society to understand the amount of work done in the Executive Offices, because of the fact that this work relates almost exclusively to the details involved in carrying out the following activities:

1. Protecting the interests of the profession against inimical legislation;
2. Promoting a fair distribution of high quality of medical service to those unable to retain a private physician and pay his usual charges;
3. Representing the members of the medical profession in presenting the viewpoint of the members and explaining it; gaining the viewpoint and replying to the aims and criticisms of other community organizations, official and unofficial; and conveying these reports to the officers and committee chairmen for their information and action.
4. Attending meetings, usually at night, of Component County Societies to acquaint them with State Society aims and activities and bring back suggestions and criticisms, most of which are made by individuals and these may or may not be representative of the majority of the members of their County Society.
5. Providing better organization for our mutual protection; increasing public appreciation and respect for our profession through demonstrations of our ability to preserve public health, individually and collectively; and co-operating with others in the community with primary health aims, such as the health department officials, or secondary, as in the educational and sociological fields.
6. Providing individual study and organized effort in post-graduate courses to improve

the professional practice of medicine and to maintain the ideals and ethics of our profession.

7. Combatting false doctrines in the healing art, so that the public shall be adequately protected from the charlatans who exploit the sick and delude the well with alluring promises which they cannot possibly fulfill.

Under one or more of these general heads, may be grouped the large number of activities, projects, and accomplishments which have involved the integrated efforts of the three thousand members of The Medical Society of New Jersey, and the very intensive efforts and a considerable amount of time devoted by the one thousand members who serve as officers and on committees in the State and County Societies.

Legislation, for instance, involves organization to support or oppose measures of interest to our members. Health legislation, to be sound, requires our professional supervision in all its aspects.

CONTACTS AND RESPONSES

It is unfortunate that each member cannot be kept more completely informed of the work done in his behalf by the State Society and its Executive Officer. The Journal contains full reports on the activities, and much thought and effort are made to devise ways and means to supplement the Journal in bringing to the attention of each member this information.

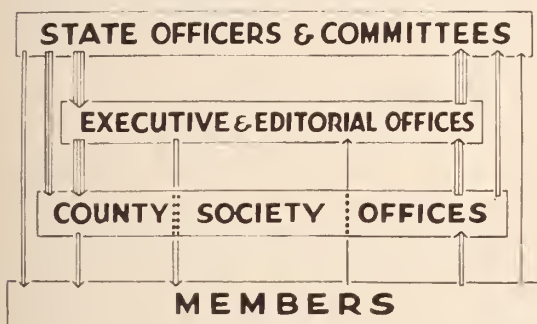
The Executive Officer is in daily communication personally or by telephone and telegram with different officers and members of State and County Societies upon urgent matters of concern to the medical profession.

Reports from other State and County Medical Societies and from other organization in-

terested in health are read by the Executive Officer and reported to the President when new ideas and suggestions are discovered which might benefit our members.

A very limited amount of time remains for the Executive Officer to review and reflect upon the work of the Society as a whole, in spite of the long hours spent in the service of the Society. This is merely a statement of fact, and is in no wise a complaint, for the work is made pleasant and interesting by the fine spirit and coöperation of those with whom the Executive Officer is most intimately associated.

RESPONSE TO CONTACTS



Periodic letters to each member would help toward this end; and it would seem desirable and a justifiable investment to make, since the time given to improvement in professional practice and to research occupies most of the available time in County Society meetings, and the attendance at these is far below the number of enrolled members.

The return flow of information from the members of the County Societies back to the State Officers and Committees is limited and is often delayed until after the Society has had a meeting, which varies in time from a week to several months. It seems to be an inevitable future development that sooner or later we shall require active executive committees in every society vested with power to act in emergencies, and with an office clerk on part or full time to look after the business of the Society. This is hardly the time to consider increased costs in County Societies, but organized effort is now vital to State and County Societies if our greatest protection and production are to be realized.

To review the work of the Executive Offices during any year would inevitably duplicate in large measure the reports presented by the various officers and committees. The daily correspondence carried on, the taking of minutes, mimeographing and issuance of these

minutes and the reports made to officers and committee members and Component County Society officers, constitute the bulk of the work done in the Executive Offices by the staff.

Attendance upon meetings of the legislature and personal contact with legislators upon bills of interest to the Medical Society; preparation and sending of legislative bulletins and letters to our key men in each county, take much of the time and effort of the Executive Officer, particularly when the legislative sessions extend from January to June, as has been the case in the last three years.

PUBLIC RELATIONS

The integration of the activities included in the programs developing under the Federal and State Social Security legislation, in their medical service implications and activities, with the work of the Medical Society requires much time and planning. Our Maternal Welfare Committee, our Public Health Committee, our Crippled Children's Committee, our Medical Practice Committee and Public Health Committee are in active coöperation with all these developments and are guiding the work, in so far as possible, into approved channels of medical procedure.

We have passed beyond the stage of being organized only to present professional papers; and should furnish to the community organized service and be paid for much of the service we have gratuitously given in the past. This plan is already in effect in several County Medical Societies in Iowa, with evidence of satisfaction.

Our contacts with the public and with other community agencies are now being extended to provide better understanding of medical aims and the program of our society, and to further improve its services to all the people at a price which each can pay.

It is significant that the large insurance agencies who profit most from good medical care spend enormous sums of money in advertisements which urge the public to "Consult your physician". They know from long experience that this pays in increased dividends to their stockholders as well as in prolongation of life for the public.

CONTACTS WITH OTHER AGENCIES

A considerable amount of time has been spent in the last three years by the Executive Officer in furthering public relations, as the contacts and activities listed below will indicate:

New Jersey School for the Deaf.
 New Jersey Tuberculosis League.
 New Jersey Conference of Social Work.
 New Jersey Sanitary and Health Association.
 New Jersey Health Officers Association.
 New Jersey Department of Institutions and Agencies.
 New Jersey Department of Health.
 New Jersey Department of Education.
 Treasury Department—Children's Bureau.
 New Jersey Department of Labor—Workmen's Compensation.
 Emergency Relief Administration.
 Family Welfare Advisory Committee to E. R. A.
 State Medical Societies.
 American Medical Association.
 American Dental Association.
 New Jersey Dental Association.
 New Jersey Pharmaceutical Association.
 American Academy of Pediatrics.
 American Public Health Association.
 Metropolitan Life Insurance Company.
 Rutgers University Health Week.
 Rosenwald Fund.
 United States Public Health Service.
 National Health Council.
 Mercer County Health League.
 Monmouth County Organization for Social Work.
 Welfare Federation of Women's Clubs.
 American Association of School Physicians.
 American College of Surgeons.
 American Red Cross.
 American Social Hygiene Association.
 American Student Health Association.
 Association for Improving Conditions of the Poor.
 Community Chest and Councils.
 National Research Council.
 National Association for Nursery Education.
 National Organization for Public Health Nursing.
 National Society for Prevention of Blindness.
 National Parent-Teachers Association—also
 State and Municipal P.-T.A. Summer Round-Up.
 New Jersey Birth Control League.
 State Conference of Professional Societies.
 New Jersey Hospital Association.
 New Jersey Public Health Nursing.
 New Jersey State Dental Society.
 New Jersey Nursing Association.
 New Jersey State Organization for Public Health Nursing.
 Crippled Children's Commission.
 New Jersey Board of Beauty Culture Control.
 N. J. Board of Children's Guardians.
 New Jersey Board of Nurses Examiners.
 New Jersey Board of Pharmacy.
 New Jersey Planning Board.
 Milbank Memorial Fund.
 American Association for Social Security.
 New York Permanent Conference on Social Security.
 Legislators—State and Federal.
 Princeton Local Government Survey.
 Faulhaber & Heard, Inc., representatives of U. S.
 Fidelity & Guaranty.
 Federal Trade Commission.

The new Sub-Committee of the Welfare Committee, on Public Relations, will broaden and strengthen these important activities. This newly organized committee is establishing the proper channels of contact. Administrators of social work admit the justice of paying physicians for medical service to indigents, but inadequate provision is made in welfare budgets. The work of this committee is being carefully considered and planned. This effort will take time, but such time will be well spent in the interests of organized medicine, as well as in those of the public and the other agencies with whom we shall work. Physicians should seek and obtain appointment on important boards of influential agencies and organizations to provide for health services and secure payment of physicians.

WELFARE COMMITTEE

The program of the Welfare Committee must be visualized far beyond the term of any one president. Plans to carry out this program may be changed as experience dictates; and the criteria of success will be, first, the quality of the medical service rendered to the public, and second, the equable compensation of the physician, in terms of professional and economic satisfaction, for the adequate distribution of our services to all those in need of such help.

The Committee on Medical Practice, under the competent leadership of Dr. Lewis, has already brought out such helpful and constructive suggestions that we look forward with confidence to the outcomes of its further well thought out contributions. Every member should keep informed on the work of this important committee.

The Public Health Committee, too, has, with the help of Dr. Nichols, the Chairman, established valuable relationship with the State Department of Health and coöperation is increasingly evident, as shown in the Public Health Hour and the Maternity and Child Welfare Projects.

Dr. Durrett, Chief of the Drug Division of the Federal Food and Drugs Administration, Department of Agriculture, appeared before the Welfare Committee on April 19th and explained the salient points of S. 5 (amended Copeland Bill). Dr. Burritt and Dr. Edgar Ill discussed the points raised by Dr. Durrett, but no action was taken by the Welfare Committee to reverse the declared opposition of the Medical Society of New Jersey to this bill.

OFFICIAL LIST OF MEMBERS

The Official List of the Medical Society, as prepared by the Secretary, was checked for spelling of names and changes in address in this office at the request of Dr. Morrison. The A. M. A. Directory, telephone book, Tri-state Directory, and other lists, available in this office, were used to insure accuracy. These lists were then returned to Dr. Morrison who is responsible under the Constitution for its compilation and printing.

Monthly accounts of the activities of the Executive Officer are presented to the President and the Chairman of the Board of Trustees; and an itemized account of expenditures under the budget is sent at the end of each month to the Chairman of the Finance Committee and the Treasurer.

The work done in the Executive Offices is subject to supervision by the Chairman of the House Committee and by the President and officers, and is conducted to provide the most service for the money expended.

Copies of all reports and correspondence issued or received are systematically filed.

The appointment of key men in each County Society for each of the four sub-committees of the Welfare Committee, will strengthen our organization and increase its influence and accomplishment. Our legislative key men have proven this fact. This will also make it unnecessary to create executive districts as has been discussed.

Photographs of living and deceased "Fellows" are being collected and hung in the Executive Offices. Further donations to this collection are solicited.

A very creditable exhibit by the Medical So-

ciety of New Jersey was sent to the New Brunswick "Health Week" and the Executive Officer spoke over State WOR, at the request of the Women's Federated Clubs. Addresses were given also at the Child Welfare Institute in Camden and at the Symposium on Social Security Program, held at the Contemporary Club in Newark, under the auspices of the League of Women Voters.

"The Work of the Medical Society of New Jersey," was the subject of an address at the American Public Health Association meeting in Milwaukee last October. The Executive Officer is scheduled to address the Executive Secretaries of the A. M. A. in Kansas City in May of this year on "The Public Health Committee's Program in the State Medical Society."

Because of its many activities in New Jersey, the Medical Society is becoming much better known and its influence has been strengthened. This is shown quite convincingly by the increasing requests received for advice and guidance and coöperation, from other State, County, and Community agencies, and from individuals in this State and elsewhere.

We can hardly afford to slacken our pace or lose interest at this crucial period, and there is no evidence that we intend to do so; rather should we follow up our present advantage, and merit the leadership we are striving to regain in the health field. We have the ability and the ways and means. Success can be assured by adding more of the "will" to do.

LEROY A. WILKES,
Executive Officer.

FINANCE AND BUDGET

The Finance and Budget Committee is now giving consideration to the reports of the Officers and Committees, and their estimates of costs of their departments. The committee will have a report to submit to the House of Delegates.

HARRY R. NORTH, *Chairman.*

TREASURER

The report of the Treasurer for the current fiscal year will be given to the House of Delegates.

ELIAS J. MARSH, *Treasurer.*

REPORT OF THE SECRETARY

By J. B. MORRISON, M.D., Newark, N. J.

To the House of Delegates:

We will open this year the 170th Annual Convention of our ancient and honorable Society. We are proud to report that our State Society continues to hold its place as one of the outstanding State Societies in the American Medical Association. This is justified by our legal, legislative and economic activities. Recently the President-Elect of the American Medical Association stated that in his opinion, we had the best organized medical society in America. We still continue to receive scores of letters from secretaries, executive officers, members of various committees in our sister state societies, inquiring about the activities of our organization, and we are able to furnish them no inconsiderable amount of advice and assistance.

The House of Delegates, based on the 1935 Official List, consists of the following:

Elected Delegates	201
Trustees	17
Fellows who are not Trustees.....	8
Members of the Judicial Council who are not Delegates	4
	<hr/> 230

There still continues to be a large number of absentees in our delegation. Efforts should be made in Component Societies to elect only such delegates as will feel it a duty to attend these annual sessions. We in these sessions of this House do not want delegates who have been given the honor of being so elected; we want active workers who will be here to represent their Component Societies. We should have a provision in our By-Laws that elected delegates, absent for two years without adequate excuse, should lose their seats as delegates.

Our total membership on the 1935 Official List was 3055.

Our total membership on the 1936 Official List is 3024.

While this is an apparent loss in membership, it must be remembered that this is the first year when the date of February 5th was the absolute deadline for receiving names for the Official List. Up to April 1st, we have received 153 more names, so that on this date our total membership was 3177. By the time of the Annual Meeting it will probably be 3200.

We have lost last year, by death, forty-one

members. This is the usual average and does not seem to increase with our membership. Among those who have passed to the Great Beyond was our beloved James S. Green, a veteran in this Medical Society for nearly forty years. He was President in the year 1926. His father had been our President in 1890. Dr. Green was a member of our Board of Trustees continuously since 1927.

We regret also the death of Dr. Richard M. A. Davis, another member of the Board of Trustees for many years, representing the southern tier of counties. The devotion of these two men to the interests of our Society will long be remembered and we on the Board of Trustees will miss their advice and coöperation.

It becomes my unpleasant duty to state that I am not in sympathy with the newly adopted plan of electing the officers in the Component Societies at the same time when the officers of the State Society are elected. I was not consulted when this plan was advocated for adoption for the County Societies. I cannot see any advantage whatsoever in this move for the Component Societies, and there are a few distinct disadvantages. The Official List, as published every April, is of distinct advantage to the advertisers in our Journal. When they receive it this year, it will contain a list of officers in many of the Component Societies which is out of date. It will not contain the list of officers elected at the annual meetings in April and May. The American Medical Association and other bodies in organized medicine will not have a correct list of officers to use in its communications. And when new secretaries have been elected in these County Societies, it will lead to confusion and delay in correspondence.

Again the delegates entitled to attend this session of the State Society are those elected last October. Cards for these delegates are mailed from my office not later than April 15th. New delegates, elected at these April and May annual meetings of the Component Societies for the year 1936 will not be seated at this session of the House of Delegates. Confusion will arise at the registration desk where some of these new delegates, justly claiming to have been so elected, will be refused permission to register as delegates, as the quota for their Component Society is already filled.

I would strongly urge the Component Socie-

ties to return to the old plan of electing their officers and delegates in the fall of the year. Then the Official List, the next spring, will carry the correct list of officers and delegates.

We should provide, by amendment to our By-Laws, for the reduction in representation at this House of Delegates, when the membership in the Component Societies falls markedly below that appearing in last year's Official List.

There are some Component Societies represented at this session of the House with more delegates than they are entitled to on a basis of paid-up membership at this date. Few other bodies in organized medicine would tolerate this misrepresentation.

Respectfully submitted,

J. B. MORRISON,
Secretary.

REPORT OF THE BOARD OF TRUSTEES

By FREDERIC J. QUIGLEY, M.D., Union City, N. J.

To the House of Delegates:

Continuing improvement and expansion of the organizational activities of the Society are adding an increasing amount of work and responsibility to the Board of Trustees. In addition to the four regular meetings of the Board this year, it has been necessary to hold several special meetings, including a joint meeting with the Welfare Committee, for the consideration of urgent and important problems. Our contacts with the various committees of the Society are closer and the advice of the Trustees more frequently sought than ever before.

The steadily enlarging number of younger men in positions of responsibility in the Society is noted with satisfaction. This admixture of younger men with those of maturer years augurs well for the continuance of a progressive militant policy.

There is a growing understanding, on the part of the membership, of the necessity of coöperative and coördinated efforts of organized medicine, represented by this Society, with other agencies having legitimate functions in the health field.

This enhanced understanding is attributable in no small degree to the splendid work of the sub-committees of the Welfare Committee on Medical Practice and Public Health, and to the enlightened efforts of the Executive Officer, who, because of his wide previous experience with other agencies engaged in health activities, has steadily sought to improve our public relations. The realization of the importance of this phase of the Society's activities and the need of placing it on a more stable footing resulted, this year, in the creation of a permanent Sub-Committee on Public Relations of the Welfare Committee.

The Trustees believe with the Welfare Committee that the "Uniform Medical Practice Act", recently completed by a sub-committee of the Welfare Committee, after over two and a half years of the most painstaking effort, represents an outstanding contribution aimed to bring all who practice medicine, by whatever name, to the educational level now demanded of practitioners of medicine.

The various scientific committees of the Society continue their excellent work with zeal and steady purpose. The Scientific Exhibit at our coming Annual Meeting bids fair to be the best we have ever had.

The Trustees urge upon committee chairmen to see that the members of their committees are *paid* their actual expenses incident to attendance at meetings of their committees. Certainly the Society can not compensate these men for their time and effort spent in committee work, but at least it *can* afford to reimburse them for their traveling expenses.

We wish to compliment the Publication Committee and the Editor for the planned series of stimulating educational editorials appearing in each issue of the Journal during the past year. The amount of space devoted to Society Activities reflects the expansion of the organized efforts of the Society.

It is with a distinct feeling of sadness that we record the passing, within the past year, of three valued members of this Board: Dr. Richard M. A. Davis, Salem; Dr. James S. Green, Elizabeth, and Dr. Harold B. Disbrow, Lakewood.

FREDERIC J. QUIGLEY,
Chairman.

REPORT OF THE JUDICIAL COUNCIL

By CHRISTOPHER C. BELING, M.D., Newark, N. J.

To the House of Delegates:

During the year the Judicial Council had frequent meetings to consider various matters which were referred to it.

An important matter concerning the rights of certain members of a County Society in relation to the Society itself was investigated and a decision rendered. In view of certain conditions that have been brought to the notice of the Council in connection with this matter, the Council will have a recommendation to make to the House of Delegates at the forthcoming Annual Meeting.

PUBLICITY FOR INDIVIDUAL DOCTORS

A physician applied to the Council for a decision regarding publicity given to doctors in the newspapers. He desired to know if it was ethical for a doctor to give information to the newspapers regarding patients who were under his care. He stated that the names of certain physicians had been published in this connection, and that, if it was permissible, he would like to exercise the same privilege. The Council rendered the opinion that any form of obtaining personal publicity by newspaper articles is contrary to the principles of medical ethics as prescribed by the American Medical Association.

It is opportune at this time to draw the attention of the Society to the undue publicity that is being given to matters which should be of interest only to the profession.

RE-ARRANGEMENT OF COUNCILOR DISTRICTS

In its annual report for 1934 the Council made certain recommendations regarding the re-arrangement of the Councilor Districts. The duties of the Councilors are gradually growing more onerous, and the present arrangement of the Councilor districts makes it difficult for them to visit the Component Societies as often as they should. Therefore, in order to create a closer organization of the districts and more efficient contacts, to lessen the increasing burden of councilor duties, and to promote a better liaison between the State Society and its component units, the Judicial Council recommends that the number of Councilor Districts be increased from the present number of five, to seven; and that a Councilor be appointed to each district. The following redistribution of the Counties among the districts is suggested:

First District: Essex, Union, Somerset.
Second District: Hudson, Bergen, Passaic.
Third District: Morris, Sussex, Warren.
Fourth District: Middlesex, Monmouth, Ocean.
Fifth District: Mercer, Hunterdon, Burlington.
Sixth District: Camden, Gloucester, Salem.
Seventh District: Atlantic, Cumberland, Cape May.

Such an arrangement will undoubtedly result in an increase of efficiency of the service of the Council.

PERSPECTIVE OF VIEW

The duties imposed upon the Judicial Council are not enviable. They are often fraught with the perils of misunderstanding, criticism, and animosity; but they carry with them certain compensations which far outweigh the dangers.

There are bound to be differences of opinion and disagreements in the Council, and in the body general of the Society; but withal we must realize, as members of one of the noblest professions, that it is our duty and our heritage to work together to maintain our ideals.

As an eminent physician has so well stated, there are several large perspectives which physicians should keep in mind in dealing with the problems peculiar to the world today and to their place in it, namely, the problem of providing for themselves, the need for providing adequate medical service to the community, the conception of society as an organism, the difficulties which will challenge their skill within the field of medical science, and the importance of maintaining the scientific spirit in the face of widespread condemnation and attack by the new barbarians. The medical fraternity will have to recognize that its members have *common needs* and a *common purpose*. They must achieve fraternal coöperation in attempting to solve their problems. They must see to it that the merits of individual initiative and social medicine are harmonized in the best interests of both the physician and the community.

Respectfully submitted,

CHRISTOPHER C. BELING,
Chairman, Judicial Council.

REPORTS OF COUNCILORS

FIRST COUNCILOR DISTRICT

WARREN, UNION, MORRIS AND ESSEX COUNTIES

By CHRISTOPHER C. BELING, M.D.,
Newark, N. J.

To the House of Delegates:

A large part of the activities of the County Medical Societies of the First District have been directed to the consideration of emergency relief problems, and the different phases of medical economics and public health service in coöperation with the policies of the State Society. Along with these activities a high order of scientific work has been maintained.

Under the auspices of the Essex County Medical Society, a joint meeting of the First and Second Councilor Districts was held at the Academy of Medicine of Northern New Jersey on April 9th. Dr. H. H. Satchwell presented in great detail the subject of "Medical Economic Insecurity—Is the Washington Plan an Adequate Remedy?" It was discussed by Dr. Spencer T. Snedecor, First Vice-President of the State Society; Dr. Wright MacMillan, President of the Passaic County Medical Society, and Dr. Saul Rubinow. All the Councilors and many of the other officers of the State Society were present. Before the meeting they were entertained by Dr. Charles Zehnder, President of the Essex County Society.

The Councilor was called upon for advice in a threatened malpractice suit against a hospital interne, who did not have any insurance. It is not likely that this suit will be pressed.

No internal dissensions or matters of an ethical nature were brought to the attention of the Councilor.

Respectfully submitted,

CHRISTOPHER C. BELING,
Councilor, First District.

SECOND COUNCILOR DISTRICT

SUSSEX, BERGEN, PASSAIC AND HUDSON COUNTIES

By WILLIAM J. SWEENEY, M.D.,
Weehawken, N. J.

To the House of Delegates:

Medical economics at present is an all-absorbing topic. This was the subject of a combined Second District Councilor meeting with the First Council District held at the Academy of Medicine in Newark on April 9,

1936, with the Essex County Medical Society as the host.

Dr. S. T. Snedecor, First Vice-President of The Medical Society of New Jersey, and Dr. Wright MacMillan, President of the Passaic County Medical Society, discussed Dr. Satchwell's paper on the "Washington Plan". Members of Economic Committees of many counties in the State were present.

The Emergency Relief Administration is functioning, except in part of Hudson County, with fair success.

The Sussex County Medical Society was visited on April 3rd by Executive Officer Wilkes and Editor Overton. Two-thirds of the entire membership were present at the meeting. Medical conditions in the county were found to be in a healthy state.

Passaic County will be visited in May, after three postponements.

Bergen County is in a very good condition. The Society has a part-time Executive Secretary, a layman, who is able to travel about in this large, populous county.

Hudson County presents many new problems; a few have been ironed out, and some are in the process of adjustment, but some will probably require extensive consideration and study. It is the objective of the Councilor that each county in the Second District shall exemplify Article II of the Constitution of the State Society—"To advance medical service, elevate professional standards, safeguard the material interests of and promote friendly relations amongst members of the medical profession".

Economically, bitter complaints are made by members on account of the encroachment of corporate medicine, and the abnormal influx of unabsorbable licentiates.

Numerous law-suits against physicians must impress physicians with the fact that eternal vigilance must be maintained in order to keep these suits under control, and to maintain the insurance rates within bounds.

Respectfully submitted,

WILLIAM J. SWEENEY,
Councilor, Second District.

THIRD COUNCILOR DISTRICT

MERCER, MIDDLESEX, SOMERSET AND MONMOUTH COUNTIES

By FRANK G. SCAMMELL, M.D., Trenton, N. J.

To the House of Delegates:

The members of the Third Councilor District have faced all the conditions pertaining

to personal and professional ethics with equanimity.

This has made the duties of your Councilor very light for the past year.

Respectfully submitted,

FRANK G. SCAMMELL,
Councilor, Third District.

FOURTH COUNCILOR DISTRICT
CAMDEN, BURLINGTON, OCEAN AND
MONMOUTH COUNTIES

By JAMES A. FISHER, M.D.,
Asbury Park, N. J.

To the House of Delegates:

To my knowledge, no serious medical legal action is pending in the Fourth District.

This year, the various Councilors felt that the economic conditions were such throughout the State that we would dispense with the regular District meetings, and substitute in their places a large gathering, to be held at the Newark Academy of Medicine on the evening of April 9th, at which time the Washington Plan would be thoroughly discussed. A communication was addressed to each of the Component Societies in my district requesting it to send to this meeting the members of its Economic Committee in order that they may become fully acquainted with this plan.

Numerous meetings of the Judicial Council have been held to consider various questions

which have been referred to it from throughout the State.

Respectfully submitted,

JAMES A. FISHER,
Councilor, Fourth District.

FIFTH COUNCILOR DISTRICT
CAPE MAY, CUMBERLAND, ATLANTIC,
GLOUCESTER AND SALEM COUNTIES

By ALDRICH C. CROWE, M.D.,
Ocean City, N. J.

To the House of Delegates:

The various County Societies in the Fifth Councilor District have been very active this year. Their scientific meetings have been extremely high-typed, and there has been a good representation of members at each meeting.

The main report of the Councilor will be included in the report of the Judicial Council as a whole.

This will be my last report as a member of the Judicial Council. I have been Councilor for nine years, and I want to take this opportunity of thanking all the members of the Component Societies of the Fifth Councilor District for their coöperation and helpful suggestions throughout that time.

The work has been most enjoyable, and I know the County Societies will continue to give my successor, Dr. Chester I. Ulmer, the same degree of support.

Respectfully submitted,

ALDRICH C. CROWE,
Councilor, Fifth District.

REPORT OF THE COMMITTEE ON MEDICAL DEFENSE

By CHRISTOPHER C. BELING, M.D., Newark, N. J.

To the House of Delegates:

During the past year many important matters came before the committee for consideration.

The Insurance Company informed the committee that certain physicians who were insured under the Society's policy were maintaining beds in conjunction with their practices; that heretofore coverage had been extended for this increased hazard for an additional premium without investigation. It had become evident that risks of this type should be carefully investigated before approval. The company therefore desired information and advice from the committee regarding the standards of requirements for the acceptance of the hospital feature of a physician's practice.

Among the questions raised were the competency of the doctors, the nature of the operations performed, the kind of equipment, the adequacy of surgical assistance and facilities available for meeting emergencies, etc. On November 7th, 1935, the committee met with Dr. R. T. Payne, the medical director of the company, and Mr. Harry Prevost, the chief underwriter. As a result of this conference, it was decided that information covering these points should be furnished by such applicants; and in each case before a policy was extended to cover the risk, it would have to be approved by the committee. This procedure is now in effect and seems to be working satisfactorily.

The committee desires to draw the attention of the Society to the fact that since 1921, when

the company first entered into agreement with the Society, there have been only five instances of refusal to renew individual contracts, for reasons which the company thought were reasonable and justifiable on account of claim experiences.

There seems to be a misunderstanding that physicians who have not paid their dues to their Component Medical Societies are not considered in good standing, and therefore their professional liability contracts are null and void. As a matter of information, the contract originally contained the provision that the policy was automatically terminated if the name of the member did not appear on the Official List of The Medical Society of New Jersey; but since November, 1934, this provision was changed by the company at the request of the committee. The policy now provides a period of sixty days' grace after the publication of the Official List; but in any event not later than May 1st of any year dues must be paid to prevent the cancellation of the policy.

The committee emphasizes the importance of every member consulting the Official List as soon as it is published to make sure that his name appears thereon. As an additional check to protect the doctors, our broker has rendered gratuitously valuable service in checking the list and notifying the doctors whose names have not appeared on it. The broker last year has informed the committee that he sent out about 125 letters to doctors who had omitted to pay their dues on time. Appreciative acknowledgments were generally received by him. It must be remembered, however, that this service is not obligatory, and that it is the

duty of each member to safeguard his own interests. It should be borne in mind that the actual payment of the premium in itself does not guarantee his protection, if he is not in good standing in the Medical Society of the State of New Jersey.

The committee has received the full coöperation of the United States Fidelity and Guaranty Company. The company has endeavored to keep down the cost of the physicians' protection; and wherever rates have been increased, it has been justified by the loss experience. Analysis of their experience will be given in our final report, but from information available at the present time, the records show fifty-eight claims received during the past year, of which thirty-one were closed with settlements of \$8893.25. There are twenty-seven open cases, of which thirteen are in suit on which reserves in the amount of \$31,075 have been set up.

The committee wishes to thank Mr. William N. Heard, the official broker, for the excellent service he has rendered throughout the year. It is entirely due to his personal solicitations that the number insured has been increased during the year. Subject to change, we have about 2400 physicians covered, being approximately 80 per cent of the membership of The Medical Society of New Jersey.

Respectfully submitted,

CHRISTOPHER C. BELING,
Chairman,

EDGAR A. ILL,
ERWIN REISSMAN,
WILLIAM J. ARLITZ,
THOMAS S. THOMAS.

TENTH ANNUAL REPORT OF THE COMMITTEE ON INSURANCE

By FRANK W. PINNEO, M.D., Newark, N. J.

To the House of Delegates:

This report comprises the activities of this committee for twelve months from March 1, 1935, to February 29, 1936. The satisfaction of insured members has revealed that they appreciate the services rendered, and also the value of group action, which increases with the size of the group. Through all the ten years in which this committee has functioned, two principles for indispensable consideration have controlled action and advice:

1. The financial *stability* of the underwriting companies.
2. The efficient and interested *service* of the agencies.

The first is, of course, fundamental, and the second is indispensable, as it is through the

agencies that the application of the contracts must come. A great advantage in our case has been that only two agencies have been dealt with, and they were actuated by energetic interest to build up the business and thereby afford arguments for improved agreements with the companies.

THE ACCIDENT AND HEALTH POLICY

This is managed by E. & W. Blanksteen, Jersey City. It combines in one policy: (1) benefits for 52 weeks for total, and 26 weeks for partial, disability from any accidents and a substantial accidental-death benefit; and (2) benefits for continuous total disability from illnesses for 52 weeks house-confining and 6 weeks not house-confining. The total time for

indemnity for any disability is limited to 52 consecutive weeks. The policy may be written for either \$50 or \$25 weekly benefit, with premium payments on an annual semi-annual, or monthly basis. Nine claims are still pending.

Their claims ranged from one week of partial disability for \$25, to one for 19 weeks for \$950, with the latter claimant still disabled.

Loss ratio 47 per cent, which will be increased after closing pending cases. Gross premiums \$18,143.15.

This policy is written by the National Casualty Company of Detroit, and its liberal interpretation of disabilities proves that casualty insurance need not depend on technicalities evading responsibility. The service of the Blanksteen Agency has been satisfactory.

NUMBER OF POLICYHOLDERS IN EACH COUNTY

Atlantic	5
Bergen	32
Burlington	3
Camden	19
Cape May	3
Cumberland	5
Essex	79
Gloucester	5
Hudson	22
Hunterdon	4
Mercer	14
Middlesex	8
Monmouth	8
Morris	13
Ocean	3
Passaic	12
Salem	3
Somerset	7
Sussex	2
Union	24
Warren	3
—	—
—	274

Increase during the year 25

DISTRIBUTION BY AGE GROUPS

Ages under 50	164
50 to 60	71
60 to 70	39
—	—
—	274

CLAIMS PAID DURING THE YEAR

<i>Ages</i>	
Under 50—32 claimants	\$5,657.88
including \$121.42 originating prior to Mar. 1, 1935	
50 to 60—13 claimants	2,228.14
including \$174.57 originating prior to Mar. 1, 1935	
60 to 70—4 claimants	978.56
—	—
—	\$8,864.08
Claims of last year	295.99
—	—
Total for the year	\$8,568.09

AUTOMOBILE INSURANCE

The Automobile Insurance managed by the Way Agency has been characterized by a great increase in the number of policyholders (165 per cent, from 533 to 1428, in less than two years): this due to the energy of the agency, and the additional advantages they offer which were not in the company's policies, chiefly the collection of claims by our members against the other parties in accidents. The law controls the premiums chargeable, but the service rendered by an agency can add advantages. This the Way Agency has done, without any expense to the doctors, by collecting such claims which members otherwise would not collect, and would not have sued for.

Early in the year the Manufacturers Casualty Insurance Company, which had written the policies cancelled its contract with the Way Agency and opened its new offices to deal directly with policyholders. The casualty insurance now issued is with the Atlantic Casualty Insurance Company, guaranteed 100 per cent by the Excess Insurance Company of America, which gives the strength of two companies in the contract, the Excess Insurance Company being one of the largest companies, with assets of \$5,281,000, and a rating by the standard authorities of "A+" (the very highest).

Total Premiums Written	\$37,180.00
Premiums Earned	18,590.00
Claims Casualty Paid	1,890.00
Claims Fire and Theft Paid...	89.42

Total number of members insured, 1,243.

This is 87 per cent of the number listed in the beginning of the year before the change in companies. Beside these claims paid under the policies, the agency collected for the doctors from the other parties concerned in accidents, 24 claims for \$3,669.03. These ranged in amounts from \$2,000 to \$3.80, one being for \$725, one for \$310, one for \$185, one for \$138.78; the other 18 being for amounts less than \$100 each. These claims of the doctors against the other parties cost the agency \$2,390. It cost the doctors nothing. Besides these there are nine other cases in process of collection and sixteen in process of suit. If it is asked how the agency can sustain this service, which is not included in the company's policy, it may be explained as a service rendered in consideration of the larger business done with the Society as a group, and therefore depends on the volume of business done.

We have proved through ten years the value to our numbers of group action in insurance. We have unaltered confidence in the stability

of the companies which we recommend, always only after investigation with the Department of Banking and Insurance of the State, and special reports from the standard neutral insurance authorities. We also feel that the interested services of the agency are valuable and their service efficient in promulgating claims of the doctors against other parties, most of which were for amounts which the doctors would not collect and would find costly to sue for. The agency's legal machinery distributes this cost economically.

However, in view of the fact that there is difference of opinion among members of the desirability of saving expense, and of the need of an agency's service, we conclude that we will not endorse any one company, but will leave each member to judge for himself what he will take. This is not because endorsement has ever imposed on the Society any financial

obligation or risk, and has had only a moral influence based upon our own investigations. Each member may decide for himself the value of the agency's service. Dr. McBride, for the Trustees Committee, which has met with our committee, reported that "the companies which carry the insurance for Society members are financially sound and their financial position stable". The committee advises that whatever advantage there is in group action, the members may judge for themselves.

Respectfully submitted,

FRANK W. PINNEO, *Chairman*,
BARCLAY S. FUHRMANN,
WAYNE W. HALL,
EDMUND N. HUFF,
A. DUNBAR HUTCHINSON,
GEORGE T. TRACY,
CHESTER I. ULMER.

HONORARY MEMBERSHIP

Following its usual custom, the committee will reserve its announcement of candidates for honorary membership in The Medical Society of New Jersey until the Annual Meeting.

E. R. MULFORD,
Chairman.

CONSTITUTION AND BY-LAWS

The Committee on Constitution and By-Laws completed its labors last June when the House of Delegates took definite action on all proposals for amending the Constitution and By-Laws.

No amendment was left for future action, and no further proposal for amendment has reached the committee.

CHARLES J. MURN, *Chairman*.

PNEUMONOCONIOSIS AND SILICOSIS

The Committee on Pneumoconiosis and Silicosis will have a report of progress to make at the time of the Annual Meeting.

CLYDE M. FISH, *Chairman*.

CONTROL OF CANCER

The report of the Committee on the Control of Cancer, made in 1935, contained an outline for coördinated action by the medical, education, and other groups of New Jersey. Progress has been slow owing to the lack of funds, and the preëmption of the field of preventive

medicine by other groups. The committee will make a report at the Annual Meeting.

Respectfully submitted,

HENRY B. ORTON, *Chairman*.

A. M. A. DELEGATES

The July Journal, page 433, carried a report of the New Jersey Delegates to the Annual Meeting of the American Medical Association held in Atlantic City; and also a description of the exhibit of The Medical Society of New Jersey on page 436.

JOHN F. HAGERTY, *Chairman*.

REPORT OF THE MEDICAL BILLS COMMITTEE

The Medical Bills Committee was authorized to develop principles of agreements with the State workmen's Compensation Commission in regard to the bills for medical services rendered injured workmen under the Workmen's Compensation Act. The committee met with unexpected difficulties and therefore has made progress in diagnosis rather than treatment.

DAVID A. KRAKER, *Chairman*.

NURSING AND NURSING EDUCATION, AND HOSPITALS AND MEDICAL EDUCATION

A report of the Committee on Nursing and Nursing Education, and of the Committee on Hospitals and Medical Education will be given to the House of Delegates on June second.

HARRY H. SATCHWELL, *Chairman*.

REPORT OF THE PUBLICATION COMMITTEE

By HENRY C. BARKHORN, M.D., Newark, N. J.

To the House of Delegates:

The Publication Committee has held regular monthly meetings on the fourth Wednesday of each month, and a short meeting in the summer when all the other work of the Society has been completed and new projects are not yet under way. The material with which the committee deals consists principally of the activities of the Medical Societies of the State and the Counties. The material published during the past year has been of a high standard of quality and usefulness, and reflects the steady progress of the societies in their service to their members and to the people.

THE JOURNAL

The major responsibility of the Publication Committee centers in the monthly publication of the Society.—The Journal of The Medical Society of New Jersey,—now in the thirty-third year of its publication.

DEPARTMENTS OF THE JOURNAL

Experience has shown that a standard size of eighty-eight pages for each issue of The Journal is well adapted for its purposes. The departments, and the number of pages allotted to each during the year 1935 (Volume 32) is shown in the following table:

NUMBER OF PAGES IN THE SEVERAL DEPARTMENTS OF
THE JOURNAL DURING THE YEAR 1935,—
VOLUME 32

	Editorial	Original Articles	State Society Activities	County Society Reports	Woman's Auxiliary	Adv.
Jan.	6	27	12	13	2	30
Feb.	6	35	10	9	1	28
March	6	32	14	10	2	28
April	4	44	11	9	2	38
May	6	44	25	13	0	32
June	6	40	9	8	3	28
July	6	31	11	3	2	36
Aug.	6	53	8	3	0	30
Sept.	6	35	12	3	2	30
Oct.	6	36	15	3	0	28
Nov.	6	27	10	12	3	34
Dec.	6	21	15	12	3	28
	70	425	143	98	20	370

Reading	756
Advertisements	370
	— 1126

Supplements:	
April, 1935, Official List of Members	58
July, 1935, Transactions of House of Delegates	88
	—

Total pages of Journal, 1935 1272

Total pages of Journal, 1934 1180

METHOD OF WORK

The greater part of the work of publication is done by the Editor, who is the chief of staff of the Publication Department of the State Society. He shares the central offices of the Society with the Executive Officer, who is chief of staff for carrying on the general activities of the Society under the President.

The close association of the Editor with the Executive Officer is of great advantage in the publicity work of the Society. The Executive Offices constitute a central station through which there flows a constant stream of information, both incoming and outgoing, concerning all phases of the activities of The Medical Society of New Jersey. The availability of all the records of the officers and committees prevents duplication of effort, and secures a co-ordination of the activities of all departments of the Society. The harmony which prevails in the Executive Offices is an essential element in maintaining the work of the State Society at a high standard of efficiency, and of publishing the reports of all its activities fully and promptly.

The work of the editorial office is conducted along two lines:

1. Editing the Journal.
2. Research.

Every effort is made that The Journal shall reflect the sentiments and aspiration of the officers and committees of the State Society. The method of editorial work which has been evolved by experience includes the following steps:

1. A study of the reports and the items of information available in the Executive Offices, in order to understand their relations and implications.

2. The preparation of informative articles and editorials which shall summarize and classify all phases of the activities of the Society.

3. The submission of every article and editorial interpretation to the following officers in succession:

- a. The Executive Officer.
- b. The officer or committee chairman who is responsible for the activity.
- c. The Publication Committee.

It is the rule of the editorial office that six copies of every important article shall be made; and usually all are distributed before the article is set in type. This requires a rapidity of work similar to that in the editorial office of a well-conducted newspaper or magazine. Con-

sideration is always given to the feelings and preferences of the officers and members, as well as truthfulness of statements. In every case of doubt the Publication Committee is the final arbiter; and the make-up of every issue of The Journal is reviewed at the regular monthly meeting of the committee.

CHANGE IN ADVERTISING PAGES

In accordance with the instructions of the House of Delegates recorded in the Transactions of 1935, pages 58 and 60, the following changes have been made in the advertising pages of The Journal:

1. All advertisements have been removed from the title page, and the entire table of contents has been placed on it, thereby making the index conspicuous as The Journal lies on the table.

2. The lists of officers and committees are printed on advertising pages 3, 4, and 5, where they may be found by merely turning the first leaf of the cover.

3. All advertisements of tobacco have been declined.

COPYRIGHTING THE JOURNAL

In accordance with the authorization of the Trustees, the contents of The Journal are now copyrighted, beginning with the issue of January, 1936, at a cost of two dollars per issue. The object of the copyright is to protect the writers of reports, many of which are statements of policies which are original with the Society. The copyright will assure to both the authors and the State Society that credit will be given to them for their original work. At least six other State Societies have begun to copyright their journals, following the sentiment expressed in the Annual Conference of the Secretaries and Editors of the State Societies held on November 16, 1935, under the auspices of the American Medical Association (Journal, December, 1935, p. 722). The copyright does not interfere with the custom of quoting from Journals; it simply requires that the source of the quotation shall be stated with the reprinted article or sentences.

EDITING REMARKS MADE DURING DEBATES

There has been no occasion to exercise the permission granted to the Publication Committee to request impromptu speakers to edit the remarks made by them during debates in the House of Delegates. (Transactions, 1935, pages 59 and 60). The permission offers the speakers the same opportunity for editing that is accorded to the discussors of scientific papers and the authors of written communica-

tions, in order to insure accuracy, clearness, and dignity in their statements.

REQUESTS FOR SPECIAL PAGES

Several committees have made requests that special pages of The Journal be assigned to them, to be filled with material which they will supply. The Publication Committee has been responsive to the request and has suggested that each committee shall submit an amount of material that will exactly fill one or more pages of The Journal, thereby emphasizing the importance of the communications and giving them an individuality and importance. The Committee on Maternal Welfare has followed that suggestion in each issue, beginning with January, 1936.

The Sub-Committee on Public Health agreed that developments of its work were so variable that it would not be able to use a definite amount of space in each issue; but it would be entirely satisfactory if The Journal would print the material as a committee report. Articles and reports on public health have appeared in each issue of The Journal beginning with the January issue.

The Welfare Committee made the general request that three or four pages of each issue of The Journal be assigned to it. In reply, the Publication Committee offered to print whatever the Welfare Committee might send. It was agreed that the minutes of the meetings would constitute the material with which the committee would fill its allotted space. The feature was omitted from the March issue because the committee could not meet on account of the inclement weather and the icy conditions of the highways.

Because of the difficulty of predicting the amount of space which a committee may require, the Publication Committee suggests the approval of its policy to publish accounts of all committee meetings or activities that may be submitted to The Journal.

The Welfare Committee, at its meeting on March first, requested that the series of articles published during 1935 under the title "New Jersey Formulary" be resumed in the April Journal, under a modified plan,—six prescriptions to be published in each issue, on light cardboard which could be cut into cards of a standard size for filing. The extra expense involved, the mechanical difficulties to be overcome in printing, and compliance with the postal regulations led to an unexpected delay in issuing the April Journal.

To comply with the request of the Welfare Committee in the April Journal involved an expense of thirty-four dollars more than the

cost of printing the same material in The Journal in the ordinary way. The Publication Committee requests the opinion of the House of Delegates in regard to the manner of publishing the formulas.

RESEARCH WORK

The editorial work done under the direction of the Publication Committee extends far beyond corrections of grammar, spelling, and paragraphing. It includes inserting references and cross-references to previous articles, checking and counter-checking data; comparing and adapting statements of facts to previous descriptions; and revealing the old age of supposedly new discoveries and conceptions. The consultation and classification of official records enables the Editor to confirm or correct data, and to unify the articles and reports which appear in The Journal.

A by-product of the Editor's work has been the classification and interpretation of the early records of The Medical Society of New Jersey, especially those of its first decade, 1766-1775. These records show that the founders were men of entirely modern ideas of medical organization and coöperation, and intensely practical in the plans which they evolved. If the ancient minutes were rewritten in modern English, they would be taken for transactions of a Medical Society today.

A continuation of this research and the publication of the results in The Journal would be of practical use as well as historical interest to the officers and members.

MEDICAL BOOKS IN THE STATE LIBRARY

Dr. Marsh has recently called attention to a minute on page 72 of the Transactions of 1892, announcing that over three hundred volumes of medical books had been deposited in the State Library building by a committee of the State Medical Society and were catalogued and arranged in order upon shelves. On investigation no one seemed to know much about the books, or their identity, but the librarian said that an effort would be made to trace the books.

BOOK REVIEWS

The work of reviewing new medical books submitted by the publishers has been conducted by the Academy of Medicine of Northern New Jersey, and the publication of the reviews was begun in the January Journal and will be continued as rapidly as the reviews are supplied.

CONTACTS

In accordance with the policy of The Medical Society of New Jersey to send representatives to Medical Societies and all other organizations that concern health, the Editor has visited County Medical Societies and other groups of health workers as often as possible. These visits have been made on a kindly basis, and have provided friendly approaches to organizations whose objectives have been opposed to those of practicing physicians, as well as to those associations which are in active coöperation with the State Medical Society.

SUGGESTIONS

1. That the Publication Committee be instructed to modify or discontinue the "New Jersey Formulary" if it is found unsatisfactory.

2. That carefully edited tobacco advertisements be accepted. The annual income from these amounts to from \$420.00 to \$840.00 depending on whether or not we can put them into preferred space.

The following is a summary of our finances with estimates for the balance of the Journal fiscal year:

JUNE 1, 1935—APRIL 1, 1936

RECEIPTS

Receipts sent to Dr Marsh	\$ 6,643.49
On hand in bank	116.58
Net receipts to date	6,760.07
Estimated receipts to June 1	1,352.14
	<hr/>
	\$ 8,112.21

EXPENSES

Printing and Mailing Journal	\$ 9,432.49
Reprints	130.41
Addressograph	28.32
Stationery	8.25
Editorial Office Journal expenses	435.40
Editor's traveling expenses	155.34
	<hr/>
	\$10,190.21
Estimated expenses to June 1	2,036.36
	<hr/>
	\$12,226.57

COMPARATIVE STATEMENT

	1934-35	1935-36
Receipts	\$ 8,451.60	\$ 8,112.21
Expenses	\$12,280.81	\$12,226.57

Respectfully submitted,

HENRY C. BARKHORN, *Chairman*,
EDWARD J. ILL,
FRANK J. McLoughlin,
MARCUS W. NEWCOMB,
J. BENNETT MORRISON,

Committee on Publication.

REPORT OF THE WELFARE COMMITTEE

By HILTON S. READ, M.D., Atlantic City, N. J.

To the House of Delegates:

The Welfare Committee of The Medical Society of New Jersey is unique among State Medical Societies. It is essentially an *integrating agency* for the coordination of the Society's major activities and interests. Each County Society having representation, the Welfare Committee is in reality an ad interim House of Delegates with recommendatory power only as to policies; but having power to act in formulating ways and means within established policies and principles; and its scope of function is specifically allotted. Certain other State Medical Societies have designated committees charged with certain functions, but none, so far as we know, have as broad a scope nor as representative a composition.

The Welfare Committee is charged by our Constitution and By-Laws with four main responsibilities, and on each of these responsibilities a permanent sub-committee now acts. The members of these sub-committees are carefully chosen from among the members of the Welfare Committee. Their selection is based upon their especial interest and experience in the subject assigned to that sub-committee.

Able leadership is provided for these sub-committees by the President in his choice of the Chairman of each sub-committee. The Chairman of the Welfare Committee assists in these selections.

Under the reorganization effected this year, the reports of various special advisory committees are routed with recommendations through appropriate sub-committees to the Welfare Committee after careful study and criticism.

MEDICAL PRACTICE COMMITTEE

The work of our Medical Practice Committee has been onerous and is constantly expanding as the report of the Chairman indicates. The committee has met its full responsibility and is entitled to our thanks and commendation. The Hospital Survey is ready to begin, and the ground-work is being carefully laid to enlist the necessary cooperation.

The problems connected with medical practice at this time are almost wholly connected with the *distribution* of medical care, rather than with the *professional* procedure or the quality of the services rendered. Yet our major concern in our County Societies is with the professional improvement which insures scientific advance. This remark is not intended to

be critical but rather analytical. We must consider more constructively those problems with which we are more insistently faced at this time, and we ourselves must provide the solution before we are forced to accept the solution urged by others less competent but who present a concrete plan first. The report of Dr. Lewis' committee should be carefully studied by each member of the Society and definite constructive criticism with suggested alternative solutions are earnestly invited by this committee.

PUBLIC HEALTH

Under the able leadership of Dr. Nichols, the Public Health Committee has been actively engaged in study and experiment to return to the private practitioners the *opportunity* for extending his services to the public through cooperation in the aim of the Public Health Committee to "make every physician's office a health center" for preventive services and education of his patients as to *their own* health needs and how these needs can best be met.

The Public Health Hour grows and will take on new significance as soon as the possibilities of the expanded program are further developed. This effort needs the sympathetic understanding and cooperation of each member to succeed in returning to physicians the opportunity for further preventive services, many of which are not yet appreciated by our members or their patients. An *educational service* is a part of every physician's practice, and the advice is fitted to the individual's need.

New fields of service are being developed, and help will be given to the general practitioner through a series of articles now prepared by experts. These are to be printed in The Journal. It is planned to issue a pamphlet for each member after all the separate articles have been printed in The Journal. The delay in issuing this pamphlet is to save the cost involved in separate printings.

While it is true that we as a profession have been slow to urge upon our patients many of the preventive measures now available, it is equally true that unless we advise our patients of these services and urge them to take advantage of them, we shall see them turn to others who do offer and provide them.

Competition is keen today; and it comes both from within and without the profession and cannot be stayed by our conservative attitude nor our neglect of our competitors. We

can be both ethical and efficient in furnishing to our patients the proven protection endorsed by our organizations. We can offset the loss in *curative* opportunity by the further development of the *preventive* services; and in many of these the fact has already been proven that these services can be provided at low cost even in the doctor's office. This is a new idea to many of our members; but it has been successfully carried on in Detroit for a dozen years at least, and has the support of the public, the Medical Society and the Health Department because *all* benefit in the plan.

PUBLIC RELATIONS

The problem of public relations is an urgent one, and of increasing proportions and importance. Other organized community agencies also feel their importance, and must be tactfully approached if we would enlist their support and cooperation. The *hospital* problem cannot be solved by medical men alone. The Trustees and executives play important rôles also. The *Tuberculosis League* has funds and it also has consistent public lay and professional support. The Welfare Agencies, both public and private, are well organized and influential and many of these have official status. The New Jersey Conference of Social Work has a registration of 2000 at its annual conference.

The educational system of the public schools is well organized and is becoming increasingly health-minded. In their enthusiasm for a corrective program for physical defects and for immunization of the pupils against diphtheria, they tend unconsciously to sacrifice the primary objective of education by providing medical immunization against diphtheria in the school beginning at an age when 60 per cent of the deaths from diphtheria have already occurred. This is unsound *educationally*, but we ourselves are not without blame, for our efforts should be so effective that children should not reach school age without being already protected. The schools should aid in this effort through parental and preparental education to emphasize the need for such medical services to be rendered before the second birthday.

The term "*Public Health Nurse*" has recently acquired new significance not clearly understood by some physicians. She is now only *secondarily* a nurse in the sense of giving bedside care. She is *primarily* a home visitor for educational purposes, and for demonstration of the means of healthy living. As such, she no doubt has a place, but the scope of her activities should be more carefully defined and interpreted to the public, to physicians, and

especially to the nurse herself and the organizations by whom she is employed.

Our Public Relations Committee has a big opportunity and a big job to do.

LEGISLATION

This committee and the Executive Officer, who attends all the legislative sessions in Trenton, follow all bills which in any way seem related to medical interests. This process is difficult at times and always time-consuming and laborious, but is an absolute necessity at all times and more especially in times like these. The Executive Officer bears the brunt of the work, but the Legislative Committee studies the bills selected and reports to the Welfare Committee with recommendations as to our attitude on each bill. Our key man in each County Society is notified of our attitude, and he visits the Senator or Assemblymen as the case may be and discusses with him the views of the Medical Society. He then wires or writes the Executive Officer of their support or opposition on each bill and this is recorded in Trenton. The system works well and will be continued. It has been described in more detail in previous reports in the Journal and in the Reports of Committees which are published each year at the time of the Annual Meeting. The year has not been as strenuous in many ways as other years, but the effort demanded of the Legislative Committee members has been as great as has the work demanded of the Executive Officer. Details of the bills followed will be found in Dr. Pollak's committee report (p. 274).

The two separate committees, of which Dr. Samuel Alexander is Chairman, did an enormous amount of work in preparing the new Medical Practice Act, and are to be especially commended upon their fine achievement. Every member owes a debt of gratitude to these committees and the able chairman of the committee.

The new Act has been approved by counsel, by the Welfare Committee and the Board of Trustees; and when it is passed, it will make all who practice the healing art meet essentially the same requirements before being licensed. They may then practice any system which they can defend against the charge of malpractice. The optometrists and chiropodists are excluded as confining their efforts to a restricted part of the body and to be insusceptible of eventual inclusion under the term physician.

Many changes were proposed in the Workmen's Compensation Act. Copies of these bills were sent to the Chairman of the Committee

on Workmen's Compensation Act. No objections were registered by this committee, and so the Legislative Committee has not recommended opposition to these bills. Dr. Kraker's committee has been endeavoring to work in harmony with the Department of Labor, as they felt that this procedure offered the best prospects for success.

Full minutes have been issued to each member of the Welfare Committee following each meeting and each member has been made aware of the subjects discussed in his absence from any meeting. I would suggest that next year a special effort be made by each member of

the Welfare Committee to get sufficient time provided at his County Society meetings to give a comprehensive report of the work and recommendations of this most important committee, so that each member of the local Society will understand and coöperate in the program so carefully and conscientiously prepared for our members by the members of this committee. I want to express to each member of the committee my deep appreciation of his support and coöperation throughout the year and to thank each one for the loyalty shown to the work of the year and to me personally.

REPORT OF THE SUB-COMMITTEE ON A UNIFORM MEDICAL PRACTICE ACT

By SAMUEL ALEXANDER, M.D., Park Ridge, N. J.

To the Welfare Committee:

The Committee on Uniform Medical Practice Act wishes to submit its final report.

The committee has given this subject a great deal of time and study to the end that the proposed act when enacted into law might improve the medical care of the general public.

In brief, this act provides for an amendment to the present act that will require all those persons who desire to practice the healing art to meet a uniform academic and professional standard; and provides for those who meet these standrads a subsequent license to practice according to the dictates of their convictions. For those already practicing under a limited license there is a provision for them

to continue under the limitations originally set up for them.

The final draft of this act was submitted to the Welfare Committee and was approved at its meeting in Trenton on April 5, 1936. It was then referred to the Legislative Committee for its action.

Respectfully submitted,

SAMUEL ALEXANDER, *Chairman*,
WELLS P. EAGLETON,
GEORGE F. DANDOIS,
CHARLES B. KELLEY,
JAMES J. MCGUIRE,
FREDERIC J. QUIGLEY,
HARRY H. SATCHWELL,
SAMUEL C. STOKES.

REPORT OF THE SUB-COMMITTEE ON PUBLIC RELATIONS

By D. WARD SCANLAN, M.D., Atlantic City, N. J.

To the Welfare Committee:

This committee is a new committee created by the Welfare Committee in the late fall of 1935. Shortly thereafter, the committee adopted eight points for action, and later two of these were deleted. The six objectives of this committee now are:

1. The Presidents of the County Medical Societies shall be requested to emphasize the importance of matters concerning public relations by assigning them to an existing committee, the Public Relations Committee.

2. The County Medical Societies shall contact the lay health organizations and offer to coöperate with them in their public health projects, and offer to send representatives to their meetings.

3. The County Medical Societies should be advised to acquaint the public with the programs of their meetings, by notices in the local press before the meetings, and by a description after the meetings of the matters of public interest which were considered. Also information should be given to the papers concerning

the coöperation of the County Societies with lay agencies.

4. The County Medical Societies should establish a *Speakers' Bureau* of its members to furnish speakers for lay organizations and other County Medical Societies.

5. A *package library*, similar to that maintained by the Journal of the American Medical Association, on medical subjects, should be acquired by the State Society office, to be available to members preparing talks on subjects pertaining to public relations.

6. Speakers from lay welfare organizations should be encouraged to address medical societies for the purpose of giving us their viewpoints and enlisting our help.

This committee approved placing a New Jersey State Medical Society exhibit at Health Week in New Brunswick (page 311).

New Jersey State Medical Society Emblems

in the form of stickers for our automobiles have been obtained for the members of our Society.

This committee, after the publication of this report in the Journal, will recommend to the Welfare Committee that the Society purchase similar stickers in small size for attaching to letter paper, the emblem stickers to be sold to members of the Society.

Key men were selected and appointed in each county. The President of each County Society was contacted and asked to coöperate with the work of this committee.

The duties of this committee are important. The little accomplished this year might be discouraging, but should not be so, since its work is only in its beginning stage.

Respectfully submitted,

D. WARD SCANLAN,
Chairman.

REPORT OF THE SUB-COMMITTEE ON WORKMEN'S COMPENSATION

By DAVID A. KRAKER, M.D., Newark, N. J.

To the Welfare Committee of The Medical Society of New Jersey:

During the present fiscal year of The Medical Society of New Jersey, contact was made with the Commissioner of Labor, The Honorable John J. Toohey, Jr., who consented to study the question of the medical administration within the Bureau of Compensation in coöperation with this Committee. In pursuance of this plan he appointed a Committee consisting of Deputy Commissioner John Stahl, Assistant Attorney General William J. Egan, and Dr. Morris Avidan. These representatives met with the Committee, and held a general discussion relative to the problem. Following this, several meetings were held at which time the Chairman of the Sub-Committee on Compensation met with the above named gentlemen; and certain basic principles were commonly agreed:

1. The right of selection by the employee of his own physician.

2. The assumption of an obligation by The Medical Society of New Jersey for the ethical control of medical practice within the Bureau

of Compensation, particularly resulting from the first agreement.

3. Consideration was given to the establishment of full-time medical personnel within the Department of Labor in accordance with the plan suggested in the 1934 report of this sub-committee.

4. The establishment within the Department of Labor of a Board of Research for the Study of Occupational Diseases.

Owing to certain circumstances beyond his control, the Commissioner of Labor has been unable to give his direct coöperation up to the present time; but it appears apparent that with a continuation of these studies and with the further coöperation of the representatives of labor, as well as representatives of the employers and carriers, it will be possible, during the coming session of 1937 of the Legislature of New Jersey, to effectively introduce legislation which will accomplish the main purposes of organized medicine.

DAVID A. KRAKER,
Chairman.

REPORT OF THE SUB-COMMITTEE ON MEDICAL PRACTICE

By THOMAS K. LEWIS, M.D., Camden, N. J.

To the Welfare Committee:

During the past year the Sub-Committee on Medical Practice has not devoted its efforts to the study of any one problem, as has been the case in previous years, but has taken part in a wide variety of activities having to do with the broad field of *Medical Economics*. If it has majored in any one project, it has been in an effort to stimulate in organized medicine a realization of the need for constructive leadership in the readjustment of the system of practicing medicine to fit the requirements of a rapidly changing social order.

EASTERN INTER-STATE ECONOMIC CONFERENCE

In preparation for a meeting of the Eastern Inter-State Economic Conference, which was held in New York City on October 13, 1935, your committee drew up certain recommendations proposing definite constructive activities to be undertaken by organized medicine. (See *Journal*, Nov., 1935, p. 66.) Before attending the meeting of the Conference these recommendations were submitted to the Board of Trustees of The Medical Society of New Jersey for consideration and received the official approval of that body. The fact that the delegation from New Jersey had been authorized, through the Board of Trustees, by the State Medical Society to speak with authority carried considerable weight. Our recommendations became the keynote and gave definite direction to the discussions. At the conclusion of the meeting the resolutions presented by New Jersey were unanimously adopted in conjunction with a similar set presented by the delegation from Washington, D. C., as expressing the thoughts and desires of those present. The New Jersey Medical Society was requested to memorialize its recommendations to the officers of the American Medical Association, and to all the State Medical Societies of the country.

SOCIAL SECURITY ACT

The Social Security Act has given rise to much activity. The Sub-Committee on Medical Practice, or various members of that committee, have been concerned in many departments of this program. Last fall a brief was prepared and presented to the Social Security

Commission on behalf of the State Medical Society at a public hearing held on October 7. (*Journal*, Nov., 1935, p. 659.) Members of the committee sat in with various units, such as the Committee on Maternal and Child Welfare Crippled Children Commission, etc., and assisted in the formulation of plans of operation under the Social Security program.

PHYSICIANS' FORMULARY

The committee has continued to coöperate with a committee from the Pharmaceutical Association in striving for improvement in prescription writing along ethical lines. Arrangements have been made to publish prescriptions in forthcoming issues of *The Journal* which will be of timely nature, particularly stressing new additions to the U. S. Pharmacopeia and the National Formulary. These formulae will be printed on heavy paper in correct size so that they may be cut out and be preserved in a three-by-five-inch file.

HOSPITAL SURVEY

The hospital questionnaire has been completed. After discussion with leaders among the hospital executives, the survey has been delayed until the Fall so as to gain further co-operation and understanding in obtaining data. (*Jour.*, Jan., 1936, p. 33, & Feb., p. 103.)

BRIEF ON E. R. A.

Recent developments in the State Legislature indicate that Emergency Relief on a State basis is doomed, and that the burden of the care of the destitute will be thrown back on a county or community basis. Two bills have recently been introduced into the Senate with this object in view. A brief has been prepared and has been presented to each of our State legislators, in which the economic philosophy of the State Medical Society was expressed, and the plans of the State Society for readjustment in the methods of distribution of medical service were presented.

Respectfully submitted,

THOMAS K. LEWIS, *Chairman*,
H. B. WILSON,
J. IRVING FORT,
CHESTER I. ULMER,
D. LEO HAGGERTY.

REPORT OF THE SUB-COMMITTEE ON LEGISLATION

By B. S. POLLAK, M.D., Secaucus, N. J.

The Sub-Committee on Legislation of the Welfare Committee has studied all bills introduced in the Legislature during the current year and has made recommendations to the Welfare Committee which were approved.

The following bills are of especial interest to the Society. A synopsis of their intent is given together with the attitude of the Society toward these bills and their present status:

1. WORKMEN'S COMPENSATION

Only a few of the following bills bear directly upon the practice of medicine.

A-1—In the Judiciary Committee of the Assembly.

A-3—In the Labor Committee of the Senate, having passed the Assembly.

A-4—In the Labor Committee of the Assembly.

A-5—Passed the Assembly, now in the Labor Committee of the Senate.

A-6—Chapter 22, P. L. 1936.

A-10—In the Judiciary Committee of the Assembly.

A-11—Passed the Assembly, now in the Labor Committee of the Senate.

A-12—Passed the Assembly, now in the Labor Committee of the Senate.

A-13—Lost in the Assembly.

A-14—Laid over in the Assembly.

A-15—Ready for third reading and final passage in the Assembly.

A-17—Passed the Assembly, now in the Labor Committee of the Senate.

A-18—Passed the Assembly, now in the Labor Committee of the Senate.

A-19—Laid over in the Assembly.

A-20—Passed the Assembly, now in the Labor Committee of the Senate.

A-122—Laid over in the Assembly.

A-128—In the Labor Committee of the Assembly.

A-158—In the Public Health Committee of the Assembly.

A-169—Chapter 55, P. L. 1936.

A-178—Ready for third reading and final passage in the Assembly.

A-180—In the Public Health Committee of the Assembly.

A-184—In the Labor Committee.

A-185—In the Public Health Committee.

A-186—In the Judiciary Committee of the Assembly.

A-191—In the Judiciary Committee of the Assembly.

A-331—In the Insurance Committee of the Assembly.

S-63—In the Labor Committee of the Senate.

2. EARLY DISCOVERY OF TUBERCULOSIS

The following bills relate primarily to the early discovery of tuberculosis in school pupils and personnel. These bills are approved.

A-21—Passed the Assembly, and was delivered to Senate and recalled back to the Assembly.

A-22—Ready for third reading and final passage in the Assembly.

A-23—In the Public Health Committee of the Assembly.

3. SOCIAL SECURITY

The following bills relate to various phases of social security provisions in New Jersey. S-204, S-207, S-208, and S-212 provide for legislation changes necessary to bring the New Jersey laws in conformity with the Federal Social Security Act, and permit the carrying out of the purpose of this act in New Jersey in the phases approved by the Social Security Commission of New Jersey.

S-204—Chapter 28, P. L. 1936.

S-207—Chapter 30, P. L. 1936.

S-208—Chapter 31, P. L. 1936.

S-212—Chapter 33, P. L. 1936.

S-205, S-215, and A-197 provide for independent provisions of aid to specified groups.

S-205—Chapter 29, P. L. 1936.

S-215—In the Labor Committee of the Senate.

A-197—In the Claims and Pension Committee of the Assembly.

A-428 makes it legal for New Jersey to accept Federal funds which will finance the work of our Maternal and Child Welfare Committee program in cooperation with the State Department of Health.

A-428—Chapter 62, P. L. 1936.

All the above bills were approved in principle.

4. DEDICATED FUNDS

There are five bills which would do away with dedicated funds collected and spent by the various State Boards, one of which is the State Board of Medical Examiners, for the

protection of the profession and the maintenance of the standards for the members.

A-34—Ready for third reading and final passage in the Assembly as amended.

A-171—In the Judiciary Committee.

A-256—In the Municipalities Committee.

A-308—In the Judiciary Committee.

A-392—In the Judiciary Committee.

These bills are opposed unless amended in such a way as to return these dedicated funds to the State Board of Medical Examiners.

5. OSTEOPATHIC LICENSE

A-416 would grant an osteopathic license to an individual now licensed as a chiropractor in New Jersey, and who is also licensed as an osteopath in another state, whose qualifications do not meet those of New Jersey. This individual has failed to produce evidence of qualifications adequate to meet New Jersey standards. This bill is introduced solely to enable this man to be admitted to the practice of osteopathy in New Jersey without meeting the present State requirement. This bill is opposed.

A-416—Read second time and recommitted.

6. NURSES' EDUCATION

The Nurses' Education bill is approved.

A-380—Passed Assembly.

7. STATE DEPARTMENT OF HEALTH

A-117, licensing swimming pools and public baths; A-172, regulating swimming pools; and S-115, improving standards of public health regulations, are approved.

A-117—Passed the Assembly, now in the Revision of Laws Committee of the Senate.

A-172—In the Public Health Committee.

S-115—In the Public Health Committee.

8. EXTENDS LIMITS FOR INSTITUTING SUITS

A-180 deals with the extension of the limitations for instituting suits for malpractice cases. This bill is opposed.

A-180—In the Public Health Committee.

9. STERILIZATION

A-395, the sterilization bill, is deemed to be so controversial that the Medical Society does not go on record regarding this bill, leaving it to the individual physician to establish his own position on the subject.

10. EMERGENCY RELIEF

S-253, Van Winkle, March 12—Provides emergency relief administration by State commission of five members, county commissions of five members, and such officers or bodies as municipalities may appoint. (See S-292.)

S-254, Loizeaux, March 14—Creates Division of Public Assistance in State Institutions

Department to administer emergency relief; sets up county relief boards and local assistance boards; provides municipal tax for relief purposes; establishes State equalization fund to aid needy municipalities in relief payments.

This bill makes provision for medical service which in principle returns to the old "poor physician" scheme. The Medical Society of New Jersey has presented to Senator Loizeaux an amendment based upon the principle in operation on the mutual agreement between the Medical Society and the Emergency Relief Administration which provides remuneration at reduced fees to physicians for care of approved and authorized indigent cases coming under emergency relief.

Senator Loizeaux has stated his willingness to substitute this amendment for the original provision under which medical relief was to be given in this bill.

This bill in the Judiciary Committee of the Senate.

S-292, Loizeaux, April 20—Senate Committee substitute to S-292 originally contained the complete amendment offered by The Medical Society of New Jersey and accepted by Senator Loizeaux, for substitution in S-254. This amendment read as follows:

"Medical and nursing care for the indigent. Except for those cases which fall under the responsibility of existing agencies and institutions, medical care for the indigent shall be provided by doctors of medicine. The choice of approved physicians shall be permitted to the needy persons and the control of professional services rendered such needy persons shall be the responsibility of the respective component County Medical Society. A list of approved physicians shall be prepared by the component County Medical Society and approved in mutual agreement between the respective component County Medical Society and the County Welfare Board. Fees shall be paid by the County Welfare Board to the approved physicians at a uniform reduced rate to be mutually established by the representatives of the respective component County Medical Society and the respective County Welfare Board. Nursing care may be requested by the attending physician. Such nursing care shall then be provided by mutual agreement between the County Welfare Board and respective nursing organizations."

S-292 is a composite of S-253, offered by Senator Van Winkle, and S-254, offered by Senator Loizeaux. In a Republican caucus, held April 28th, the provision for medical service to indigents, stated above, was stricken out in a new Senate Committee Substitute for the first Senate Committee Substitute, and the bill was then passed in both Houses of the Legislature on April 27th, 1936, under suspension of rules.

Respectfully submitted,

B. S. POLLAK, *Chairman.*

REPORT OF THE SUB-COMMITTEE ON PUBLIC HEALTH

By STANLEY H. NICHOLS, M.D., Asbury Park, N. J.

To the House of Delegates:

The work of the Public Health Committee on behalf of the medical profession has become definitely centered during this past year around our new slogan, "*Every Physician's Office a Health Center*". This idea carried to its definite conclusion faithfully over a period of years will do three things:

1. It will return a large and possibly a major part of the field of preventive medicine to the physician's office and private practice.
2. It will increase the physician's considerably depleted income; and most important—
3. It will make it possible for our physician members to render better medical service to their patients individually; and this Medical Society to the citizens of the State of New Jersey as a whole.

Our committee, and its Advisory Committees, have met frequently and worked earnestly for our health objectives during the past year. I wish at this time to offer the thanks of our committee to the chairmen and members of the special Advisory Committees, the County Public Health Chairmen and their Committees; and the many other doctors and lay persons who have participated in the work of our Committee.

We regard our committee's work, as do the other three sub-committees of the Welfare Committee,—Dr. Thomas K. Lewis, Committee on Medical Practice; Dr. B. S. Pollak, Committee on Legislation; and Dr. D. Ward Scanlan, Committee on Public Relations,—as important links in our plan to *preserve the private practice of physicians*. The other committees help preserve it by taking care of legislation, medical economics, and public relationship. Our committee helps preserve it in this State by developing the field of preventive medicine in two ways: First, and most important, as much as is possible in the physician's office and practice; second, by the County Medical Societies in an organized and definite way, furnishing organized medical service to the large residual group which, for economic or other reasons, cannot be or are not served by the physicians privately; by these societies furnishing such services to groups by agreements with public authorities or private organizations who have definite health needs.

By these two methods the public can and will receive better medical service and the private physician preserve his professional integrity and participate in this way in the general public welfare.

ORGANIZATION

The Public Health Organization of the State Society has improved greatly during the past year. In this report we will not go into too much detail, as those members who have read the State Medical Journal during the past year have been kept well informed as to what our committee and the Advisory Committees and the Welfare Committee have been doing on their behalf. The improved organization is shown by the way in which the Public Health Committees of the County Medical Societies and the Advisory Committees in various health fields, namely, the Maternal Welfare Committee, Tuberculosis Control Committee, Cancer Control Committee, Advisory Committee on Mental Hygiene, Committee on Care of Crippled Children, now discuss and recommend to the Public Health Committee certain specific recommendations in their various health fields. Their recommendations or resolutions are discussed by our committee at our monthly meetings and, with comment, are taken by our committee to the Welfare Committee for its approval. By this method, for the first time in the five years' service which this committee has given to the State Society, all health activities are coördinated and come through a definite channel to the Welfare Committee, which passes on their advisability between our annual meetings and the House of Delegates. This system cannot help but improve our efficiency, as a State Society, in keeping up a uniform health policy in each of the many fields of preventive medicine for presentation and action in our relations with the public groups who need health service of this nature.

In one other respect, our teamwork with the State Department of Health, which has been the foundation stone in the solid structure of public health service by our members, has improved during the past year. In April, 1935, the Governor of New Jersey appointed the chairman of this committee to serve as a member of the State Board of Health. The newly elected President of the State Board of Health, Dr. Irvin E. Deibert, of Camden, an able and active member of the State Society, appointed

a Public Health Committee of the State Board of Health whose functions are to develop co-operative plans with the medical profession of New Jersey for the improvement of the health of the citizens of this State. The Chairman of our State Society Public Health Committee has been appointed, also Chairman of the State Department of Health's Public Health Committee, so that we have here another important working link in this essential teamwork of the State Health Department and State Medical Society, working for the common good of the health of the people of New Jersey.

Our State Society and its committees operating on behalf of preventive medical service are now in reasonably good working order.

Our crying need now is for our County Medical Societies to develop better office administration, with paid executive secretaries, for the purpose of continuously developing, from a county standpoint, this much-needed preventive medical service. Every County Society in this State needs paid personnel operating under the direction of its County Society medical Secretary in order that this job shall be done well.

Only by having efficient offices and paid personnel in each County Society can our individual physician members be actually organized into the vigorous efforts that each must put forth in his own private practice to accomplish in a real way this field of preventive medicine.

THE FIELD OF PREVENTIVE MEDICAL SERVICE

This year we are for the first time outlining the major fields of preventive medical service. Some of these we are already vigorously promoting, others we must necessarily engage in actively because of the Federal funds which we must usefully and carefully employ coming from the Social Security Act. These major fields are as follows:

1. Public Health Hour.
2. Maternal Health, including improvement of pre-natal care, better obstetrics, and improved post-natal care.
3. Regular health supervision of the infant age.
4. Regular health supervision of the child of preschool age.
5. Regular health supervision of the child of school age.
6. Regular health supervision of adults, including periodic examination.
7. Tuberculosis Control.
8. Mental Hygiene.
9. Cancer Control.

10. Prevention and Control of Blindness.
11. Venereal Disease Control.
12. Other preventive health activities.

In each of these fields the physician's rôle in private practice can and should be a major factor.

In this connection we have asked the following physicians to outline recommended procedures in each of these fields for the benefit of the private physician as follows:

1. Maternal Health—Dr. Arthur W. Bingham and Committee.
2. Health Supervision of the Infant and Child of Pre-School Age—Drs. Levy and Nichols and Committee.
3. Health Supervision of School-Age Child—Dr. Ireland and Committee.
4. Health Supervision of Adult—Dr. H. F. Glazebrook, Dr. Edward Klein, Dr. Theodore Teimer and Committee.
5. Tuberculosis Control—Dr. B. S. Pollak and Committee.
6. Mental Hygiene—Dr. Dan Renner and Dr. Plant and Committee.
7. Cancer Control—Dr. Orton and Committee.
8. Venereal Disease Control—Dr. Casselman and Committee.
9. Crippled Children—Dr. Weigel and Committee.

When these procedures have been prepared, they will be published in the State Journal, and finally be made available in booklet form for each member of the State Society for aid in his private practice.

The efficacy of this attempt will depend on the individual doctor's efforts in these various fields of preventive medicine. The more vigorously our members carry on in these fields of preventive medicine, the less numbers of patients having needs in these fields will remain to be treated in groups outside of doctors' offices. On the whole, except for economic reasons, patients prefer individual and personal treatment. A large part of the solution of this problem is now up to our individual members, and this coming year will tell us most of the answers.

OBJECTIVES

From the standpoint of County Medical Societies for the year 1936 our main projects are four:

1. *The Public Health Hour* (which has done very well in about one-third of the counties; in the other two-thirds the reported numbers are far too small. In such counties, unless our County Medical Societies make more vigorous efforts in the near future, public and

private health agencies will do much of this work. Our diphtheria immunizations are slightly increased at the time of this report over last year. Our smallpox vaccinations are far ahead. We are requesting the County Societies at this date, April 1, to put on a special campaign for the Public Health Hour during the months of April, May, and June in connection with the other trio of health groups in each county, namely the health departments, the schools, and the lay health agencies. We hope to finish this year with a better record of accomplishment than we had in July 1, 1935.)

2. Maternal Health Activities.
3. Infant and Child Health Activities.
4. Tuberculosis Control.

In this field of tuberculosis the State Society has joined hands with the State Department of Health, State Department of Education, and the Tuberculosis League for the purpose of making joint efforts in the discovery of active cases of tuberculosis in the *teen age*, and placing the cases so discovered under medical treatment by their own physicians. Here again we wish to re-interest and re-integrate our physicians in this field of tuberculosis, and to have them do as much as possible of this field in their private offices. A joint plan is being worked out by the four groups mentioned which will be presented to the State Society, when complete, for its consideration and approval.

THE USE OF FEDERAL FUNDS FROM THE SOCIAL SECURITY ACT

There are nine groups of health activities which are provided for by funds under the Social Security Act. They are as follows:

1. Maternal Health Activities.
2. Child Health Activities.
3. Venereal Disease Control.
4. Public Health Activities.
5. Crippled Children.
6. Dependent Children.
7. Unemployed.
8. Old-Age Pension Group.
9. The Blind.

This list will give the Society some idea of the magnitude of this health problem from our State Society standpoint, and how important it is in every one of these fields that the State Society continue to play a major part in the provision of these health facilities. In regard to the dependent children, the unemployed, and the old-age groups, their health needs are an economic problem for this State Society, and are being capably handled by the

activities of Dr. Lewis' Committee on Medical Practice, and the State Officers.

Our Crippled Children's Committee is working with the Crippled Children's Commission.

We have recommended a Committee on the Prevention and Control of Blindness to work with the Commission on the Blind of New Jersey.

Our Public Health Committee has spent much time, and has had many conferences with the various Bureaus of the State Health Department on the other five fields, namely—

1. Maternal Health.
2. Child Health.
3. Venereal Disease Control.
4. Tuberculosis Control.
5. Public Health Administration.

In these five fields the State Department of Health has set up a program of utilization of the funds along these lines which we believe to be the most progressive step forward in coöperation on public health matters that exists in the United States today.

In the field of Public Health Administration. Mr. MacDonald's Bureau has set up increased divisions of health personnel which will be of great assistance to our County Medical Societies in dealing with the Health Departments in the various counties.

In tuberculosis control, the State Department has set up a special negro tuberculosis project which will be developed in close coöperation with our Tuberculosis Advisory Committee.

In venereal disease control, Dr. Casselman is providing increased amounts of free drugs for the use of our physicians in treating their cases, and is working with our Venereal Disease Control Committee in the development of this program.

In the Maternal Health Field, Dr. Arthur Bingham, Chairman of our State Maternal Welfare Committee, has been appointed Chief Advising Obstetrician to the State Department of Health, and will develop a paid physician personnel from the State Medical Society's ranks for the purpose of improving the maternal health of this State. This personnel will include:

1. Contact physicians who will contact County Medical Societies and individual members to aid in the development of the improved maternal health procedures outlined by Dr. Bingham's Committee.

2. A paid corps of physician lecturers who will lecture at hospitals and County Medical Societies and to groups of physicians on the same recommended maternal health procedures now being set up.

3. Paid physicians, who will be qualified and appointed by Dr. Bingham's committee with the advice of the County Maternal Health Committees for attendance at prenatal health stations where needed. We have recommended that prenatal clinics or health stations shall be set up for the low-wage and indigent group *only* and guided by the same type of regulations as have already been agreed upon and adopted this winter by the Welfare Committee of the State Medical Society and the Bureau of Child Hygiene of the State Department of Health as to Baby Health Stations. These regulations safeguard the physician's interests and take care of the poor and needy and should be in effect in all types of public clinics or health stations, in our opinion. These regulations have been already printed in the Journal (January, 1936, p. 31).

CHILD HEALTH PROGRAM

In this program the chairman of your State Public Health Committee has been appointed Chief Advising Pediatrician to the State Department of Health and will develop a similar paid physicians' personnel recommended by the County Medical Societies' Public Health Committees for three fields of work:

1. Contact physicians (same as in maternal health work).

2. Physician lecturers on the recommended procedures of child health for County Medical Societies, hospitals, and groups of physicians.

3. Attending physicians at baby health stations where found needed by the State Department of Health.

This program is essentially one of post-graduate education of our physician members; and the qualification by County Medical Societies and the appointment of physicians for such poor and needy groups as cannot pay for such preventive medical service in their own physician offices.

All of this program, costing nearly \$200,000 a year and employing fifty to one hundred members of our State Medical Society, has been approved by the United States Public Health Service and the Children's Bureau of the Department of Labor, with the exception of \$14,000 for toxoid and the administration of toxoid to indigents and poor in the doctor's office at fifty cents per injection. With \$6,000 of this we hope to provide 12,000 immunizations or vaccinations next year to pay physicians in their office at fifty cents each for poor cases referred by health and lay agencies. This \$14,000 item is now in conference and we hope to have it approved by Washington. The *legal* approval at the date of this report has not

taken place, and cannot take place until an enabling Bill, which is half way through our Legislature, has been passed and signed by the Governor.

The setting-up of this program has been a tremendous piece of work, and is, as far as we know, the soundest type of set-up between a State Department of Health and State Medical Society to be found anywhere. In most states the same monies will be used by State Departments to employ physicians, usually on full time, for this type of work by political appointment or otherwise, with little or no regard for the organized medical profession as such. In this State our assumption for years past that anything that has to do with the health of the public can be best set up by the State Medical Society and State Department of Health working together, with the aid of other health professionals and lay health groups, has now been amply justified by our constructive plans in this health program. Because of this, we wish to here state our appreciation of the constructive coöperation of every person in the State Department of Health of New Jersey, and voice our sincere hope that for many years to come we continue to go forward hand in hand on behalf of the health of the citizens of New Jersey.

RECOMMENDATIONS

1. That this State Medical Society send a resolution of thanks and appreciation to the State Department of Health of New Jersey for its consideration of the medical profession in New Jersey, and its coöperation in utilizing the Federal funds of the Social Security Act in close conjunction with the committees of The Medical Society of New Jersey for the constructive joint development during the past year on behalf of the health of the citizens of this State.

2. That County Societies employ *paid full- or part-time personnel* under the direction of their County Secretaries, and appropriate some funds for the use of their Public Health Committees, in order to make the health programs in each county as efficient as possible during the coming year on behalf of the private practices of their physician members.

3. That each County Medical Society develop as much of this preventive health service in its physician members' offices by various recommended methods during the coming year and whole-heartedly press forward on this program of utilization of Federal and State funds for the triple purpose of:

1. Improved post-graduate education of

their physician members in each of these preventive medical health fields.

2. On behalf of the actual integration, by appointment, of their qualified physician members in health programs in their county devised to take care of the needs of those who cannot afford to pay for this service in private offices.

3. By rendering better preventive medical service in the private practices of its members (which incidentally will bring increased income and help preserve private practice).

4. That the State and County Societies and the Public Relations Committee do everything within their power during the year to come to burn into the minds of the physicians and the

public of this State that *every physician's office in New Jersey should be a Health Center, can be a Health Center, and will be a Health Center*, in direct proportion to the *teamwork and individual coöperation* of each physician member of The Medical Society of New Jersey.

STANLEY NICHOLS, *Chairman*,
THEODORE TEIMER,
JULIUS P. LEVY,
HOWARD S. FORMAN,
ERNEST G. HUMMEL,
I. W. KNIGHT,
ALLEN G. IRELAND.

REPORT OF THE ADVISORY COMMITTEE ON POLIOMYELITIS

By SAMUEL A. GOLDBERG, M.D., Newark, N. J.

To the Public Health Committee:

The Poliomyelitis Committee was reorganized this year. A meeting was held on November 20, 1935, at the North Jersey Academy of Medicine in Newark. A plan was drawn up for the control of the administration of vaccine to immunize against poliomyelitis. The organization was to be modelled after the one already functioning in Essex County. Drs. Park and Brodie of the New York Board of Health were interviewed, and they agreed to limit their supply of vaccine in the State of New Jersey to those designated by the committee of The Medical Society of New Jersey. Since Dr. Kolmer, of Philadelphia, preferred to send his vaccine directly to each physician who requested it, the suggestion was made that those using this vaccine should report the re-

sults to their local committees. A committee to distribute the vaccine and collect the data of the Park and Brodie vaccine was to be organized in each county.

Very soon after this meeting the production of the vaccine was discontinued. For this reason, no communication was sent to the County Societies as planned.

In Essex County the Committee for the Control of the Park and Brodie vaccine was organized February, 1935, and three separate clinics administered the vaccine. Over 800 children were vaccinated, and as far as we know, none of these have developed poliomyelitis to date.

Respectfully submitted,

SAMUEL A. GOLDBERG.

Secretary.

REPORT OF THE ADVISORY COMMITTEE ON MENTAL HYGIENE

By DAN S. RENNER, M.D., Skillman, N. J.

To the Welfare Committee:

The Mental Hygiene Committee was established as a Special Advisory Committee to the Welfare Committee under Dr. Ely's administration. This year, it was made advisory to the Sub-Committee on Public Health.

The reason for establishing this committee was that the subject of mental hygiene seemed to need the stabilizing influence and leadership of the medical profession. The most experienced and able workers in this new field were

in large measure doctors of medicine. The need for better understanding of the emotional influence on medical problems in health and disease is acknowledged; but the understanding of the mechanism of these influences and how they may be, to some extent at least, controlled are but vaguely and to a very limited degree understood by the general practitioner of medicine.

Even those of greatest experience in this newer field hold many of their present beliefs

as tentative. There is, however, sufficient definite suggestions of proven worth which can be practically applied to some degree by the general practitioner. If the general practitioner will make an earnest endeavor to seek out the knowledge upon which there is at present somewhat general agreement among the leaders in mental hygiene, he will recognize, in spite of the newer terminology that has grown up within the mental hygiene field, many observations out of his own experience which he is already unconsciously applying in his daily practice, with benefit to his patients.

The Advisory Committee on Mental Hygiene has approved an article written recently by Dr. James S. Plant, one of the committee members. This article is intended to be one

of a series on the practice of the newer specialties by the general practitioner. The committee feels that in this article Dr. Plant has presented the essential feature of the application of mental hygiene to general practice in terms which the family doctor can understand. The committee feels that this paper is its chief contribution for the year, and understands that it and the other papers of the series will be printed in early issues of *The Journal*.

DAN S. RENNER, *Chairman*,
ROBERT G. STONE,
MARCUS CURRY,
MATTHEW MOLITCH,
J. BERKELEY GORDON,
JAMES S. PLANT.

REPORT OF THE ADVISORY COMMITTEE ON TUBERCULOSIS

By B. S. POLLAK, M.D., Secaucus, N. J.

To the House of Delegates:

After two years of persistent effort to bring formally before The Medical Society of New Jersey certain definite proposals regarding tuberculin testing of children of the teen age, this committee has finally, as a result of the reorganization of the sub-committees of the Welfare Committee, been able to find the proper channel of approach. In accordance with this new organization, the Special Advisory Committee on Tuberculosis met on several occasions with the Public Health Committee and finally won their approval, on the strength of opinions and findings gathered from authorities in other cities, to tuberculin testing, followed by x-ray of positive reactors, in children of the teen age, en masse, in school buildings or elsewhere, when the personnel engaged in the actual testing of the children is approved as authoritative by the County Medical Society of the county wherein the work is to be done.

Since most of this testing is done by the staff members of the tuberculosis sanatoria, under the direction of members of the Tuberculosis Advisory Committee of The Medical Society of New Jersey, the subject of personnel will rarely come up. The intent of this proviso is to prevent inexperienced school physicians from attempting to give tuberculin tests and read the reactions without adequate experience to equip them to carry out this test properly. In discussing this subject, it was

decided that the proper scope of function of the different agencies involved should first be declared. It was recognized that the propaganda and publicity would be the prime function of the Tuberculosis League in New Jersey and that they could assist materially in the follow-up in the homes in which most of the original infection is received. Publicity pamphlets for home and school use are to be drawn by medical men and perhaps financed by the Tuberculosis League.

On the completion of these tests there will be data available, which will give some idea of the extent and distribution of tuberculosis problems in the teen age group in New Jersey. These data will be very valuable to the State Health Department, which is responsible for determining the extent and distribution of such hazards. It is recognized to be the function of the Health Department to aid the Medical Society in developing a program that will place the individual tuberculosis case under proper medical treatment, preferably under his own physician.

Where there are children who show "positive" reaction to the tuberculin, but show no evidence of activity of the disease, the parent is informed that there is no immediate danger, but that the threat lies in the possible reinfection of the child from an adult who is suffering from the disease, possibly unknowingly, and who, in the majority of cases, is in intimate contact with the child who has had a

primary infection. The discovery of the original adult source of infection is one of the primary aims of this movement. The finding of tuberculin "positive" children is a step toward this end and economically justifies the expense of the examinations, although only a few active cases are found in the schools. Based on the active cases found in schools alone, the cost might seem prohibitive, but when one realizes that this leads eventually to the discovery of many adult cases which would not otherwise be found, it throws a different light upon the per capita cost.

The early discovery of tuberculous cases and

their prompt placement under the observation of a private physician, or in an institution when this is advisable, is an advance step in the control of tuberculosis. The approval of this plan by the Medical Society will increase coöperation and accomplishment.

The Advisory Committee on Tuberculosis feels that the approval of this plan by the Welfare Committee of The Medical Society of New Jersey is a very forward step and a fine accomplishment for the year.

Respectfully submitted,

B. S. POLLAK, *Chairman.*

REPORT OF THE CRIPPLED CHILDREN'S COMMITTEE

By ELMER PETER WEIGEL, M.D., Plainfield, N. J.

To the House of Delegates:

The Crippled Children's Committee has met with the committee from the Crippled Children's Commission in reference to our part of the Social Security Legislation. The following is our opinion, should the legislation become effective.

We feel, however, that the status of the crippled children in this State will be very much better without any material change in its present set-up, and we are of a united opinion that the change suggested by the Social Security Law would work distinct detriment, rather than a benefit, to these unfortunate children. Prominent among our reasons for this objection are:

1. There has been privately contributed for this work in the neighborhood of \$400,000 annually. If these contributors felt that the government had taken over the care of these cases, we feel very sure that a large part of this contribution would be withdrawn.

2. As you know, the Board of Freeholders

in the various counties, under a non-mandatory law, have supplied approximately \$100,000 annually; and we feel quite sure that in the interest of economy each Board of Freeholders would feel that this expense might rightly be put on to the Federal Government.

It is our understanding that should this legislation become effective, each individual state has the privilege of either accepting or refusing it; and we feel that the interests of the crippled children might best be served if New Jersey did not go along with this legislation.

It is our impression that we may be able, however, without going along with the entire program, to receive some \$20,000, which we understand is automatically allotted to each State outright. If it is possible for us to secure this, it would be a material help to the Crippled Children's Commission to advance their social service work.

Respectfully submitted,

ELMER PETER WEIGEL,
Chairman.

REPORT OF THE COMMITTEE ON MATERNAL WELFARE

By ARTHUR W. BINGHAM, M.D., East Orange, N. J.

To the House of Delegates:

The Maternal Welfare Committee of The Medical Society of New Jersey was established by the House of Delegates on June 3, 1931, as the result of the successful work of a simi-

lar committee established in 1923 by the Essex County Medical Society. The committee has held several meetings during the year. The Atlantic City meeting with the members of the various county committees, held during the

Annual Meeting of the State Society, was poorly attended, but reports were given from several counties. This small meeting was probably due to the fact that no special maternal welfare paper was allowed on the program for lack of time.

MEETING OF OCTOBER 11, 1935

On October 11, 1935, a meeting of the State committee was held in East Orange and every member was present. Since then, two new members have been added to the committee. A report was given of the meeting of the American Committee on Maternal Welfare in June, at which a report on the work in New Jersey was read by the Chairman. This has recently been published. It was decided to waive the formation of a Section on Obstetrics and Gynecology, but to have one outstanding man make an address on an obstetrical subject at the General Session. This has been arranged by the Committee on Scientific Work.

The following recommendations were passed to be carried out by each county committee:

1. Adequate *prenatal* care should be provided for every maternity patient in the county by raising the standard of prenatal care given by private physicians, and by organizing prenatal work for those who cannot afford a physician. This is best carried out by an organization composed of physicians and visiting nurses. Details have been given regarding such an organization.

2. Better *hospital facilities* should be provided. As far as possible, hospital beds for maternity patients should be located in a separate building or wing so that a certain degree of isolation may be maintained.

3. The obstetric work in hospitals should be *supervised* by competent obstetricians, and in complicated cases *consultations* should be required. More consultations in home deliveries should be urged.

4. It is recommended that each County Maternal Welfare Committee should hold obstetric conferences for all interested,—the meetings to be held at different hospitals in rotation and routine business to be conducted before or after the regular meeting.

5. Maternal deaths should be studied to determine the real causes of these deaths and how to prevent them. To assist the counties in this work the State committee sends every month to each county the number of deaths in that county for the preceding months. These figures are obtained from the State Board of Health. Maternal deaths should be divided into three groups: (a) True obstetric deaths; (b)

deaths from medical causes; (c) deaths from abortion.

Private maternity homes were then discussed by the State committee and the following resolutions were passed:

1. The need of a Maternity Home in a given community should be decided by the County Commission.

2. Minimum requirements should be set up by the committee regarding the equipment and the administration of the home.

A committee was appointed to meet with the State Board of Health to discuss these recommendations. Recommendations for rules for maternity cases were sent to eighty-one hospitals in the State.

SEMI-ANNUAL MEETING

On December 19, 1935, the regular semi-annual meeting with the members of the various committees was held in Newark. Twelve counties were represented and gave reports.

Dr. Julius Levy, of the Bureau of Child Hygiene, explained the details of the *Social Securities Bill*, by which Federal funds might be obtained for maternal welfare work. A committee was appointed to work with Dr. Levy on this project.

In February, the special committee met with Dr. Levy several times and formulated plans for a maternal welfare campaign throughout the State.

DISTRICTS

The State (excepting Essex County, which has already been covered) has been divided into ten districts, and a field physician appointed for each district. He will call on all physicians in his district doing obstetrics, in order to stimulate their interest in improving maternity care. He will distribute prenatal cards, a pamphlet on the minimum office procedures for adequate prenatal and postnatal care, prenatal instructions for patients, and suggestions for procedures during delivery. He will also study the needs of the district regarding hospital facilities, etc., and will explain to the physicians how to get consultation in complicated cases in the low-wage group.

Twenty physicians were appointed to give five lectures each in the ten districts. Details regarding this program have been published in the April number of the *Journal of The Medical Society of New Jersey*, page 225.

Beginning with the January, 1936, issue, a page in the *Journal* has been devoted to maternal welfare. These articles are written by members of the State Committee on Maternal Welfare, and have appeared as follows:

Object of Prenatal Care, January, page 29.
Cesareans in Essex County, February, page 92.

Obstetric Analgesia and Anesthesia, March, page 166.

Post-Partum Hemorrhage, April, page 212.

This year Dr. James R. McCord, of Atlanta, Georgia, Professor of Obstetrics and Gynecology, Emory University School of Medicine, and Secretary of the American Committee on Maternal Welfare, will speak at the meeting of the State Society at Atlantic City on "Conservative Treatment of Eclampsia". Following this paper there will be a meeting of the Maternal Welfare Committee of the different counties with the State committee.

The standards of Maternal Welfare are com-

paratively simple, and have been published in The Journal as follows:

1. Obstetric Rules in General Hospitals, February, 1935, page 100.
2. Standards of a Maternity Hospital, January, 1936, page 34.

Respectfully submitted,

ARTHUR W. BINGHAM, *Chairman*,
MARY BACON,
J. CARLISLE BROWN,
P. DUBOIS BUNTING,
SAMUEL A. COSGROVE,
ALBERT B. DAVIS,
F. D. FAHRENBRUCH,
CARL ILL,
R. A. MACKENZIE,
WALTER B. MOUNT,
T. F. THOMPSON.

REPORT OF THE MEDICAL EXECUTIVE ADVISORY COMMITTEE TO THE EMERGENCY RELIEF ADMINISTRATION

By E. ZEH HAWKES, M.D., Newark, N. J.

To the House of Delegates:

It seems fitting to state briefly the attitude of the Executive Medical Advisory Committee toward the Medical Relief Plan, and then to report upon some of its various problems.

Care of the indigent sick, as provided by the plan, is a threefold obligation. In the first place, by entering into the medical agreement, the State acknowledged its obligation to provide medical care for the needy, and to compensate physicians who give this care. In the second place, the medical profession also assumed a double obligation: (1) to give medical care; (2) to make the cost to the State reasonable. In the third place, and most important of all, is the necessity that medical care shall be adequate. It must always be kept in mind, as the fundamental basis, that the main purpose of the medical plan, as of all other phases of the relief problem, is the welfare of our people. The problem is not merely to provide medical care for those who cannot provide it for themselves, but also to insure that the medical care rendered shall be adequate and satisfactory.

Your committee is convinced that never before has our State, or any subdivision of it, given medical care to its needy which is so adequate as that which has been given under the provisions of the present medical plan. We

are also glad to report that, with rare exceptions, physicians have been true to their obligations. Led by their County Medical Advisory Committees, they have realized their dual responsibilities, and have served both the State and the sick in a manner so commendable that we may well be proud of our profession.

Contacts of your committee with E. R. A. officials have been most satisfactory. These officials have at all times been coöperative, and they have kept in mind, as we have, a desire to harmonize the welfare of the State with justice to the medical profession.

The problems involved in the Medical Relief Plan have been many. During the year, your committee has coöperated with a number of individual County Medical Advisory Committees, endeavoring to aid them in a solution of some of their local difficulties.

A STATE-WIDE PLAN

The solution of certain problems which are of state-wide importance to the functioning of the Medical Plan was also undertaken. First, and most important of all, was to establish a *state-wide plan*. In the spring of 1935, in coöperation with officials of the E. R. A., the medical plan was redrafted. This was adopted by the House of Delegates in May, was subsequently approved by the Administrative Council, and was ratified in July by the signatures

PREScription

R

	<i>Apoth.</i>	<i>Metric</i>
Pulv. Rhei Co. U. S. P. IX or N. F. VI	$\bar{3}$ i	30 Gm.
Compound Powder of Rhubarb		

Sig: One-half teaspoonful in water as required.

Note: Laxative and antacid.

Each 30-grain dose contains:

0.4864 Gm. or $7\frac{1}{2}$ gr. Rhubarb

1.264 Gm. or $19\frac{1}{2}$ gr. Magnesium Oxide

0.194 Gm. or 3 gr. Ginger

R

	<i>Apoth.</i>	<i>Metric</i>
Mistura Rhei Alkalina N. F. V	$\bar{3}$ iv	120 cc.
Alkaline Mixture of Rhubarb		

Sig: One teaspoonful after meals.

Note: Antacid, laxative, and carminative.

Each dose contains:

0.062 cc. or 1 minim Flex. Rhubarb

0.031 cc. or $\frac{1}{2}$ minim Flex. Hydrastis

0.065 Gm. or 1 grain Pot. Carbonate

R

	<i>Apoth.</i>	<i>Metric</i>
Mistura Rhei Co. N. F. VI	$\bar{3}$ iv	120 cc.
Compound Mixture of Rhubarb		

Sig: One teaspoonful as required.

Note: Antacid, laxative, and carminative.

Each dose contains:

0.055 cc. or $\frac{9}{10}$ minim Flex. Rhubarb

0.012 cc. or $\frac{1}{5}$ minim Flex. Ipecac

0.140 Gm. or 2 gr. Sod. Bicarbonate

0.140 cc. or 2 minims Sp. Peppermint

Joint Pharmacy
Medical
Relations

A New Science

to the

THE MEDICAL
OF NEW

This is the second of a series
recommended by your Committee

The three prescriptions of
carminative in their action.

The three prescriptions of
administration following exhaust

NOTICE

A meeting of the Joint Committee
will be held at Asbury Park Hotel
Berkeley-Carteret Hotel in connection
of the New Jersey Pharmaceutical

The Committee will welcome
vice more valuable to the members
of the Committee on Medical Practice

THOMAS
J. IRVING
D. LEO F.
CHESTER
H. B. WILSON

NS SELECTED

ne
ceutical and
rofessional
Committee
rtific Service

MBERS of

AL SOCIETY
JERSEY

of seasonable prescriptions rec-
Medical Practice.

h left are antacid, laxative and

h right are tonics suitable for
gillnesses.

ICE!

rttee on Professional Relations
-1, 1936, at 12:30 P. M. at the
ctn with the Annual Convention
ssociation.

ggestions for making this ser-
end suggestions to any member
i.

I WIS, M.D., *Chairman*, Camden
on, M.D., Newark
G:TY, M.D., Trenton
MER, M.D., Gibbstown
M.D., Hackensack

R

	<i>Apoth.</i>	<i>Metric</i>
Ferric Pyrophosphate	gr. ii	0.130
Quinine Sulphate	gr. ss	0.0324
Strychnine Sulphate	gr. 1/125	0.0005
Lactose	gr. iii	0.194

M. Ft. Caps. No. I

Indicate the number desired

Sig: One capsule with water t.i.d.

Note: Capsules represent a compact, convenient form for administration
of medication.

If a liquid form is desired, prescribe Elixir Ferri Pyrophosphatis

Quininae et Strychninae N. F.

General tonic—Chalybeate.

R

	<i>Apoth.</i>	<i>Metric</i>
Ferri Reduct.	gr. i	0.065
Arsen. Triox.	gr. 1/100	0.0006
Strych. Sulph.	gr. 1/60	0.0011

M. Ft. Caps. No. I

Indicate the number desired

Sig: One Capsule with water t.i.d

Note: General tonic—Chalybeate.

R

	<i>Apoth.</i>	<i>Metric</i>
Elix. Glycerophosphatis Co. N. F.	$\bar{3}$ vi	180 cc.
Compound Elixir of Glycerophosphates		

Sig: Two teaspoonfuls t.i.d.

Note: Each dose contains:

0.280 Gm. or 4	gr. Sodium Glycerophosphate
0.128 Gm. or $1\frac{4}{5}$	gr. Calcium Glycerophosphate
0.024 Gm. or $\frac{1}{3}$	gr. Ferric Glycerophosphate
0.0162 Gm. or $\frac{1}{4}$	gr. Manganese Glycerophosphate (soluble)
0.0064 Gm. or 1/10	gr. Quinine Hydrochloride
0.0009 Gm. or 1/80	gr. Strychnine Nitrate

Reconstructive Tonic.

of the President of The Medical Society of New Jersey and of the Chairman of the Administrative Council. Previous to this, there had existed between certain County Medical Advisory Committees and the E. R. A. agreements which were individual and were varied in their provisions. These variations had led to dissatisfaction and controversy. Gradually during the past year all variations have been eliminated, until at the present time, except in Hudson County, the operation of the Medical Plan has become uniform throughout the State.

PERSONAL LIABILITY

The second problem was *personal liability*. In several instances, a County Medical Advisory Committee, because of fear of personal liability, had hesitated to exercise disciplinary control over certain physicians of whose acts the committee did not approve. After getting legal advice, your committee, with the approval of the Board of Trustees, and with the co-operation of the E. R. A., solved this difficulty by requiring every physician who desired to continue participation in the Medical Plan to sign an application form which, among other things, contains the following statement:

"The County Medical Advisory Committee may adjust or disapprove payment of bills which I may submit; or may remove my name from the list of approved physicians, when such action shall, in its opinion, be to the best interest of the State of New Jersey Emergency Relief Administration."

Your committee also offered the suggestion that in extreme cases it would be just as effective to refuse approval of a bill for payment, as it would be to remove an offender's name from the list of approved physicians. Ever since these measures were taken, your committee has heard of no disciplinary complications.

SPECIALISM

The third, and most complicated problem, was *specialism*. It was originally the purpose of your committee to endeavor to establish for specialists fees which would be larger than those paid to general practitioners. As a start in this direction, special fees for ophthalmologists were set up, and fees for roentgenologists were discussed. Your committee then came to the realization that no standards for the classification of specialists existed, either by law or by action of the State Society, and that without such classification it would be impossible for us to solve the specialist problem with equal justice to all. It was therefore decided that all physicians, whether specialists or general practitioners, should fare alike, that they should be on the same fee schedule.

The Medical Plan has been in operation more than two years, a time sufficiently long to permit it to be evaluated. Your committee is convinced that the plan has proved to be of great value to the poor of the State, both by improving the health of the indigent, and by shortening the time of disability of those receiving single phase medical relief. In addition, it has been advantageous to the medical profession. We express the hope that the essential parts of the present medical agreement—namely, (1) the responsibility of the State to furnish medical care to the poor, and (2) the free choice of physicians by the sick, without which provision satisfactory medical care of the sick is impossible, will, by legislative act, become permanent in our State.

E. ZEH HAWKES, *Chairman*,
CHRISTOPHER BELING,
GEORGE W. FITHIAN,
CHARLES H. SCHLICHTER,
BYRON G. SHERMAN,
ALDRICH C. CROWE,
JAMES A. FISHER,
WILLIAM J. SWEENEY,
FRANK G. SCAMMEL,
MARCUS W. NEWCOMB.

REPORT OF THE COMMITTEE ON PROGRAM AND ARRANGEMENTS

By WILLIAM J. CARRINGTON, M.D., Atlantic City, N. J.

To the House of Delegates:

The program and arrangements for the One Hundred and Seventieth Annual Meeting of The Medical Society of New Jersey are complete.

The sessions will be held in Haddon Hall, Atlantic City, on June 1, 2, 3, and 4.

An unusually interesting program amplified by scientific and technical exhibits, the addition of several novel features, a discussion of the pressing problems of medical economics, the charm of Atlantic City in June, and delightful Haddon Hall with its pre-season rates,—all these conditions combined augur an annual meeting that may surpass all previous sessions in interest and attendance. The prognosis is exceedingly favorable.

The new features this year include the following:

1. A luncheon for the New Jersey Fellows of the American College of Physicians on Wednesday, June 3rd, at 1 p. m. Dr. Bradley, of Lexington, Kentucky, President of the American College, and Dr. Means, President-Elect, are invited guests.

2. A similar luncheon will be held for the New Jersey Fellows of the American College of Surgeons on the same day, and at the same hour. Dr. Leahy, of Boston, will be the distinguished guest speaker.

To both these luncheons all medical men are cordially invited.

3. Immediately following these luncheons there will be pathological demonstrations, wet and dry, in the Scientific Exhibit, which this year will be held in Vernon Room. These alone will be worth the time and money spent in attending this Annual Meeting.

4. The delightful banquet and ball under the auspices of the Woman's Auxiliary in honor of Dr. and Mrs. Newcomb will be held in Rutland Room at 6:30 p. m. Tuesday, June 2nd (not Wednesday,—note the change of day). During the banquet Dr. Newcomb will

deliver his message, and the proceedings will be broadcast over Station WPG. In addition, at various times during the three day sessions, periods will be allotted to the officers of the Society for radio broadcasting messages of interest to the general public.

5. Wednesday afternoon, following the scientific demonstrations, has been allotted to relaxation: (a) A stroll or chair ride on the boardwalk; (b) a life-saving demonstration on the beach in front of Haddon Hall at 4:30 p. m. by life guards under the direction of Dr. Charles Bossert; (c) a moving picture, "The Life of Pasteur", at the Steel Pier on the Boardwalk; (d) a golf tournament at the Country Club of Atlantic City with numerous prizes. Buses for the players leave Haddon Hall at 2 p. m. and for spectators at 4 p. m. and leave the Country Club at 5 p. m. Green's fees \$2.

6. The plenary scientific sessions will be held Wednesday forenoon, and Wednesday evening. Thus, notwithstanding the relaxation afforded by Wednesday afternoon's recess, the usual number of scientific papers and discussions will be permitted.

7. Special noon luncheons will be held in honor of visiting medical men and their wives by the Rotary Club at the Hotel President on Tuesday, and by the Kiwanis Club at Hackney's Restaurant on Thursday.

8. The Art and Hobby Exhibit will include medico-historic specimens of exceptional interest. The exhibits will be in Vernon Room.

9. Messages of interests to the general public will be broadcast by officers of the Society from Haddon Hall Radio Studio on June 1, 2, 3, and 4, from 4 to 4:15 p. m. over Station WPG. In addition, the banquet will be broadcast on Tuesday evening, June 2nd, beginning at 8:30 p. m.

WILLIAM J. CARRINGTON,
Chairman.

REPORT OF THE COMMITTEE ON SCIENTIFIC WORK

By CLARENCE L. ANDREWS, M.D., Atlantic City, N. J.

To the House of Delegates:

A meeting of the Executive Officers and Chairmen of the various Scientific Sections was held at the Society Headquarters, 137 East State Street, Trenton, N. J., Sunday afternoon,

December 22nd, 1935, to discuss arrangements for the scientific program of the Annual Meeting in Atlantic City June 2-4.

It was decided to depart somewhat from the usual custom of devoting the entire day on

Wednesday, June 3rd, to both a morning and afternoon session of medicine and surgery; and have only one session in the morning and a second general session Wednesday evening.

Wednesday afternoon is to be free for members to play golf, fish, boat ride or fraternalize as they see fit. Moreover, by having the afternoon of Wednesday free, our committee thought that the break in time would lessen the usual monotony of a continuous session, as well as their active afternoon office hours.

There will be, therefore, five papers Wednesday forenoon of fifteen minutes each, and three papers Wednesday evening of thirty minutes each; or eight papers in all the same as last year.

It was thought best to limit the morning papers to fifteen minutes and the evening papers to thirty minutes, in order to allow more time for general discussion.

Thursday, June the 4th, will be devoted to meetings of the various sub-sections. The Ear, Nose and Throat Section will hold its meetings in the forenoon on Thursday, and the Eye Section will hold its meetings Thursday afternoon.

The Section of Pediatrics, Radiology, and

Gastroenterology will each hold two sessions,—one Thursday forenoon, and one Thursday afternoon.

The arrangements for the program of the Sub-Sections has been left entirely to the wishes of the Chairman of each Sub-Section.

For the General Session of Medicine and Surgery, the usual custom of inviting four speakers of national reputation, and four from the State has been carried out; and as nearly as possible a speaker from each section of the State has been chosen.

As far as possible, speakers have been selected from those who have applied for a place on the program, but some papers could not be used because of the subject matter which was offered. It was thought best to balance the program and not have either too much medicine, or too much surgery.

It was thought best not to create a Section on Obstetrics and Gynecology at this time, but to let it remain as it now is a part of the General Session.

Sincerely,

CLARENCE L. ANDREWS, *Chairman*,
ROBERT S. GAMON,
LOUIS C. LANGE.

REPORT OF THE COMMITTEE ON SCIENTIFIC EXHIBITS

By ASHER YAGUDA, M.D., Newark, N. J.

To the House of Delegates:

The Scientific Exhibits this year will be set up in the Vernon Room on the lounge floor of the Hotel Haddon Hall. This departure from the practice of the previous exhibits was necessitated by an expansion of the commercial exhibits. The use of a single large room will allow for a better physical set-up of the exhibits, which this year will be modelled after those of the American Medical Association.

To insure a larger attendance at the exhibits, it will be necessary to arrange for wider publicity than has heretofore been given to this important part of the Annual Meeting. The committee recommends that during each session of the sections, announcements be made concerning the location and value of the Scientific Exhibits. Dr. Carrington has also recommended that Wednesday afternoon, June 3rd, be set aside for the visits to the exhibits

and that no section meetings be held at that time.

Several innovations have been arranged this year. Chief among these will be a fresh pathology exhibit, and motion pictures illustrating several medical subjects. An attempt has also been made to invite physicians who have done some outstanding work in new fields, to exhibit the results of their research at the Annual Meeting. To date, applications have been received from twenty-seven exhibitors with many additional applications pending. A partial list of the exhibitors and the subjects of their exhibits is appended.

ASHER YAGUDA, *Chairman*,
WILLIAM J. MARQUIS,
ROBERT A. KILDUFFE,
HARRISON S. MARTLAND,
JOHN W. GRAY,
ELWOOD E. DOWNS.

PRELIMINARY LIST OF EXHIBITORS

1. Fresh Pathology Exhibit
2. Hormones in Relation to Breast Tumors.
Dr. Charles F. Geschickter, Surgical Pathological Laboratory, Johns Hopkins Hospital, Baltimore, Maryland
3. Diagnosis and Treatment of Peripheral Vascular Diseases
Louis G. Herrmann, M.D., Department of Surgery, University of Cincinnati, Cincinnati, Ohio

4. Lahey Clinic Exhibits:
 - I. Subtotal Thyroidectomy
 - II. Abdominoperineal Resection of Rectum
 - III. Cholecystectomy and Choledochostomy
 - IV. Treatment of Knee Flexion Contracture by Skeletal Traction
 - V. Diagnosis of Carcinoma of Lung and Pneumonectomy
 - VI. Moving Picture
 - A. Diabetes
 - B. Endocrinology
 - C. Mechanism of Heart Beat and Electrocardiography

The Lahey Clinic, Boston, Mass.
5. Adenocarcinoma and Benign Adenoma of the Bronchus
Chevalier L. Jackson, M.D., and Frank W. Konzelmann, M.D., Temple University Hospital, Philadelphia, Pa.
6. Cineplastic Amputation
Henry H. Kessler, M.D., Newark, N. J.
7. Symposium Upon the Senile Heart
Albert S. Hyman, M.D.; Sante Diasio, M.D.; Ethel D. Stoliar, M.D.; Clara DiBenedetto, M.D.; Elias Shayness, M.D., Hospital for the Aged, Bronx, N. Y.
8. Exhibits from the Office of the Medical Examiner of Essex County
Harrison S. Martland, M.D., Newark, N. J.
9. Precancerous and Cancerous Lesions of the Skin and Mucous Membranes
Bart James, M.D., Newark, N. J.
10. Clinical and Roentgen Studies of Diseases and Other Affections of the Respiratory Tract
Abraham E. Jaffin, M.D., Jersey City Medical Center and Hudson County Tuberculosis Clinics, Jersey City, N. J.
11. Uncommon Pathological Findings
A. M. Gnassi, M.D., Jersey City Medical Center, Jersey City, N. J.
12. Pneumonia
Metropolitan Life Insurance Company, New York City
13. Plastic Surgery
Lyndon A. Peer, M.D., Newark Eye and Ear Infirmary, Newark City Hospital, Newark, N. J.
14. Bilateral Collapse Therapy in Pulmonary Tuberculosis; the Effects of Pleurisy with Effusion on Tuberculosis
Hudson County Tuberculosis Hospital, Secaucus, N. J.
15. Plastic and Reconstructive Surgery
Jacques W. Maliniak, M.D., Newark, N. J.
16. Gross Pathology
A. R. Casilli, M.D., Elizabeth Hospital, Elizabeth, N. J.
17. Progress of Tuberculosis Lesions under Compression Therapy
N. J. Sanatorium for Tuberculosis, Glen Gardner, N. J.
18. General Pathological Exhibit
M. J. Fein, M.D., Mountainside Hospital, Montclair, N. J.
19. Interesting Bone Lesions
Raphael Pomeranz, M.D., Newark, N. J.
20. The Use of Insulin-Free Pancreatic Extract in Angina Pectoris and Peripheral Vascular Diseases
Dr. Joseph B. Wolffe and Dr. Victor A. Digilio, Temple University, Philadelphia, Pa., and Dr. Anna Samuelson, Morrisania Hospital, New York City
21. Regional Neoplasma
Samuel A. Goldberg, M.D., Presbyterian Hospital, Newark, N. J.
22. The Blood and Bone Marrow in Leukemia
Asher Yaguda, M.D., Newark, N. J.
23. Pathological and Roentgenological Exhibit
Nicholas M. Alter, M.D., and Harry J. Perlberg, M.D., Margaret Hague Maternity Hospital, Jersey City, N. J.
24. Device for X-Raying the Head in the Erect Posture
Maurice Rona, M.D., New Brunswick, N. J.
25. The Work of The Medical Society of New Jersey By the Medical Society of New Jersey, Trenton, N. J.
26. The Joint Committee on Professional Relations of the New Jersey Pharmaceutical Association and The Medical Society of New Jersey
27. The Differential Diagnosis of Urinary Sugars
William G. Exton, M.D., Prudential Insurance Company, Newark, N. J.

REPORT OF STATE BOARD OF MEDICAL EXAMINERS OF NEW JERSEY

By ARTHUR W. BELTING, M.D., Trenton, N. J.

To the House of Delegates:

LICENSES ISSUED

Since the last report to The Medical Society of New Jersey, the State Board of Medical Examiners of New Jersey has issued 319 certificates of license to physicians and surgeons, 180 to applicants who passed the examination

of the Board, two to licensed osteopaths who qualified for the examination for a full license to practice medicine and surgery under the provisions of Section 4, Paragraph F of the medical law as amended by Chapter 226 of the laws of 1935; and 137 to physicians and surgeons by endorsement of certificates of license from other states.

Sixty-seven osteopaths have been licensed by examination and five by endorsement. Twenty-seven chiroprodists, five midwives and one chiropractor have passed the examination and received certificates of license. The chiropractic applicant qualified for the examination under one of the exemptions contained in Section 11 of the supplement to the medical law.

REVOCATIONS

The certificates of license of five physicians and two midwives have been revoked, and the license of one midwife suspended. Two medical licenses were revoked for the practice of criminal abortion; two medical and two midwifery licenses were revoked, and one midwifery license was suspended for conviction of the crime of criminal abortion; and two medical licenses were revoked for conviction of a crime involving moral turpitude. Three medical certificates of license were declared invalid due to failure of the licentiates to become citizens of the United States within the time specified in the medical law.

LAW ENFORCEMENT

Court Cases

Convicted, pleaded guilty or settled....	35
Listed in Court ready for trial	18
Lost—No appeal	2
Decision Reserved	1
Dismissed—Appealed	1
Dismissed—No Appeal	2
	59

Decision of Higher Court

Lost by Board—Writ of Certiorari allowed—Judgment of trial court affirmed	1
---	---

Hearings before the Board

Medical—Licenses Revoked	5
Midwifery—Licenses Revoked	2
Midwifery—License Suspended	1
Medical—Complaints Dismissed	2
Osteopathic—Complaint Dismissed	1
Medical—Certificates of License Declared Invalid	3
	14
	74

Type of Cases Investigated

Druggists Practicing Medicine	34
Prescribing Herbs and Drugs	28
Medical Doctors	10
Blood Pressure Diagnosis	3
Unlicensed Chiropractors	9
Chiropractors Exceeding License	3
Osteopaths Exceeding License	3
Chiroprodists, Unlicensed and Exceeding License	3
Masseurs and Massage Treatments....	5
Electro-therapists	13
Naturopaths	10
Midwives, Unlicensed and Exceeding License	1
Optometrists Exceeding License	2
Medical—Revocation	7
Midwifery—Revocation	3
Osteopaths—Revocation	1
Colonic-therapists	6
Physio-therapists	1
Schools Operating without License	2
Advertising Medical Offices	2
Corporations Practicing a Profession..	1
Unlicensed Osteopaths	1
Medical Doctor Assisting Unlicensed Person to Practice	1
Miscellaneous	36
	185

Analysis of Inspections and Investigations

Total number of Investigations and Inspections Made	185
Total Number of Visits Made, and Treatments Received in Making the Investigations and Inspections	880
Average Number of Visits per Investigation	4.8

Respectfully submitted,

ARTHUR W. BELTING,
Secretary.

REPORT OF THE ADVISORY COMMITTEE TO THE WOMAN'S
AUXILIARY

By EDWARD W. SPRAGUE, M.D., Newark, N. J.

To the House of Delegates:

The Medical Advisory Committee to the Woman's Auxiliary of The Medical Society of New Jersey has met with the State Executive Committee of the Woman's Auxiliary and attended meetings of the Auxiliaries in Hudson and Essex Counties, and has responded whenever called upon by the organization.

The Constitution of the Woman's Auxiliary sets forth that:

"The object of this Auxiliary shall be to assist the Medical Society of New Jersey in:

"1. Advancing the cause of preventive medicine.

"2. Securing adequate medical legislation.

"3. Promoting good fellowship among physicians' families.

"4. Doing such supplemental work as may be suggested by the Medical Society. It shall not take any action contrary to or independent of the advice of The Medical Society of New Jersey."

During the year the Auxiliary has successfully advanced its former work in all lines, and in a most practical manner has undertaken new projects. The Speakers' Bureau and Public Relations meetings have become realities. Assistance to the State Medical Society Public Health Committee has been a major endeavor in several counties.

The Art and Hobby Exhibits, which is sponsored by the Auxiliary, is an important field, and every physician who can contribute to the exhibits is urged to do so.

Many of the counties are working on worthwhile charitable projects along medical lines. One county has contributed substantial sums of money to the permanent relief fund of that county for members who are in need.

The question of a woman's field army to be developed by the Auxiliary, as suggested by the American Society for the Control of Cancer, has not been settled in New Jersey. We hope after further conferences to give some definite advice and leads on the subject.

Since the Woman's Auxiliary was organized and its objects stated, a great change in the

economic life of the people of this country has come about. While this change has no effect on the scientific attainments of medicine, it may have a serious effect upon the practice of medicine. The problems concerning the delivery of medical care are being considered by the public for the first time and there is great danger that the proper understanding of the basic philosophy of good medical care may be entirely missed by those in authority in government circles. Therefore it is necessary that organized medicine keep before the people the great principles underlying good medical care, such as the free choice of physician and the present character of the patient-physician relationship. These must be preserved, and all forms and semblance of socialized medicine must be kept out of medical practice.

In this sphere the Woman's Auxiliary can be of tremendous help in presenting the proper viewpoint on the subject of good medical care. In public gatherings and in private groups the gentle but firm influence of the Woman's Auxiliary can be a very potent factor in disseminating correct knowledge and understanding of the fundamentals of good medical practice.

We congratulate the Woman's Auxiliary on its very successful year.

EDWARD W. SPRAGUE, *Chairman*,
B. FRANKLIN BUZBY,
WILLIAM K. CAMPBELL.

REFERENCE COMMITTEES OF THE HOUSE OF DELEGATES

President Newcomb has appointed the following *Reference Committees* on the Annual

Reports, in accordance with the By-Laws, Chapter VIII, Sections 14 and 15:

Reference Committee "A" to consider the reports of:

The President
Addresses of the President and President-Elect
The Executive Officer
The Board of Trustees
The Secretary
Judicial Councilors

Edward W. Sprague, Chairman . . . Newark
Samuel Alexander Park Ridge
Byron G. Sherman Morristown
David B. Allman Atlantic City
G. M. Knowles Hackensack

Reference Committee "B" to consider the reports of:

The Finance and Budget Committee
The Treasurer
The Insurance Committee
The Committee on Constitution and By-Laws

Chester I. Ulmer, Chairman . . . Gibbstown
Joseph W. Hurff Newark
D. Leo Haggerty Trenton
A. H. Coleman Clinton
Andrew F. McBride Paterson

Reference Committee "C" to consider the reports of:

The Publication Committee
The Committee on Program and Arrangements
The Committee on Scientific Work
The Committee on Scientific Exhibits

Edgar A. Ill, Chairman Newark
Harry Rogers Riverton
Clarence Way Sea Isle City
H. B. Walker Vineland
John E. Maher Long Branch

Reference Committee "D" to consider the reports of:

The Delegates to the A. M. A.
The Committee on Hospitals and Medical Education
The Medical Advisory Committee to the State E. R. A.
The Board of Medical Examiners

Charles H. Schlichter, Chairman . . . Elizabeth
D. Ward Scanlan Atlantic City
H. D. Belli Trenton
Thomas B. Lee Camden
Thomas J. Walsh Elizabeth

Reference Committee "E" to consider the reports of:

The Welfare Committee and its Sub-Committees on:

Legislation
Medical Practice
Public Health
Public Relations
Workmen's Compensation
Uniform Medical Practice Act

The Special Advisory Committees

William H. Areson, Chm.... Upper Montclair
Leslie Myatt Bridgeton
E. G. Hummel Camden
E. G. Herbener Lakewood
Wright MacMillan Passaic

Reference Committee "F" to consider the reports of:

The Advisory Committee to the Woman's Auxiliary

The Committee on Nursing and Nursing Education

The Committee on Honorary Membership

The Committee on Medical Defense

William F. Costello, Chairman Dover
Frank W. Pinneo Newark
J. F. Weber South Amboy
Nathan Swern Trenton
D. W. Green Salem

SPECIAL REFERENCE COMMITTEES

I. Constitution and By-Laws

Chester I. Ulmer, Chairman.... Gibbstown
Thomas B. Lee Camden
Joseph W. Hurff Newark
John E. Maher Long Branch
A. H. Coleman Clinton

II. Resolutions and Memorials

B. S. Pollak, Chairman..... Secaucus
Frederic J. Quigley Union City
A. D. Hutchinson Trenton
Earl H. Snavelly Newark
Watson B. Morris Springfield

III. Credentials

Spencer T. Snedecor, Chm.... Hackensack
J. Bennett Morrison Newark
Elias J. Marsh Paterson

IV. Miscellaneous

Dan S. Renner, Chairman Skillman
H. Roy Van Ness Newark
Joseph Morrow Oradell
W. C. Wilentz Perth Amboy
Roy B. Seely Trenton

Index of Annual Reports

	Page		Page
Allied Medical Professions, Conference of	253	Medical Defense	262
A. M. A. Delegates	265	Medical Examiners, N. J. State Board	288
A. M. A. Relations	252	Medical Practice	269
Book Reviews	268	Medical Practice Act, Uniform	271
Bulletins of County Societies	253	Medical Practice, Committee on	256, 273
Cancer Control	265	Members, Official List	257
Constitution and By-Laws	265	Mental Hygiene, Advisory Committee on	280
Copyright of Journal	267	Nurses, Standing Orders	252
Councilors	261	Nursing	265
County Societies	253	Official List	263
County Society Offices	277	Pneumonoconiosis and Silicosis	265
Crippled Children	282	Polionmyelitis, Advisory Committee	280
Education, Medical	265	President's Report	251
Emergency Relief Administration	284	Preventive Medicine, Field of	277
Executive Officer	252, 254	Program and Arrangements, Committee on	286
Executive Offices	252, 257	Publication Committee	266
Federal Food and Drug Administration	256	Public Health, Committee on	256
Finance and Budget	257	Public Health	269, 276
Formulary of New Jersey	267	Public Health Hour	277
Health Week, New Brunswick	257	Public Relations	255, 270, 271
Historical Research	268	Reference Committees	290
Honorary Membership	265	Scientific Exhibits	287
Hospitals	265	Scientific Work Committee	286
Insurance, Accident, Health, and Medical Defense	263	Secretary	258
Interstate Economic Conference	273	Social Security	278
Journal	252, 266	Social Security Act	273
Judicial Council	260	Treasurer	257
Legislation	270, 274	Trustees, Board of	259
Legislators, Contacts with	253, 255	Tuberculosis, Advisory Committee	281
Maternal Welfare	282	Washington Plan	253
Medical Bills Committee	265	Welfare Committee	251, 256, 267, 269
		Woman's Auxiliary	252, 289
		Workmen's Compensation	270, 272

170TH ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY

HADDON HALL, ATLANTIC CITY

Tuesday, Wednesday and Thursday, June 2, 3, and 4, 1936

OFFICIAL EVENTS

1. **Board of Trustees** Meeting, Monday evening, June 1, 8:00 o'clock.
2. **Judicial Council**, Monday evening, June 1, 8:00 o'clock.
3. **Nominating Committee** Meeting, Tuesday evening, June 2, 8:30 o'clock.
4. **House of Delegates.**

SCHEDULE OF HOUSE OF DELEGATES

First Session, Tuesday Morning, 9:30 o'clock

- a. Appointment of Reference Committees (Page 290).
- b. Reception of Annual Reports of Officers and Committees (Journal, pp. 251-290).
- c. New Business.

Second Session, Tuesday Afternoon, 2:30 o'clock

A continuation of the Morning Session.

Third Session, Wednesday, 12 o'clock

- a. Report of Nominating Committee.
- b. Elections. (No other business.)

Fourth Session, Thursday Afternoon, 3:30 o'clock

- a. Reports of Reference Committees.
- b. Unfinished Business.

5. **Scientific Meetings.**

- a. General meetings.
- b. Section meetings.

(Programs, Journal, pp. 292-294)

6. **Conference and Dinner of County Secretaries and Reporters, Wednesday, 6:30 p. m.**

7. **Woman's Auxiliary.**

- a. Executive Board Meeting, Tuesday 3 o'clock.
- b. General Session, Wednesday 9:30 and 2:30.
- c. Luncheon Session, Wednesday, 1 o'clock.
(Programs, Journal, pp. 294 and 295)

8. **President's Banquet** (dancing to follow) under the auspices of the Woman's Auxiliary, Tuesday evening, 6:30 o'clock. (Program, Jour., p. 295.)

9. **Exhibits.**

- a. Scientific.
- b. Commercial.
- c. Arts and Hobbies.

GENERAL SCIENTIFIC MEETINGS

First Meeting, Wednesday morning, June 3, 1936, Viking Room.

9:30 to 10:00 o'clock

1. **Acute Perforated Peptic Ulcer**
Thomas J. Summey, M.D., Mount Holly
Discussor: George N. J. Sommer, M.D., Trenton

10:00 to 10:30 o'clock

2. **The Conservative Treatment of Eclampsia**
James McCord, M.D., Atlanta, Georgia
Discussor: Arthur W. Bingham, M.D., East Orange

10:30 to 11:00 o'clock

3. **After All, the Patient Is Human**
Fred Becker, M.D., Camden
Discussors: Robert A. Mathews, M.D., Philadelphia, Pa.; Benjamin Weiss, M.D., Philadelphia, Pa.

11:00 to 11:30 o'clock

4. **The Bone Marrow in the Leukoemias**
Asher Yaguda, M.D., Newark
Discussor: Robert A. Kilduffe, M.D., Atlantic City

11:30 to 12:00 o'clock

5. **The Role of Surgery in Pulmonary Tuberculosis**
Walter E. Lee, M.D., Philadelphia, Pa.
Discussor: Marcus W. Newcomb, M.D., Browns Mills

Second Meeting, Wednesday evening, June 3, 1936, Viking Room.

8:30 to 9:00 o'clock

1. **Medical Complications in Diabetes Mellitus**
I. M. Rabinowitch, M.D., Montreal, Canada
Discussor: Frederick M. Allen, M.D., New York City

9:00 to 9:30 o'clock

2. **Surgical Complications in Diabetes Mellitus**
Leland McKettrick, M.D., Boston, Mass.
Discussor: F. H. Lahey, M.D., Boston, Mass.

9:30 to 10:00 o'clock

3. **Medical Progress Under the Leadership of the Medical Profession**
A. C. Christie, M.D., Washington, D. C.
Discussor: Hilton S. Read, M.D., Atlantic City

SECTION ON RADIOLOGY

William G. Herrman, M.D., Chairman; P. S. Avery, M.D., Secretary

First Meeting, Thursday morning, June 4, 1936

9:30 to 10:00 o'clock

1. A Five-Year Roentgen Survey of Oral Cholecystography

Louis J. Gelber, M.D., Newark

(A study of a thousand cases, with surgical and pathological checking, illustrated with lantern slides.)

10:00 to 10:30 o'clock

2. The Value of Clinical and Radiological Examinations of Gall-Bladder

George S. Reitter, M.D., East Orange

Henry C. Crossfield, M.D., East Orange

10:30 to 11:00 o'clock

3. Diverticulosis

James Marquis, M.D., Newark

11:00 to 11:30 o'clock

4. The Roentgenological Characteristics of Different Types of Pneumonia

William Gregory Cole, M.D., New York City

11:30 to 12:00 o'clock

5. Device for X-Raying the Head in the Erect Posture

M. Rona, M.D., New Brunswick

12:00 to 12:30 o'clock

6. Chronic Appendicitis—Its Roentgen Diagnosis
Ernst A. May, M.D., East Orange

Second Meeting, Thursday afternoon, June 4, 1936

1:30 to 3:30 o'clock

Symposium on Tumors of the Reticuloendothelial System (leukoemia, lymphosarcomata, lymphoepithelioma, Hodgkins disease, Gaucher's disease, Schüller-Christian's disease, Niemann-Pick's disease, endothelioma and myeloma of bone, etc.)

1. Medical Aspect

Raymond J. Mullin, M.D., Newark

2. Otorhinologic Aspect

Henry C. Barkhorn, M.D., Newark

3. Surgical Aspect—Splenectomy, etc.

Harry Comando, M.D., Newark

4. Roentgenologic Aspect—Bones

Nathan J. Furst, M.D., Newark; and William G. Herrman, M.D., Asbury Park

5. Radiotherapeutic Aspect

Ira I. Kaplan, M.D., New York City

6. Pathological Aspect

William Antopol, M.D., Brooklyn

SECTION ON GASTRO-ENTEROLOGY

Sigurd W. Johnsen, M.D., Chairman; Louis L. Perkel, M.D., Secretary

First Meeting, Thursday morning, June 4, 1936

9:30 to 10:00 o'clock

1. Gastric Polypsis

Louis L. Perkel, M.D., Jersey City

Discussor: Julius Gerendasy, M.D., Elizabeth

10:00 to 10:30 o'clock

2. A Study of Pyloric Control and Gastric Emptying with Special Reference to Milk, Cream and Fats in Normal and in Those with Duodenal Ulcers

Harry Shay, M.D., Philadelphia, Pa.; Jacob Gershon-Cohen, M.D., Philadelphia, Pa.; Samuel S. Fels, M.D., Philadelphia, Pa.

Discussors: T. T. Mackie, M.D., New York City; Jacob Gershon-Cohen, M.D., Philadelphia, Pa.

10:30 to 11:00 o'clock

3. Gall-Bladder Disease and the General Practitioner

Martin E. Rehfuess, M.D., Philadelphia, Pa.

Discussors: Anthony Bassler, M.D., New York City; Burrill B. Crohn, M.D., New York City

11:00 to 11:30 o'clock

4. Antispasmodic Therapy in Gastrointestinal and Biliary Tract Disease

Hyman I. Goldstein, M.D., Camden

Discussors: Professor Charles M. Gruber, Philadelphia, Pa.; Samuel Weiss, M.D., New York City

Second Meeting, Thursday afternoon, June 4, 1936

1:30 to 2:00 o'clock

1. X-Ray Demonstrations of the Mucous Membrane of the Stomach and Duodenum

Gustave Buckley, M.D., New York City

Discussor: Maurice Asher, M.D., Newark

2:00 to 2:30 o'clock

2. The Prognosis in Regional Ileitis

Burrill B. Crohn, M.D., New York City

Discussors: Rudolph V. Gorsch, M.D., New York City; Bernard Kaplan, M.D., Newark; Maurice Asher, M.D., Newark

2:30 to 3:00 o'clock

3. A Symposium on the Injection Therapy of Hemorrhoids

Carroll D. Smith, M.D., Paterson; Rudolph V. Gorsch, M.D., New York City

Discussors: Martin J. Synnott, M.D., Montclair; John L. Mathesheimer, M.D., Jersey City

3:00 to 3:30 o'clock

4. The Diagnosis of Duodenal Ulcer Aimed Compression Roentgen Technic

Manfred Kramer, M.D., Newark

Discussor: John Szymanski, M.D., Passaic

SECTION ON THE EYE, EAR, NOSE AND THROAT

C. Coulter Charlton, M.D., Chairman; H. L. Harley, M.D., Secretary

First Meeting, Thursday morning, June 4 1936

9:30 to 10:00 o'clock

1. Cerebral Injuries
J. Wallace Hurff, M.D., Newark
Discussor: Henry C. Barkhorn, M.D., Newark

10:00 to 10:30 o'clock

2. Diagnosis of Meningitis from Petrous Apex Suppuration
Wells P. Eagleton, M.D., Newark
Discussor: Curtis C. Eves M.D., Philadelphia, Pa.

10:30 to 11:00 o'clock

3. Requirements for Hearing for Automobile Drivers
Douglas Macfarlan, M.D., Philadelphia, Pa.
Discussor: Curtis Eves, M.D., Philadelphia, Pa.

11:00 to 11:30 o'clock

4. Requirements of Vision for Automobile Drivers
Elbert Stetson Sherman, M.D., Newark
Discussor: Mr. James J. Shanley, Chief Inspector, Motor Vehicle Department, State of New Jersey

Second Meeting, Thursday afternoon, June 4, 1936

2:00 to 2:30 o'clock

1. Operative Treatment of Detached Retina
James Shelby Shipman, M.D., Camden
Discussor: Edmund B. Speath, M.D., Philadelphia, Pa.

2:30 to 3:00 o'clock

2. Opthalmic Operative and Combined Methods of Treating Convergent Strabismus
Linn Emerson, M.D., Orange
Discussor: Legrand H. Hardy, M.D., New York City

SECTION ON PEDIATRICS

F. I. Krauss, M.D., Chairman; Chester R. Brown, M.D., Secretary

Thursday morning, June 4, 1936.

9:30 to 10:00 o'clock

1. Diagnosis and Treatment of Endocrine Disturbances in Children
Matthew Molitch, M.D., Instructor in Neurology, University of Pennsylvania, Philadelphia, Pa.

10:00 to 10:30 o'clock

2. Diagnosis of Hip Conditions in Children
Herbert Taylor, M.D., East Orange
Discussor: Chester Brown, M.D., Newark

10:30 to 11:00 o'clock

3. Recurrent Functional Hypoglycemia in Juveniles
Robert E. Jennings, M.D., East Orange
Discussor: F. H. Von Hofe, M.D., East Orange

11:00 to 11:30 o'clock

4. A Consideration of Increased Temperature Variations in Infants and Children
Lewis Robbin, M.D., Newark
Discussor: I. B. Rothstein, Newark

11:30 to 12:00 o'clock

5. Diet in Treatment of Anorexia
F. H. Von Hofe, M.D., East Orange
Discussor: David P. Evans, M.D., East Orange

12:00 to 12:30 o'clock

6. Strabismus in Children
J. W. White, M.D., New York City and East Orange
Discussors: F. H. Von Hofe, M.D., East Orange; David P. Evans, M.D., East Orange

NINTH ANNUAL MEETING OF THE WOMAN'S AUXILIARY TO THE MEDICAL SOCIETY OF NEW JERSEY

June 2, 3, 4, 1936, in Haddon Hall, Atlantic City

TUESDAY, JUNE 2, 19363:00 P. M., Garden Room, Lounge Floor
EXECUTIVE BOARD MEETING

6:30 P. M., Foot of Stairway, Lounge Floor

PRESIDENT'S RECEPTION

7:00 P. M., Rutland Room, First Floor

PRESIDENT'S BANQUET AND BALL

Mrs. Hilton S. Read, Chairman of Entertainment, Atlantic City

Toastmaster, W. J. Carrington, M.D., Atlantic City

1. Greetings—Mrs. Frederick A. Kinch, President of N. J. State Auxiliary, 1935-36.
2. Baritone Solo—Mr. Thomas Husselton.
3. President's Address—Marcus W. Newcomb, M.D., Brown's Mills, President of The Medical Society of New Jersey.
4. Introduction of President-Elect, Francis R. Haussling, M.D., Newark.
5. Address—"The Medical Profession and the Press", Mr. James Farrell, Editor, Atlantic City Union.
6. Awards of Merit, Thomas S. Cullen, M.D., Baltimore, M.D.
7. Entertainment and Dancing.

WEDNESDAY, JUNE 3, 1936

9:30 A. M.

BUSINESS MEETING

Garden Room, Lounge Floor

Call to Order—President, Mrs. Frederick A. Kinch
Roll Call

Tribute to Departed Members—Mrs. James Hunter, Jr.

Mrs. J. J. Mooney, Hudson County, May, 1934

Mrs. Clinton D. Mendenhall, Burlington County, November, 1934

Miss Lydia Rogers, Burlington County, December, 1935

Mrs. Francis J. Weber, Essex County, February, 1936

Mrs. J. Enright, Hudson County, February, 1935

Mrs. Frank Haggerty, Hudson County, February, 1936

Reading of Minutes—Recording Secretary, Mrs. Lancelot Ely

Report of Treasurer—Mrs. Thomas P. McConaghy

Report of Corresponding Secretary—Mrs. George S. Laird

Reports of Standing Committees

1 P. M.

AUXILIARY LUNCHEON

Rutland Room, First Floor

Hostesses—County Auxiliary Presidents

Toastmistress—Mrs. Frederick A. Kinch

Introduction of Honored Guests

2:30 P. M.

RECONVENING OF BUSINESS SESSION

Garden Room, Lounge Floor

Reports of County Auxiliary Presidents

Report of President—Mrs. Frederick A. Kinch

Report of Nominating Committee

Election of Officers

Installation of Officers

Inaugural Address—Mrs. George A. Rogers, President 1936-37

4 P. M.

NEW EXECUTIVE BOARD MEETING

Garden Room, Lounge Floor

3:00-5:00 P. M.

ART AND HOBBY TEA

Guest Speaker—Frank Overton, M.D., Editor of The Journal of The Medical Society of New Jersey.

8:00 P. M.

BRIDGE PARTY

Sun Parlor, Second Floor

THE WOMAN'S AUXILIARY TO THE MEDICAL SOCIETY OF NEW JERSEY

OFFICERS

President Mrs. Frederick A. Kinch
President-Elect Mrs. George A. Rogers
First Vice-President Mrs. H. D. Corbusier
Second Vice-President Mrs. George M. Culver

Third Vice-President Mrs. William Freile
Recording Secretary Mrs. Lancelot Ely
Corresponding Secretary Mrs. George S. Laird
Treasurer Mrs. Thomas P. McConaghy

ADVISORY BOARD

Mrs. John Nevin Mrs. A. I. Casselman
Mrs. Harry V. Hubbard Mrs. C. F. Adams
Mrs. H. Roy VanNess

DELEGATES TO THE WOMAN'S AUXILIARY OF THE AMERICAN MEDICAL ASSOCIATION

Delegates
Mrs. Ephraim R. Mulford
Mrs. A. Haines Lippincott
Mrs. H. D. Corbusier
Mrs. George A. Rogers
Mrs. John F. Hagerty
Mrs. Dan S. Renner
Mrs. Ily R. Beir

Alternates
Mrs. Jacob J. Mann
Mrs. Alfred F. Sferra
Mrs. H. Strandberg
Mrs. H. Roy VanNess
Mrs. Don A. Epler
Mrs. Harry V. Hubbard
Mrs. Lancelot Ely

STATE SOCIETY ANNUAL MEETING

General Chairman Mrs. Samuel L. Salasin
Treasurer Mrs. James H. Mason, 3d
Entertainment Mrs. Hilton Read
Program Mrs. Dan S. Renner
Credentials Mrs. Carl A. Surran
Flowers Mrs. David B. Allman
Tickets and Reservations Mrs. Louis Feinstein and
Mrs. Charles Hyman
Music Mrs. Raymond A. Williams and Mrs. Clarence Whims
Art & Hobby Mrs. Ily R. Beir and Mrs. H. D. Corbusier
Prizes Mrs. Daniel Reyner and Mrs. Ruffin Stamps
Menus Mrs. E. H. Harvey
Printing Mrs. A. S. Fell

PRESIDENT'S RECEPTION COMMITTEE

Dr. & Mrs. Marcus Newcomb	Mrs. Ily R. Beir
Dr. Francis R. Haussling	Mrs. Frederick A. Kinch
Mrs. A. Haines Lippincott	Mrs. Spencer T. Snedecor
Mrs. Lancelot Ely	Mrs. William G. Herrman
Mrs. George L. Orton	Mrs. Elias J. Marsh
Mrs. John Nevin	Mrs. H. D. Corbusier
Mrs. James Hunter	Mrs. William Freile
Mrs. H. Roy VanNess	Mrs. William Campbell
Mrs. Charles F. Adams	Mrs. George Culver
Mrs. H. V. Hubbard	Mrs. E. E. Downs
Mrs. A. J. Casselman	Mrs. Edward Waters
Mrs. George A. Rogers	Mrs. James Mason, 3d
Mrs. Edward Clark	Mrs. Hilton S. Read
Mrs. A. L. Stillwell	Mrs. David B. Allman
Mrs. LeRoy A. Wilkes	Mrs. Carl Surran
Mrs. William J. Carrington	Mrs. Anton S. Fell
Mrs. Frank Overton	Mrs. Thomas P. McConaghy
Mrs. Samuel L. Salasin	Mrs. Dan Renner

PAGES

Miss Miriam Barbash	Miss Harriet Hubbard
Miss Jane Burke	Miss Frances Lee
Miss Nancy Corbusier	Miss Mary Lee
Miss Emily Carrington	Miss Elizabeth Orton
Miss Mary Lee Davis	Miss Mary Roop
Miss Barbara Ely	Miss Dorothy Underwood
Miss Jane Downs	Miss Beatrice Williams
Miss Janet Hollinshed	Miss Ruth Poland
Miss Marie VanNess	

HOSTESSES FOR LUNCHEON AND BRIDGE PARTY*County Presidents*

Atlantic County	Mrs. Carl A. Surran
Bergen County	Mrs. Alvah W. Bickner
Burlington County	Mrs. J. Howard Hornberger
Camden County	Mrs. Joseph E. Roberts
Cape May County	
Essex County	Mrs. Kenneth Forsyth
Gloucester County	Mrs. J. Harris Underwood
Mercer County	Mrs. Alton S. Fell
Hudson County	Mrs. A. E. Jaffin
Middlesex County	Mrs. Jacob J. Mann
Monmouth County	Mrs. W. K. Campbell
Ocean County	Mrs. T. F. Thompson
Passaic County	Mrs. Frank W. Ash
Somerset County	Mrs. A. Longstreet
Union County	Mrs. Friend B. Gilpin
Warren County	Mrs. W. H. Varney

HOSTESSES FOR ART AND HOBBY AND HISTORICAL EXHIBITS

Mrs. Ily R. Beir, Chairman	Mrs. H. D. Corbusier, Co-Chm.
Mrs. David B. Allman	Mrs. Fred Williams
Mrs. William J. Carrington	Mrs. Mildred Sinkinson
Mrs. Harry Subin	Mrs. Samuel Gorson
Mrs. Joseph Poland	Mrs. John Massey
Mrs. Edward Harvey	Mrs. David Weeks
Mrs. Edward Guion	Mrs. Myrtle Frank
Mrs. Lancelot Ely	Mrs. Rayford K. Adams
Mrs. Samuel Jessurum	Mrs. Stanley Nichols
Mrs. Byron Blaisdell	Mrs. G. S. Laird
Mrs. Edward Clark	Mrs. Edward Pechin
Mrs. William H. Varney	Mrs. Chester I. Ulmer
Mrs. J. J. Mann	Mrs. Daniel Reiner

PAGES FOR ART AND HOBBY AND HISTORICAL EXHIBITS

Miss Emily Carrington	Miss Miriam Barbash
Miss Ruth Poland	Miss Barbara Ely
	Miss Jane Burke

COMMITTEE ON CREDENTIALS AND REGISTRATION

Mrs. Carl A. Surran, Chm.	Mrs. Arthur Von Deilen
Mrs. David B. Allman	Mrs. Samuel Winn
Mrs. Levi Walker	Mrs. Philip Marvel, Jr.
Mrs. Manuel Mally	Mrs. Raymond Williams
Mrs. Morton Major	Mrs. V. Earl Johnson
Mrs. Samuel Gorson	Mrs. Charles Sinkinson, Jr.
Mrs. Baxter Timberlake	Mrs. Ily R. Beir
Mrs. Brown Holoman	

COMMITTEE ON ENTERTAINMENT

Mrs. Hilton S. Read, Chairman	
Mrs. Clarence Whims	Mrs. Arthur Von Deilen

TICKET COMMITTEE

Mrs. Charles Hyman, Co-chm.	Mrs. Louis Feinstein, Co-Chm.
Mrs. Gladys Joy	Mrs. Levi Walker
Mrs. Sidney Rosenblatt	Mrs. Louis Rosenberg
Mrs. M. Major	Mrs. Samuel Winn
Mrs. Raymond Williams	Mrs. Bernard Crane

BRIDGE PARTY COMMITTEE

Mrs. Carl A. Surran, Co-chm.	Mrs. Samuel Gorson, Co-chm.
Mrs. Baxter Timberlake	Mrs. Daniel Reiner
Mrs. Joseph Kuder	Mrs. Arthur J. Casselman
Mrs. J. Howard Hornberger	Mrs. O. W. Saunders
Mrs. Chester I. Ulmer	Mrs. Andrew Smith
Mrs. Brown Holoman	Mrs. G. E. McDonnell

FLOWER COMMITTEE

Mrs. David B. Allman, Chm.	Mrs. Samuel Goldstein
Mrs. Myrtle Frank	Mrs. Harry Subin
Mrs. Edward Guion	Mrs. Samuel Gorson

ATLANTIC COUNTY GENERAL COMMITTEE

Mrs. David B. Allman	Mrs. Charles H. deT. Shivers
Mrs. Maurice Axilrod	Mrs. Percy Clark Joy
Mrs. Barney Barab	Mrs. Robert A. Kilduffe
Mrs. Richard Bew, Jr.	Mrs. Abraham Krechmer
Mrs. Robert A. Bradley	Mrs. Morton Major
Miss Elsie Casperson	Mrs. Manuel Mally
Miss Desalles Cocoran	Mrs. Philip Marvel
Mrs. Edward Coward	Mrs. Anthony Merindeno
Mrs. Eugene Dalton	Miss Nellie McGurran
Mrs. Harold Davidson	Mrs. George Poland
Mrs. Wm. J. Carrington	Mrs. Norman Quinn
Mrs. Louis Feinstein	Mrs. Hilton S. Read
Mrs. Myrtle Frank	Mrs. Daniel Reyner
Mrs. Clarence Garrabrant	Mrs. Mildred Sinkinson
Mrs. Samuel Goldstein	Mrs. Louis Rosenberg
Mrs. Herman Kline	Mrs. Ernest Shore
Mrs. Edward Guion	Mrs. Charles Sinkinson
Mrs. Elmer Hess	Mrs. Sloan Stewart
Mrs. Harry Hoffman	Mrs. Walter Stewart
Mrs. Brown Holoman	Mrs. Harry Subin
Mrs. Charles Hyman	Mrs. Baxter Timberlake
Mrs. V. E. Johnson	Mrs. Arthur Von Deilen
Mrs. Samuel Winn	Mrs. Levi M. Walker
Mrs. Samuel Gorson	Mrs. Henry Weeks
Mrs. Robert Durham	Mrs. Clarence Whims
Mrs. Robert Griener	Mrs. Lawrence Wilson
Mrs. Arthur Ewens	Mrs. J. Carlisle Brown
Mrs. Blair Stewart	Mrs. Edward Uzzell
Mrs. Stanley McGeehan	Mrs. Edward Dwyer
Mrs. E. H. Harvey	Mrs. Sidney Rosenblatt
Mrs. Joseph Poland	

THE COMMERCIAL EXHIBITS

The Commercial Exhibits at the Annual Meeting will be in charge of Mr. J. B. Tufts, as they were last year. They will consist of a varied assortment of medical wares, consisting of books and insurance policies; vaccines and plasters; foods and table water; drugs

and surgical instruments; in fact, every thing that is sold in a modern drug store. The exhibits will include the distribution of descriptive matter and the courteous advice of demonstrators, many of whom are acquaintances of the physicians.

Lea & Febiger, Philadelphia, Pa., will exhibit at space No. 612, Booth 5, under the direction of Mr. Philip Gots, new works and new editions of standard medical works. Among the new works are Graham, Singer, Ballou's Diseases of the Chest, Berglund & Medes on the Kidney and Hawes & Stone on Pulmonary Tuberculosis. Many other standard works appear in new editions.

At the **United Fruit Company's Booth, No. 19,** you will find latest scientific data on the nutritive and therapeutic values of the banana. The principal item, just off the press, is a digest of international literature (articles and books) discussing the nutritive and therapeutic values of the fruit. Get your free copy.

Pickering X-Ray Corporation, New York City, Booth 25, will display a complete and self-contained radiographic and fluoroscopic outfit of entirely new design. Provision is made for vertical and horizontal fluoroscopy and bucky radiography. A control stand is provided, allowing accurate selection of voltage in steps of one kilovolt, permitting precise radiography. Although this outfit has many exceptional features, the total cost of the installation has been made exceptionally low.

Philip Morris & Co., Ltd., Inc., Booth 27, will demonstrate the method by which it was found that Philip Morris cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than ordinary cigarettes in which glycerine is employed.

Members of the Medical Profession are cordially invited to visit the **Walker-Gordon Booth, No. 7,** where *Certified, Vitamin D* and *Acidophilus Milk* will be available. Samples of the new *Certified Milk-Pasteurized* approved during the last year by the American Association of Medical Milk Commissions may also be obtained.

Merck and Co., Inc., Booth 9, will show two interesting new products, *Cebione* (Crystalline Vitamin C) for use in scurvy and various hemorrhagic diseases, and *Mecholyl*, a new vasodilating compound for use in paroxysmal tachycardia and the peripheral vascular diseases.

The Mennen Company, Newark, N. J., Booth No. 11, will again exhibit their two baby preparations, *Mennen Antiseptic Oil* and *Mennen Antiseptic Borated Powder*.

Last year the Mennen booth was one of the most popular at the convention; and great interest was shown in these two Mennen preparations by those attending.

The Mennen Company not only will distribute trial sizes of their Antiseptic Oil and Antiseptic Borated Powder, but their very popular line of shaving and after-shave preparations.

The Squibb Exhibit in Booth 50 will welcome physicians attending The Medical Society of New Jersey meeting, who are cordially invited to visit the Squibb exhibit in Booth No. 30. The complete line of Squibb Vitamin, Glandular, Arsenical and Biological Products and Specialties, as well as a number of interesting new items will be featured.

Well-informed Squibb representatives will be on hand to welcome you and to furnish any information desired on the products displayed.

The Horlick's Malted Milk Corporation in Booth No. 22 will exhibit *Horlick's Malted Milk*, in both natural and chocolate flavors, powder and tablet forms.

Among the special uses of Horlick's Malted Milk which will be featured are its advantages in the liquid diet, notably in cases of tuberculosis and other wasting diseases, during and after pneumonia, and in gastric and duodenal ulcers and acidosis. Horlick's has also been proven by its results as a dependable food in infant feeding, even in difficult cases.

National Casualty Company, Jersey City, Booth 2.—The group disability policy of our members is now in its tenth year. The continued satisfaction of the doctors is exemplified in their many testimonial letters on file with the Insurance Committee. The underwriters are the National Casualty Company, an "A Plus" ranking company, and the official accident and health insurance brokers for the Society are E. & W. Blanksteen of Jersey City, Mr. W. Blanksteen in personal charge at this exhibit.

Billhuber-Knoll Corporation, Booth 1.—Many prescriptions for heart disease contain *Theocalcin* (N. N. R.) alone or in combination with *digitalis* or *phenobarbital*. When a quickly acting opiate is necessary for the relief of pain and cough, *Dilaudid hydrochloride* (N. N. R.) has given excellent results. Likewise the *nonbarbiturate Bromural* (N. N. R.) is a valuable sedative and hypnotic, and *Metrazol* (N. N. R.), which acts as an antagonist to depressive drugs and in shock.

Representatives will be pleased to have the opportunity to discuss these products with you.

The Kalak Water Co. of New York, Inc., will occupy Booth 3-A and invites physicians to visit the booth and learn how delicious and refreshing *Kalak* is when properly served.

Obviously, the greatest use for *Kalak Water* is for routine use in the home when an alkaline water is indicated. It is generally recognized by physicians that the majority of people, and particularly those of sedentary habits, do not drink sufficient water, both for its value as a food and as an eliminant. *Kalak* solves this problem, for it combines purity and palatability.

United States Fidelity and Guaranty Company, 11 Commerce Street, Newark, N. J., Booth 3, is represented each year at the convention for information purposes. Every doctor should avail himself of the opportunity to acquaint himself with the extent of his protection, and should at least register at this booth as evidence of his cooperation in making it safer to practice.

The C. V. Mosby Company, Medical Publishers of St. Louis, Booth 17, will exhibit its complete line of medical books and journals. Among the newer volumes will be Taussig, "Abortion—Spontaneous and Induced"; Murray, "Examination of the Patient and Symptomatic Diagnosis"; Bray, "Synopsis of Clinical Laboratory Methods"; and Dodge, "Medical Mycology".

Visitors to the convention are cordially invited to see the Mosby Exhibit.

Mead Johnson & Company, Evansville, Ill., Booth 3-E, will have on exhibit its complete line of infant diet materials including *Dextri-Maltose* Nos. 1, 2 and 3, *Dextri-Maltose with Vitamin B*, *Mead's Standardized Cod-Liver Oil*, *Mead's Viosterol in Oil*, *Mead's Cod-Liver Oil with Viosterol*, *Mead's Viosterol in Halibut-Liver Oil* (liquid and capsules), *Mead's Halibut-Liver Oil*, *Mead's Oleum Percomorphum*, *Mead's Cod-Liver Oil Fortified with Percomorph Liver Oil*, *Mead's Brewers Yeast* (tablets and powder), *Pabulum*, *Mead's Cercal*, *Sobee*, *Mead's Powdered Protein Milk*, *Mead's Powdered Lactic Acid Milk* Nos. 1 and 2, *Mead's Powdered Whole Milk*, *Alacta*, *Recolac* and *Casec*.

There will also be for the examination of physicians a complete line of Mead's services, such as "Diets for Children from Four Months to Four Years", height and weight charts, etc., all of which are free to members of the medical profession in any quantity desired.

The Arlington Chemical Company, Yonkers, N. Y., Booth 26, and its two associate companies, **The New York Pharmacal Association, founded 1876,** and **The Palisade Manufacturing Company, Inc.,** are among the pioneers in the production of ethical pharmaceutical and biological preparations for the medical profession.

In connection with the display of pollens and proteins, Dr. J. H. Frazer, who has charge of the booth, is offering free diagnostic pollen outfits designed for your particular botanical area, each set containing sufficient material for testing one hay fever patient. Discuss any of your allergic problems with Dr. Frazer.

The Radium Emanation Corporation, New York, Booth 25, will exhibit a wide variety of instruments and applicators used in modern radium therapy, including permanent and removable leak-proof Radon seeds. The advantages of these seeds will be demonstrated by magnified sections showing their construction in detail.

General Foods Sales Company, Inc., 250 Park Avenue, New York.—Have a cup of Sanka Coffee at General Foods Booth 12. Sanka Coffee is an excellent blend of fine coffees with 97 per cent of the caffeine removed. Register at General Foods booth for special gift package containing *Sanka Coffee*, *D'Zerta*—a sugar-free gelatin dessert for diabetics,—and other General Foods products.

The Cameron Surgical Specialty Company, New York, Booths 20 and 21, is showing the very latest developments in electrically lighted diagnostic instruments. Be sure and see the new diagnostic sets for your Boston bag in a wide variety of prices. Our representative will also explain how it is possible for you to exchange your present Cameron instruments for late models.

The *Cameron Cauterodyne* in a new and inexpensive model for cutting and coagulating in office and ambulatory surgery is also being shown. For your convenience we maintain an office with a complete stock in New York City.

The Doak Company of Cleveland, Ohio, exhibits its *colloidal sulphur* (Sulphur Diasporal) for the treatment of chronic arthritis. It is available in ampules for intravenous and intramuscular administration. For intravenous use the ampule is made in a two cc. size, containing 10 mgm. of colloidal sulphur in protein free media; also in ampules of five cc. containing 30 mgm. of colloidal sulphur. For intramuscular administration, Sulphur Diasporal is made in two cc. ampules, each containing 25 mgm. of colloidal sulphur in acid-free olive oil.

Way Underwriting Agency, Inc., 605 Broad Street, Newark, New Jersey, Booth 16.—Automobile insurance, serving the doctors in The Medical Society of New Jersey for the past seven years. Telephone Mitchell 2-0613.

The Denver Chemical Mfg. Co., 163 Varick Street, New York, will exhibit *Antiphlogistine* in space 23. This product, now in its forty-third year, is employed by physicians in all parts of the world in the treatment of inflammatory and congestive conditions. There is only one way in which an ethical product can attain this distinction, and that is through merit.

The Research Laboratories of Libby, McNeill & Libby invite you to inspect their display in Booth No. 4. The most outstanding recent development in the science of infant feeding is *Libby's Homogenized Foods*. This new process mechanically ruptures the food cells of vegetables, fruits, and

cereals, refines the cellulose tissue, releases the contained nutriment, and makes these foods more easy to digest and more completely assimilated.

Collens System of Diet Writing, a loose-leaf book, contains the *Collens Diet Calculator*, *Obesity Chart*, *Diet Formulary*, and one hundred *Menu Prescriptions*. This is the simplest, most ingenious and most practical contribution to the problem of diet writing for the physician. The calculator can be used for any diet requiring a quantitative consideration of carbohydrate, protein, and fat, such for example as in diabetes, nephritis, nephrosis, and epilepsy. The same sheets are most practical for the patient. See this ingenious system in the Form Publishing Co. booth.

THE ASSOCIATION OF MILITARY SURGEONS

The New Jersey Chapter of the Association of Military Surgeons will hold a luncheon meeting in the Hotel Ambassador, Atlantic City, at 1 o'clock Tuesday, June 2, 1936, the second day of the Annual Meeting of The Medical Society of New Jersey.

The invited guests include the President and Secretary of the National Association, the Surgeon Generals of the Army and Navy, the Medical Director of the Veterans Administration and the officers of The Medical Society of New Jersey.

The topics to be discussed at the Conference are:

1. The mission of the Medical Department Reserve Officer in peace time.

2. Recent changes in warfare, plans, weapons, organization, objectives,—and how these will affect the types and number of expected casualties.

Our Chapter plans to serve three distinct purposes:

1. To secure better liaison between regular

National Guard and Reserve Officers of the medical departments of the several services.

2. To promote the welfare and reputations of the medical department officers, both individually and collectively.

3. To carry on an instructional program in order to prepare our members for their service assignments.

Captain Edw. Wickham, Chairman of the Membership Committee, is addressing a letter to each of the 427 physicians of New Jersey who are known to be eligible for membership, asking them to join the Chapter. In addition, letters are also sent to the 60 members now enrolled, asking them to make an effort to secure the applications of those eligible in their vicinity.

All physicians connected with the Army or Navy during the World War are invited to the luncheon.

ALBERT G. HULETT, M.D., *Sec.-Treas.*,

Lt. Col. Med. Res. U. S. A.

AMERICAN COLLEGE OF SURGEONS AND AMERICAN COLLEGE OF PHYSICIANS LUNCHEONS

There will be get-together luncheons for the Fellows and Associates of the American Colleges of Surgeons and Physicians in Atlantic City, Wednesday noon, June 3, 1936.

THE GASTROENTEROLOGICAL SOCIETY

The First Annual Convention of the National Society for the Advancement of Gastroenterology will be held jointly with its Chapter, the New Jersey Gastroenterological So-

ciety, on Friday, June 5, 1936, at Haddon Hall, Atlantic City, N. J.

A morning and an afternoon session will be devoted to scientific papers, nineteen being listed.

THE SOCIETY OF SURGEONS OF NEW JERSEY

The Society of Surgeons of New Jersey will hold its Spring clinical meeting at the Orange Memorial Hospital, Orange, N. J., on Wednesday, May 27, 1936. Morning clinics and lunch will be held at the Orange Memorial Hospital, and afternoon golf and dinner at the Essex County Country Club, West Orange.

WALTER B. MOUNT, *Secretary*.

STATE SOCIETY ACTIVITIES

THE FIRST DECADE OF THE MEDICAL SOCIETY OF NEW JERSEY

By FRANK OVERTON, M.D., Editor

When Washington and other far-seeing statesmen were planning the American form of government, the physicians of New Jersey were developing a medical organization that was equally wise and enduring. This study covers the first decade of the life of the Society.—July 23, 1766, to November 14, 1775. Its objects are to show the condition of living during that decade, especially the distribution of population and physicians; and to portray the character and motives of the early members of the Society.

The Medical Society of New Jersey was founded on July 23, 1766, and functioned efficiently for a full decade until the War of the Revolution prevented its meetings. The records of those early days seem to be statistical abstractions when they are scanned hastily; but they glow with life when the social and economic conditions of the time are reconstructed.

The early members were concerned largely with medical economics and medical legislation; and their discussions and the achievements in those lines would do credit to an up-to-date medical society in these modern times.

SOURCES OF INFORMATION

There are three major sources of information concerning The Medical Society of New Jersey during its early years:

1. The volume entitled "The History of Medicine and Medical Men in New Jersey Up to 1800", by Doctor Stephen Wickes, of Orange, who was born on March 17, 1813, and died July 8, 1889, and was President of the State Society in 1883. This volume contains the biographies of over 400 physicians who were practicing medicine in New Jersey during the last quarter of the eighteenth century.

2. The minutes and records of the Society which were collected and abstracted by Dr. Wickes, in accordance with the formal resolution of the Society taken in the year 1875.

3. Official census reports.

The lines of development of The Medical Society of New Jersey were determined largely by geographic, political, and social conditions, which varied widely in different sections of the State. The Society drew its membership and support from that section in which the

population was the most dense, and travel the most easy.

POLITICAL DIVISIONS

New Jersey was settled in two centers as separate provinces.

1. East Jersey (the northern half) was settled by Dutch and English from New York and Long Island, with its communications and trade centering about New York City and its harbor on the east.

2. West Jersey (the southern half) was settled along a crescent of water front extending along the Delaware River for 100 miles from Cape May to Burlington, with its communications and trade routes centering in Philadelphia on the west.

The division between East and West Jersey was the straight line which now forms the eastern boundary of Burlington County and the western limit of Somerset County. The two provinces would probably have developed into separate states if they had not been united by the arbitrary action of the Duke of York after the English had gained control of the City and State of New York.

In 1766 the State was divided into thirteen counties, whose boundaries and population are shown on the map.

DISTRIBUTION OF POPULATION

The distribution of population during the first decade of The Medical Society of New Jersey is shown by a census taken in 1784 under the authority of the State. The map shows that the State may be divided into three sections, according to their density of population.

1. The northern half (East Jersey) contained 105,108 population, or 71 per cent of all the people living in the State.

2. The southern half (West Jersey) contained 43,544 people, or 29 per cent of the population of the State, arranged in a crescent along the Delaware River.

3. The area between the crescent of settlements of West Jersey and the Atlantic Ocean was thinly settled, as it is at the present day, except for the thin line of cities and summer resorts stretching from Sandy Hook to Cape May.

Communications between Northern and Southern New Jersey were principally through the northern horn of the populated crescent of West Jersey. Travel north and south through the unoccupied interior was difficult owing to lack of roads and the presence of numerous streams running across the usual direction of travel. Swollen streams and bad weather were accepted as valid excuses for failure to attend meetings of the Society, even in the more thickly populated sections.

abounded in the hills of the northern section; broad stretches of fertile soil encouraged agriculture; and numerous rivers and streams provided an abundance of power for manufacturing. Natural conditions therefore favored the growth and prosperity of the entire area of Northern New Jersey, and developed a field in which physicians could prosper, and meet together readily.

During its first decade, The Medical Society of New Jersey drew by far the greater part of its membership and support from an area within a circle of thirty miles in radius around New Brunswick,—which was the most populous center in the State, since it had about 5000 inhabitants. The population within this circle was about three-fourths of that of the northern half of the State. The counties from which the members of the Society were drawn for a decade are shown on the map.

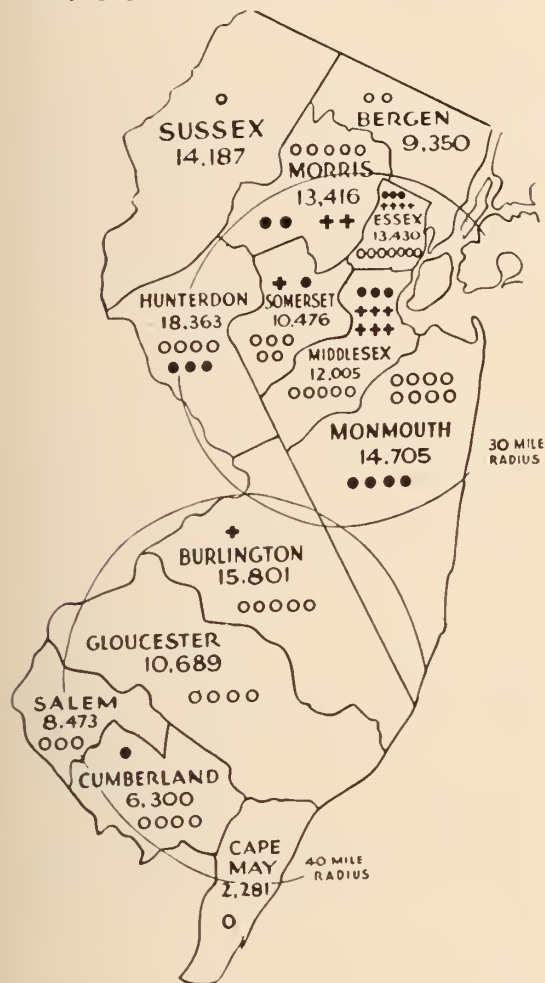
DISTRIBUTION OF PHYSICIANS

The founders numbered seventeen physicians, who are indicated by crosses. During its first decade it accepted nineteen additional members, who are indicated by black discs. Thus the Society had a total of thirty-six members, only two of whom came from southern counties—one from Burlington and one from Cumberland.

In addition, Dr. Wickes records the names of fifty-two non-member physicians who were practicing medicine in New Jersey during the decade 1766-1775. There were therefore eighty-eight physicians who are known to have been practicing in New Jersey during the decade of 1766 to 1775.

ORDER OF POPULATION OF THE COUNTIES OF NEW JERSEY IN 1784 AND NUMBER OF KNOWN DOCTORS

	Pop.	Doctors
1. Hunterdon	18,363	3
2. Burlington	15,801	6
3. Monmouth	14,708	12
4. Sussex	14,187	1
5. Essex	13,430	14
6. Morris	13,416	9
7. Middlesex	12,065	14
8. Gloucester	10,689	4
9. Somerset	10,476	6
10. Bergen	9,356	2
11. Salem	8,473	3
12. Cumberland	6,300	5
13. Cape May	2,281	1
The State	148,652	



New Jersey in 1766, showing:

1. The boundaries of its 13 Counties.
 2. Their population,—census of 1784.
 3. The number of their known physicians.
- + Founder of the Medical Society of New Jersey.
• Joined later.
o Non-members.

In 1766 the population and resources of Northern New Jersey were distributed over its area with a considerable degree of uniformity and accessibility. New York Harbor and its estuaries facilitated the exchange of products; minerals, including iron and zinc,

POPULATION OF NORTHERN AND SOUTHERN
NEW JERSEY IN 1784, AND IN 1930

	1784		1930	
	Pop.	Percent of State	Pop.	Percent of State
Northern N. J. . . .	105,108	71	3,363,642	83
Southern N. J. . . .	43,544	29	677,692	17
Whole State	148,652	100	4,041,334	100

Since the population of New Jersey during the decade 1766-1775 was about 148,000, who were served by eighty-eight physicians, there was therefore one physician to every 1700 persons. But Northern New Jersey had one physician to every 1500 population; while Southern New Jersey had one to every 2400 population. The proportion in Middlesex and Essex Counties was about one doctor to every 800 persons. The people in 1770 seem to have been well supplied with medical service.

The distribution of physicians among rural people today is about the same that it was in 1766. Physicians always prefer the most densely populated areas. A History of America by Jedidiah Morse, of Elizabeth, and published in 1789, describing New Jersey (p. 297), says:

"There is a Medical Society in the State consisting of about thirty of the most respectable physicians, who meet twice a year. No person is admitted to the practice of physic without a license from the Supreme Court, founded on a certificate from the Society, or at least two of its members, testifying his skill and abilities. It is remarkable that in the County of Cape May no regular physician has ever found support. Medicine has been administered by women, except in 'extraordinary cases'."

PRECEPTOR AND APPRENTICE

There were no medical schools in the colonies in 1766, and medical practice was taught by the "preceptor-apprentice" system. This subject was considered in the meeting of May, 1767, which contains the following record:

"Some members motioned that the method of educating young gentlemen for the study of physic had not been properly adverted to in this Government, but very much neglected, greatly to the detriment of the profession. The Society took the same into consideration, and agreed that for the advantage of youth and honor of the art, that no student be hereafter taken an apprentice by any member, unless he has a competent knowledge of the Latin and some initiation in the Greek.

"The time for apprentices serving never being yet settled, though an affair of considerable importance, was taken into consideration. The sentiments of the members were very differ-

ent, but finally agreed that no member do hereafter take an apprentice for less than four years, of which three shall be spent with his master, and the other may (with his master's consent) be spent in some school of physic in Europe or America.

"It appearing absolutely necessary to fix apprentices' fees, the sum of one hundred pounds, proclamation money, was agreed upon being very low, and no more than a bare acknowledgment for board during the above term."

The student was associated with his preceptor in a most intimate way, living in his house, and serving as his clerk, and using his books. The instruction was almost entirely clinical, and concerned *people* rather than impersonal *cases of sickness*. The apprenticeship was of mutual advantage to both the student and the preceptor, and was well adapted for developing skill and devotion in those who had a mental ability and a natural temperament for dealing with sick people, while it discouraged the dull, the ignorant, and the lazy.

PASTOR AND PHYSICIAN

While the greater number of the early members of The Medical Society of New Jersey had learned their medicine in the hard school of a preceptor, some were pastors of churches. Since ministers of the Gospel were the most learned persons in a community, it was natural that they should acquire a knowledge of medicine and should apply it in the relief of sickness.

Six pastors were numbered among the thirty-six members of the State Medical Society during the first decade. The first President of the Society, Dr. Robert McKean, was Rector of the Episcopal Church in Amboy. He was in poor health and died October 17, 1767, aged 35 years.

An unexpected sidelight is thrown upon the combination of pastor-physician by the following note on page 168 of Dr. Wickes' History regarding the candidacy of Dr. Isaac Brown, of Newark, for the rectorship of Dr. McKean's Church:

"The peace and harmony of the church made it necessary to refuse him. That his *practicing as a physician* had been a fruitful source of contention with his parishioners in Newark, through the bills rendered by him in that capacity, and as they had experienced some bad effects from Mr. McKean's practising, they thought it advisable to avoid the possibility of dissensions by procuring some other clergyman."

OFFICE HOLDERS

A large proportion of physicians of the decade 1766-1775 were prominent in civic af-

fairs. They were men of superior mental and moral character and therefore enjoyed the confidence of the people. They served as members of Congress and of the State Legislature. Many were judges of the Supreme Court, and it would seem that half of the practicing physicians held local offices. The activity of physicians in civic affairs was of great value in securing medical legislation. At least eight of the thirty-six members from 1766 to 1775 were Congressmen or judges of the highest State courts.

MILITARY SERVICE

Dr. Wickes, in his history, page 42, credits the medical officers of the British Army with superior skill, and with revealing the high standard of medical practice which they had learned in the European medical schools. During the French and Indian War, New Jersey maintained from 600 to 1000 men under arms, in five barracks, such as those in Trenton still in good preservation on the capitol grounds. Many local physicians were commissioned and served in the barracks in close association with the trained British doctors. This training was of great value in their private practice, as well as in the military service of the Continental Army during the War of Independence. Dr. Wickes, page 81, lists fifty physicians who served in the Continental Army. Twenty of the thirty-six members of the State Medical Society during the decade 1766-1775 were recorded as soldiers.

During the Civil War there were 141 New Jersey physicians serving in the Northern Armies (Transactions 1867, p. 15).^{*} There were 596 physicians in New Jersey in 1866 (Transactions 1866, p. 122).

During the World War at least 450 physicians of New Jersey served as medical officers of the Army. The Medical Society of New Jersey then had 1753 members (Official List, May, 1919).

MEDICAL LEGISLATION

The major reason for the establishment of The Medical Society of New Jersey in 1766 was "the low state of affairs into which the practice of medicine has fallen" (Transactions 1766-1858, p. 3). In reality, New Jersey had never adopted a law regarding medicine, but anyone was free to engage in any form of medical or surgical practice that he chose.

The semi-annual meeting held November 1, 1768, Drs. Cochran, President of the Society; Burnet, Past President, and Bloomfield were appointed "to prepare a petition to be presented to the General Assembly to obtain a law to regulate the practice of, &c".

"Ordered that Doctors Cochran, Bloomfield and Burnet be a Committee to meet on the fifteenth day of this instant, at Woodbridge, to prepare a petition to be presented to the General Assembly, to obtain a law to regulate the practice of physic and surgery in this Province, a copy of which petition shall be transmitted to each member of this Society as soon as possible, and Doctors Stiles, Newel and Smith are appointed to attend the next meeting of Assembly for the presentation of the same.

"The next general meeting is appointed to be held at the house of Mr. Duff, in New Brunswick, on the first Tuesday in May, 1769, at ten o'clock, to which time and place this Society is adjourned."

The committee was successful in securing a law within four years. This is about the time that it takes to get a new law passed in these modern days.

The law passed on September 26, 1772, provided that any person desiring to practice medicine should get a license from two judges of the Supreme Court; and the judges might secure any advice that they wished. The method adopted was that the judges always chose two members of the State Society as their advisors.

The records of the State Society after 1772 show that a person applying for admission to membership in the Society had to produce a license and then undergo an examination in medicine by a committee of the Society. The Medical Society of Massachusetts still requires that every candidate for membership shall undergo an examination in the practice of medicine.

Since the State Medical Society set the standards of scientific medicine and conducted the examination for licenses to practice, the Society was called "The Medical Faculty". Today the name of the Medical Society of Maryland is The Medical Chirurgical Faculty of the State of Maryland.

The law of 1772 operated with such satisfaction that its essential features were retained and observed for forty-four years until the law of 1816 authorized the formation and incorporation of County Societies for the purpose of examining and licensing candidates for the practice of medicine.

FEE LIST

The very first item of business to come before the Society on the day of its foundation was concerned with medical economics. The members organized the Society on the morning of July 23, 1766, and at one o'clock they met again and took up the problem of constructing a fee list, and appointed Drs. Cochran, Wig-

gins, Blatchly, and Sackett a committee for that purpose. The committee apparently had done some previous work for at six o'clock it reported a fee list of 130 items, which the Society unanimously adopted.

The prices for services are given in pounds, shillings and pence. The standard of value was "Proclamation money", which had been established for the Colonies by Queen Anne in 1704, by which one shilling was reckoned as one-sixth of a dollar, or sixteen cents. Some of the typical fees, translated into terms of modern currency, were:

An ordinary call, up to a mile and a half from town	\$ 0.24
Each mile additional	0.16
First dressing of wound, including salve..	1.20
Each succeeding dressing .....	.32
Amputating an arm	10.00
Childbirth, normal	5.00
Childbirth, abnormal	10.00
Fracture of leg and after-care	6.50

Since the fees were small, the committee added a list for medicines, which would usually amount to much more than the doctor's fee. Some of the charges were as follows:

Bolus cathartic or emetic	\$ 0.32
Same with musk	0.50
One ounce infusion of cinchona bark.....	1.20
Elixirs and essences, per ounce .....	.60
Rhubarb, per dose .....	.50

While these fees were low, the standard of living was also low, and few luxuries were expected. Physicians prospered more than their brethren in other professions and occupations. While they often had to make long drives over poor roads and in stormy weather, and to ford swollen streams when there were no bridges, yet they expected to face these conditions, and probably found life as easy as the average of their fellow citizens.

The fee list was the cause of unexpected trouble, for at the second meeting of the Society held on November 6, 1766, it was reported that there was—

"Clamour of the inhabitants owing to some improper expressions having escaped some member of the Society in regard to visiting fees and other charges, which had brought the Society into disrepute with many persons who consider it an unjust scheme invented by the Society to bring the inhabitants to terms. It was therefore moved that every member of the Society be at liberty to charge as each of them think proper, until the next meeting of the Society. This motion met with considerable opposition and after many arguments it was by vote adopted."

The fee list was discussed at every meeting for several years, but no agreement was

reached. Finally at a meeting on November 7, 1771, the matter was dropped. Although the question of adopting a fee list has been brought up many times since then, the question is still as far from settlement as it was 170 years ago.

PUBLICITY

The founders of the Society understood the value of publicity, for at the second meeting the following minute was entered:

"It was moved that the Society take into consideration the necessity of justifying the proceedings of this Society (in the matter of fees) by inserting the Constitutional Laws in the public prints, that thereby a general clamour may be prevented and that judicious and well-disposed people may have an opportunity to assert and vindicate the propriety of the scheme, and the Legislature be induced to favor it."

The preparation and publication of the article was left with a committee consisting of Doctors MacKean and Brown,—two pastors accustomed to writing for publicity,—and three other members.

The value of petitions to the Legislature was also appreciated, for on May 1, 1770, Drs. Cochran and Bloomfield were appointed a committee to secure signatures of physicians to counteract the petition of a number of inhabitants of various parts of the Colony, against medical legislation. The committee reported at the meeting of May 14, 1771, that the counter-petitions of the people had prevailed against those of the physicians, so that no legislation was secured. Nevertheless, the Society renewed the petitions which led the legislators to pass the law of September 26, 1772, regulating the practice of physic in the Colony.

The method of influencing legislation by petition is still used as a most effective means of securing medical legislation.

PRECEDENTS

The story of the first decade of The Medical Society of New Jersey affords numerous examples of the enduring basis on which the present system of medical practice rests, and is ample justification of the attitude of physicians to preserve the time-honored methods in opposition to the proposals for governmental control of private practice. The present unity of the medical profession of New Jersey and its progressive attitude are but a continuation of the determination of the founders of The Medical Society of New Jersey to establish medical practice on sound principles that never change.

ANNUAL MEETING 150 YEARS AGO

From the Official Transactions 1766-1858, page 48.

The twentieth anniversary meeting of The Medical Society of New Jersey was held May 2, 1786, in New Brunswick. Thirteen members were present. Dr. Bloomfield, President, opened the Society with a dissertation on the nature and uses of animal secretion.

Dr. Benjamin H. Tallman was admitted on the certificate of license of Chief Justice Brearly and Isaac Smith, Esq., Second Judge, and certificates of Drs. Wiggins, and Jno Beatty, medical examiners for the Medical Society. Drs. Burnet, Barber, and Dunham were appointed a committee to examine Dr. Abram Howard as a candidate for membership in the Society. He was examined and admitted.

A special committee that had been appointed to publish the Fundamental Institution and Rules of the Society was ordered to carry out their work.

Dr. Scott reported further on a child with a spina ventosa or abscess in the os femoris that had been reported at the previous meeting.

A clinical case was shown as follows:

"A case of hare lip was brought before the Society for examination and advice. After due deliberation, the Society were of the opinion that the child (being only five months old) was not a fit subject for operation at that time, and only recommended for the present the application of bandages and adhesive plasters, with a view to cause the integuments or labia of the fissure to elongate so as to become more proper for operation at a future period."

A table of Rates and Fees was discussed at length and adopted, with the provision that no doctor should exceed it, but that he might reduce his charge "on account of poverty, friendship, or other laudable motives".

A committee of four was appointed to examine a case of one of the members in New Brunswick and advise him regarding it. The committee reported it to be a case of St. Vitus' Dance with general spasms, but they were divided in their advice. They asked for a report of the progress of the case at the next meeting. (This case got well under tonic treatment.)

The Society discussed the case of Jacob Probasco, aged 17, who had been shown to the Society on November 1, 1785, with a tumor of the forearm. The Society decided it was either an encysted tumor or an aneurism, and advised an incision. The report on May 2, 1786, was that the arm had been amputated, and lockjaw had set in and lasted for six weeks, with recovery.

The Society discussed the reason for the non-reply of Drs. Harris and Elmer for reasons why they had not attended the meetings of the Society.

The Society reproved Dr. Freeman for continuing to practice medicine after he had received a certificate of honorable dismissal in order that he might join the U. S. Army in the West.

JNO. BEATTY, *Secretary*.

MEETING A CENTURY AGO, MAY 10, 1836, IN NEW BRUNSWICK

From the Official Transactions 1766-1858, page 324.

The seventieth anniversary meeting was held in New Brunswick, May 10, 1836. Present, ten Officers, nine Fellows, thirty-four Delegates; total fifty-three.

REPORTS

Boards of Censors—

Eastern District—Nineteen candidates were examined for licenses and all passed.

Middle District—Two candidates were refused examination; one granted a certificate; one refused.

Western District—Eight candidates were examined and passed.

Bergen County was granted permission to form a County Society. (The Official List gives

February 28, 1854, as its date of actual founding.)

Treasurer's Report—"Two-thirds of amount received for examination (of candidates for licenses to produce medicine) and distributed to the District (County) Societies, \$230.40.

Honorary Degree of M.D. conferred on Dr. J. W. Craig, a Fellow. (President in 1829.)

A committee of three was appointed to revise the papers belonging to the Society * * * "the same to be returned in a reasonable time to the Society uninjured".

Censors elected for the three Districts:

Eastern District—Doctors John B. Johnes, Sen. Censor, Wm. P. Clark, Jno. B.

Beach, Wm. Pierson, Jr., Steph. Congar,
Isaac W. Canfield.

Middle District—Doctors Peter Vredenburg, Sen. Censor, A. R. Taylor, Wm. Forman, Henry Van Derveer, J. T. B. Skillman, Garrit P. Voorhees.

Western District—Doctors Thos. Yarrow, Sen. Censor, J. L. Straton, Chas. Ellis, E. Q. Keasby, Chas. Swing.

Officers elected for the ensuing year:

President, Henry Van Derveer.

1st Vice-President, Lyndon A. Smith.

2nd Vice-President, B. H. Stratton.

3rd Vice-President, Wm. P. Clark.

Corresponding Secretary, Sam'l H. Pennington.

Recording Secretary, Wm. Pierson, Jr.

Treasurer, Jos. S. English.

Standing Committee, Sam'l Hays, J. G. Goble, Steph. Congar.

Reporters. Eastern District—G. Chetwood.
Middle District—Geo. McLean.
Western District—J. R. Tufts.

Voted that the Standing Committee prepare a form of diploma for the honorary degree of M.D.

Voted, the times and places of meetings of the several Boards of Censors be advertised in three newspapers for a period of not less than three weeks next preceding each meeting (for ratification of candidates for examination for licenses).

Thanks to Mr. Webster for his offer to publish gratuitously any communication which the Society may request.

Mr. Mann's bill of \$4.89 was ordered to be paid. (Not stated what for.)

WILLIAM PIERSON, JR.,
Recording Sec'y.

No scientific papers were printed, nor any record made of what were read.

ONE HUNDREDTH ANNIVERSARY MEETING, 70 YEARS AGO

From the Official Transactions 1866.

The one hundredth anniversary meeting of The Medical Society of New Jersey was held in New Brunswick, in the Chapel of Rutgers College, on January 23, 1866, with the President, Dr. A. Coles, presiding. There were present:

Officers	8
Delegates	44
Fellows	14
	—
	66

Also delegates from Connecticut, New York, and Pennsylvania; and twenty-three invited guests.

The regular annual assessment upon each member of a County Society was put at \$2.50.

A committee of five was appointed to consider a revision of the laws relating to sanitation, hygiene, and charity.

The President reported that he had issued licenses to six physicians entitling them to practice.

Officers were elected as follows:

President, B. R. Bateman.

Vice-Presidents, John C. Johnson, T. J. Corson, and Wm. Pierson.

Corresponding Secretary, C. Hodge, Jr.

Recording Secretary, Wm. Pierson, Jr.

Treasurer, H. R. Baldwin.

In the evening an informal meeting was

held at William's Hotel, at which the delegates from other states gave addresses.

On the following morning, January 24, the Society convened for the Centennial exercises.

Prayer was offered by Rev. Dr. Berg of the Theological Seminary of New Brunswick.

An original poem, "The Microcosm", was read by President Coles. This was on the subject of anthropology, and filled forty-five pages of the transactions. It traced man from the earliest fishes to modern man, and visualized the spiritual meanings of beauty and adaptability of the organs and their actions. It closes:

"I heard a voice proclaiming from the skies:
'The dead shall live, with my dead body rise.'
Admiring angels shall the sight applaud,
Blazing with all the majesty of God."

Dr. William Pierson, of Orange, Corresponding Secretary, gave a historical narrative of the Society, filling thirty-nine pages of the Transactions.

The members then went in procession to Greer's Hall for dinner, after which the following toasts were given:

1. The American Medical Association,—Dr. Atkinson, Philadelphia, Secretary.

2. Our Sister Societies,—Dr. Woodward, of Connecticut.

3. The Medical Colleges,—Dr. Hooker, Connecticut.

4. The Medical Corps of the Army and Navy,—Dr. Josiah Simpson, New Jersey, and Lt. Gov. C. C. Cox of Maryland.

5. The Learned Professions,—Dr. Campbell, President, Rutgers College.

6. The Colleges of Our County,—Dr. Traill Green, Professor of Chemistry, Lafayette College.

7. The Founders, Dr. Craig, Plainfield, the oldest Fellow present.

8. The Professional and Newspaper Press,—Dr. Butler, Editor of The Reporter, Philadelphia.

The thirty-eight-page report of the Standing Committee consisted of obituaries and discussions of prevailing diseases.

The reports of the County Societies fill 169 pages, and contain a wealth of historical information and records of health conditions.

In 1866, there were 291 members of the County Societies.

There were 596 regular licensed physicians in the State, or one to every 1300 of the population.

There were also 150 irregulars, twenty-one of them being women, "nearly all of them of the class known as the progressive bloomer kind, spiritualists, and infidels. A false religious faith and ignorance in medicine form a perfect substrate for the character of a female medical quack." (Transactions, p. 122.)

DR. WELLS P. EAGLETON FOR PRESIDENT OF THE A. M. A

On March 12, 1936, the Essex County Medical Society unanimously passed the following resolution:

Whereas, Wells P. Eagleton is recognized as an outstanding leader and executive in the Medical Profession throughout the nation, therefore be it

Resolved, that we, members of the Essex County Medical Society, unanimously endorse him as a candidate for the office of President-Elect of the American Medical Association, and respectfully present this action to the Board of Trustees of The Medical Society of New Jersey, requesting its coöperation, and urging the Board of Trustees to instruct the delegates from New Jersey to present his name at the 1936 meeting of the American Medical Association.

The Board of Trustees of The Medical Society of New Jersey approved the action of the Essex County Medical Society, and appointed the following committee to promote Dr. Eagleton's candidacy:

Dr. Andrew F. McBride, Past President, Chairman.

Dr. Frederic J. Quigley, Past President, and Chairman of the Board of Trustees.

Dr. Marcus W. Newcomb, President.

Dr. Francis R. Haussling, President-Elect.

Dr. Spencer T. Snedecor, First Vice-President.

Dr. William G. Herrman, Second Vice-President.

Dr. William J. Carrington, Chairman of the Committee on Program and Arrangements.

Dr. Charles A. Zehnder, President of the Essex County Medical Society to which Dr. Eagleton belongs.

Also the following additional members were appointed as representatives of the Essex County Medical Society:

Dr. H. C. Barkhorn

Dr. E. Zeh Hawkes

Dr. C. R. O'Crowley

Dr. E. W. Sprague.

This committee met on the evening of April 9 and chose Dr. H. C. Barkhorn as its General Secretary. The committee planned to send personal letters to such members of the House of Delegates as were known to the personnel of the committee. This was done and many letters have been received showing appreciation of Dr. Eagleton's ability with promises of support if the opportunity presents itself.

Dr. Eagleton is an outstanding medical leader not only in New Jersey but also throughout the nation. He is President of the American Society of Oto-Laryngology, and is Past President of The Medical Society of New Jersey, and Past Chairman of its Board of Trustees of which he is still an active member. He is entirely practical and up-to-date and his record of achievements in New Jersey is prophetic of a wider range of accomplishments if he is chosen President-Elect of the American Medical Association.

THE MEDICAL CARE OF THE LOW-WAGE GROUP

A Brief prepared by the Sub-Committee on Medical Practice, Thomas K. Lewis, Chairman, at the request of the Board of Trustees and the Welfare Committee. This brief was approved by them at a joint meeting held on April 5, 1936, and by their direction a copy has been sent to every member of the New Jersey Legislature

The Medical Society of New Jersey, in view of certain Bills pending in the State Legislature pertaining to the care of the needy, respectfully submits the following brief. It wishes not only to make known its carefully considered views with regard to the medical care of the needy, but also to acquaint the Legislators with its long-range plans for the revision of methods of distribution of medical care to all kinds and all classes of persons. This brief is offered with the hope that it will be of value to our Legislators in planning for permanent and stable methods of providing adequate medical care for the needy.

The destitute or needy may be divided into two classes: (1) The *unemployables*, and (2) the *unemployed*.

Class I.—We recognize and concur in the proposition that the first class, the permanent unemployables,—a fairly stable group, particularly those requiring all phases of relief,—can be more efficiently and economically cared for medically, and otherwise, in *Government-operated institutions*. This group includes the following:

1. Indigent homeless aged.
2. Incurable dependent children.
3. Insane—feeble-minded—epileptic.
4. Homeless blind.
5. Chronic incurables requiring housing, medical care, and nursing attention.
6. Victims of certain communicable diseases, requiring isolation for the safety of society at large.

Class II.—With regard to the second class, the unemployed,—a shifting group, varying much in size according to prevailing economic conditions,—and all other indigents not specifically mentioned in Class I,—we submit that the most efficient method of providing medical care can be obtained through the *Practitioner of Medicine* by means of some such set-up as that of the Medical Emergency Relief which has been in operation throughout New Jersey during the past two and one-half years under a coöperative mutual agreement with the State Administrative Council on E. R. A. As stated on previous occasions, the profession is willing and anxious to contribute its share toward the care of the needy by providing medical attention at a substantial reduction in fees; but it most definitely maintains that it is unable

longer to carry this enormous burden as a 100 per cent free grant.

By adding the additional load of those now provided for by Medical Emergency Relief to the already over-taxed and over-crowded dispensaries of our hospitals, neither satisfactory nor adequate medical care will be obtained. The physical limitations of hospital clinic facilities, together with the over-worked dispensary staffs of medical attendants, if further strained, can only result in a hasty, superficial type of medical service, highly unsatisfactory to both donor and recipient. For many years the medical profession has carried the heavy burden of the care of the indigent uncomplainingly; but the time has come when the rest of society must assist to a larger degree in supporting this phase of relief work. In practically every community throughout the State that small group of medical men connected with hospitals is contributing in medical service seven times as much as all the rest of the citizenry.

A return to the "poor doctor" system of past years (long a sore spot to our professional pride) or a further increase in this type of service will be equally unsatisfactory. The low pay has resulted, in many instances, in the worst possible type of medical "hack work", and has always been accepted by the indigent only as a last resort.

Partial remuneration to the physician, through the Medical Emergency Relief System, for treatment of the indigent will assist the profession tremendously in a vastly more important task; namely, that of providing adequate medical care for that large group of society included in the low-wage bracket.

Social security will in no way be advanced by the provision of ineffective mass medical service to the indigent, or by adding to the social insecurity of the medical profession. As brought out in the report of the Committee on the Cost of Medical Care (known as the Wilbur Committee), the vitally essential need is the provision of adequate medical service for that huge block of society in the low-wage class, not in the form of charity, but upon a cost basis within the capacity of individuals of that class to meet as a rational obligation. The greater the proportion of free work required of the doctor, the larger of necessity must be his fees from those who can pay, and

the greater his inability to adjust his rates to meet the capacity of the low-wage group to pay.

Only five per cent of society can pay for *all* of its medical service at existing rates without any difficulty. Ten per cent of the people normally, and twenty per cent or more in periods of depression such as the present, can pay for *no part* of their medical service. The remaining 75 to 85 per cent of society who can pay for part of its medical service, at varying levels, according to the magnitude, length or seriousness of the illness, may find it necessary to stop paying and be forced to accept necessary treatment as frank charity. The self-respecting individual resents this state of affairs. This situation cannot be corrected by an act of legislation, but rather by evolution and guided readjustment in methods of the distribution of medical care. The Medical Society of New Jersey is fully cognizant of the unsoundness, sociologically, of this situation, and has very definite corrective plans in mind, many of which have already been put in operation in various parts of the State.

PLANS OF THE MEDICAL SOCIETY OF NEW JERSEY

1. Care of the *permanent unemployables* in Government-managed institutions.
2. More generous support of *hospitals* by society, particularly in so far as it pertains to the free services. When the physician is donating his services freely, the least that society can do is to provide the facilities by use of which he can give adequate medical service.
3. Perpetuation of *hospital clinics*, particularly for such special treatments, examinations, investigations and procedures as can be provided more competently and economically for the indigents and the low-wage group in such institutions than in the office of the private practitioner. More careful selection of the type of case referred to these clinics will result in a much higher grade of professional service.
4. *Part payment* to the physician for treatment of the *unemployed indigent*, according to the plan now in operation under Medical Emergency Relief.
5. *Preventive medicine* to be furnished in the doctor's office for the needy, part-pay and full-pay patients, through coöperation with the Department of Public Health by way of Public Health Hour.
6. *Adjustment* of the cost of medical service for members of the low-wage class to fit the ability of the individual to pay, according to the principles of the so-called Washington Plan. This plan provides:

(a) A Bureau of Socio-Economic Investigation for examination of the true economic status of all applicants for free, or modified pay medical treatment. Cost of maintenance of this Bureau will be carried by the community chest or associated charities. At the present time in Newark this investi-

gation service is purchased at a nominal cost from a Commercial Credit Bureau.

(b) An Associated Medical-Dental Bureau where, the true economical status of the applicant having been obtained, needed treatment will be provided those of limited income at a cost, on a post-dated budget plan, within the financial ability of the individual without entailing undue strain.

The expense of this Bureau is borne by the physicians and dentists of the community. Obviously, at the outset, these Bureaus are practicable only in the largest metropolitan areas. However, branch offices of the urban bureaus can be established in suburban and rural districts. Experimentation along this line is being carried on in several sections of Eastern United States, and preliminary reports indicate the probability of satisfactory results.

(b-1) Reduced medical, surgical and dental fees will be arranged by this Bureau directly with the physician, surgeon, or dentist involved. Such fees will vary widely according to the financial status of the client.

(b-2) Hospitalization will be arranged for by this Bureau in coöperation with the hospitals of the community, using semi-private rooms or pay wards as conditions indicate.

(b-3) Special rates will be secured by the Bureau for x-ray work, laboratory and other diagnostic procedures required.

(b-4) Special nursing service, at a modified rate of pay, will be arranged for by the Bureau in co-operation with nursing organizations. At the present time every Nursing Bureau has a long waiting list. From these lists of unemployed nurses a modified nursing service can be built up to assist in the care of the low-income classes.

(b-5) Special rates for prescriptions and pharmaceuticals will be arranged by the bureau through mutual agreement with the pharmacists for patients in the low-income bracket.

(c) Applicants for *free dispensary service* will not be denied first treatment or any emergency treatment; but for continuation of free service they will be required to pass through the Central Investigation Bureau. If found worthy of free attention, such will be provided. Those found able to pay will be directed to the family physician or dentist.

(d) Applicants for *free ward treatment* will not be denied admission to wards of the hospitals, nor will emergency treatment in any way be delayed. However, the continuation of treatment in the free wards will depend upon the outcome of investigation by the Central Investigation Bureau.

(e) The Medical-Dental Bureau will coöperate closely with Social Service Departments of Industry in providing for employees necessary medical and dental service on a basis economically possible to the individual.

(f) Through these Bureaus will be coördinated all of the Government-run institutions and agencies, so that the needy individual will obtain promptly and effectively necessary medical attention.

The objectives and purposes of these plans sum up as follows:

1. Protection of public funds, whether Government appropriation or charitable donations, from misuse by those capable of paying their own way.

2. Protection of physicians' freely-given services against those able to pay their own way.

3. Protection of hospital dispensaries from the neurotic "dispensary runners". There is a relatively large group of individuals who get the clinic habit, and make a nuisance of themselves by appearing frequently for unnecessary treatment. The requirement of going through

an investigation in the bureau established for that purpose will very effectively inhibit this tendency.

4. The coordination of all types and kinds of medical service,—governmental and otherwise,—for the most effective use of these several agencies.

5. Maintenance of the principle of free choice of physician by patients; and preservation of the essential personal patient-physician relationship.

6. Provision of needed medical service of high standard on a basis that is economic and acceptable to the patient, whether he be indigent, modified pay, or full pay.

BOARD OF MEDICAL EXAMINERS

The following is a report of the activities of the State Board of Medical Examiners of New Jersey in enforcing the Medical Practice Act since our last report:

September 18th, 1935, the Board suspended the license to practice midwifery of Anna Kilburg, of Elizabeth, New Jersey, for a period of one year.

October 23rd, 1935, the following defendants charged with practicing medicine without a license either pleaded guilty to the charge before the Judge of the Atlantic City District Court, or were found guilty: Harry Forman, who was operating a blood pressure machine at the concession of the American Health Associates on the Boardwalk in Atlantic City, was found guilty.

William Vreeland, a lecturer connected with the same company with Forman, who diagnosed and prescribed for physical ailments, was found guilty.

Cosimo Longo, who advertised his ability to cure rheumatism in three days, pleaded guilty.

November 6th, 1935, the following defendants charged with practicing medicine without a license either pleaded guilty to the charge before the Judge of the Atlantic City District Court, or were found guilty:

Salvatore Toscano, proprietor of a drug store at 2301 Atlantic Avenue, Atlantic City, was found guilty.

Robert Steincross, who advertised a new scientific treatment for sinus trouble, head colds, hay fever and asthma, by the use of a loud speaker in the window of Weisbard's Drug Store of 1208 Atlantic Avenue, Atlantic City, was found guilty.

Eugene M. Caruso, a naturopath, of 28 Weymouth Avenue, Ventnor City, pleaded guilty.

November 12th, 1935, Ruben Leventhal, a druggist, of Bayonne, New Jersey, pleaded guilty to a charge of practicing medicine without a license, before the Judge of the First District Court of Jersey City.

November 18th, 1935, Filippo Giello, a druggist, of Paterson, New Jersey, pleaded guilty before the Judge of the First District Court in Paterson, to a charge of practicing medicine without a license.

January 8th, 1936, Albert S. Sengelmann, an unlicensed chiropractor, of South River, New Jersey, pleaded guilty before the Judge of the Perth Amboy District Court, to a charge of practicing medicine without a license.

January 10th, 1936, Stanley Hawkins, of Rahway, New Jersey, who was practicing electro-therapy, was tried before the Judge of the Elizabeth District Court and found guilty of practicing medicine without a license.

January 15th, 1936, the Board revoked the license to practice medicine and surgery of Joseph F. Iuliani, M.D., of Newark, New Jersey.

January 30th, 1936, Charles L. Meissner, of Ridgewood, New Jersey, who was practicing masso-therapy, pleaded guilty before the Judge of the Englewood District Court, to a charge of practicing medicine without a license.

February 19th, 1936, Lulu Sclator, of Wildwood, New Jersey, who treats cancer by use of a caustic paste, was found guilty for the second time of practicing medicine without a license by the Judge of the Cape May Court of Common Pleas.

February 26th, 1936, the Board revoked the license to practice medicine and surgery of William Jackson Parks, M.D., of Asbury Park.

ARTHUR W. BELTING, M.D.,

Secretary.

COURSE IN PUBLIC SPEAKING FOR PHYSICIANS

By VINCENT FARMER, M.D., Hackensack, N. J.

A practical course in public speaking for the benefit of physicians was arranged by the Medical Staff of the Hackensack Hospital, and was given in the hospital on Wednesday afternoon during the Spring. Ten was the minimum number of members, but twenty physicians joined. The dues were one dollar a lesson.

The course consisted of the fundamentals of speaking. The subject matter comprised of current vents and subjects of interest to the men, not necessarily technical subjects, such as:

Should the Pure Food and Drug Laws be investigated?

Should doctors be paid for clinic work?

The doctors were notified by a card, giving them a subject to prepare three days in advance of the class. In addition, the hospital

telephone operator reminded the doctors again the morning of the lesson.

The object of the course is to improve the extemporaneous discussions, develop a better poise, cultivate a more pleasing tone, and sustain the interest of audiences.

The general idea of the course is not to produce orators, but to help all of the members to improve the style which they already possess. It aids the Society by enhancing the groups interested in public welfare; it enlarges the groups who will discuss a topic at a meeting; and it brings reluctant ones to the fore.

The men have enjoyed the class and have organized themselves for the purpose of being available to lay groups for public health work. It is planned to aid the Tuberculosis League, and to supply medical speakers for its meetings.

THE NEW BRUNSWICK HEALTH WEEK

By JOSEPH H. KLER, M.D., New Brunswick, N. J.

A *Health Week* for the City of New Brunswick was conducted during the week April 13-18, 1936, under the immediate auspices of the Medical and the Dental Societies of the Rutgers Club, whose leaders are members of the faculty of Rutgers University, and whose members include the physicians and dentists of the city.

The program of the week consisted of health exhibits and of lectures and demonstrations given in the Rutgers gymnasium, whose entire space was turned over to the medical and allied professions during the whole week. Coöperating with the Rutgers group were the Medical and Dental Societies of Middlesex County, and The Medical Society of New Jersey.

E. R. Squibb and Sons, and due credit was given them.

HEALTH LECTURES

The Health Week program consisted of very extensive health exhibits, and a program of education through informal talks, demonstrations, movies, lantern slides, and lectures. Every major health problem was presented. The addresses were given by nationally known authorities. To relieve the possible formality, the program was presented in an entertaining way with music, various mechanical exhibit devices, flashing lights, radiographs, etc. Boy scouts acted as guides and ushers. The program was as follows:

Monday, April 13, 1936, 2 p. m.

Movies on Anesthesia and Child Welfare, and Eyes of Science.

Medical Talk—Child Welfare, Dr. C. Toy.

Medical Talk—Obesity, Dr. H. Haywood.

Medical Discussion—Kidney Disease, Dr. J. Rowland.

8 P. M.

Dental Section of the Rutgers Club

Purpose of Health Week.

Dr. J. H. Kler, General Chairman.

Dental Profession in New Brunswick—P. L. L. Schwartz, D.D.S., Health Week Chairman, Dental Section of Rutgers Club.

Address—Modern Dentistry and Its Relation to Health, Allen Newman, D.D.S., Dean of N. Y. U. Dental School.

PRELIMINARY PUBLICITY

In order to secure the coöperation of all groups interested in health care of the people, a comprehensive health week program was planned for the entire week of April 13th, 1936. In order to stimulate the interest of the public as well as the various professions, the club published in the *New Brunswick Daily Home News* a series of thirty-four articles on health, through the splendid coöperation of Mr. Elmer Boyd, the publisher of the paper. Each article was about 1000 words long. Most of the articles were written by members of the club and edited by a general committee. However, some of the articles were excerpts of articles published in *Hygeia*, and some were excerpts of radio addresses sponsored by E. R. Squibb and Sons. These excerpts were published through the courtesy of the American Medical Association and

Tuesday, April 14th, 1936, 12 Noon—

Middlesex County Tuberculosis League, Annual Meeting.

Address—Frank Kiernan, Managing Director Metropolitan Tuberculosis Association.

Educators and Parents Coöperate for Dental Health—Dr. M. Wisan, Chairman, Council on Dental Hygiene, New Jersey State Dental Society.

Play—Girls of Senior High School.

Medical Talk—Hearts, Good and Bad (lantern slides), Dr. J. Rowland.

Movies on Hearing and Prevention of Deafness, Dr. B. M. Howley.

8 P. M.

Middlesex County Medical Society

Middlesex County Medical Society and Its Work, Dr. J. Mann, President.

The State Medical Society—Dr. W. Hermann, Second Vice-President.

Address—Making Appendicitis Safe, John O. Bower, M.D., Professor Research Surgery, Temple U. Medical School.

Canti Film on Cancer.

Wednesday, April 15th, 1936, 1:45 P. M.—

Waterfront Life Saving—In the swimming pool, Girl Scouts, National.

Movies—Prevention of Blindness and Safety on Highways.

Medical Lecture—Diabetes, Dr. F. Taber.

Safety on Our Highways—New Jersey State Department of Motor Vehicles and State Police.

Safety on Our Highways—N. J. State Police.

First Aid in Emergencies—New Jersey Bell Telephone First Aid Squad.

8 P. M.

New Brunswick Scientific Society and Sigma XI

New Brunswick Scientific Society in New Brunswick—Dr. S. Sanderson, Chairman.

Sigma XI in New Brunswick—Dr. Alan Boydan, Vice-Chairman.

Address—Vitamins and Health, Dr. Walter Russell, Professor Agricultural Biochemistry, Agricultural Experiment Station.

Movie—Digestion.

Thursday, April 16th, 1936, 2 P. M.—

Play—New Brunswick High School Players.

Music—New Brunswick High School Band.

The Problem Child in School—Dr. Anna S. Starr.

Dental Problems in Adult Life—Dr. F. J. Houghton, Chief Dental Surgeon, Jersey City Medical Center.

Prevention of Blindness—Dr. L. H. Carris, Managing Director, National Society for the Prevention of Blindness.

8 P. M.

Medical Section of the Rutgers Club

The Medical Section in New Brunswick—Dr. R. L. McKiernan, Chairman.

Address—Coronary Heart Disease, Dr. George Morris Piersol, Professor Medicine, University of Pennsylvania Graduate School of Medicine.

Movies—Valves of the Heart.

Friday, April 17, 1936, 2 P. M.—

Child Guidance—Professor Rex Cunliffe, Rutgers University.

Movies—Story of My Life, Food and Growth, and Dental Hygiene.

Our Cancer Problem—Dr. F. M. Hoffman.

Medical Lecture—Venereal Disease (movies), Dr. R. L. McKiernan.

Movies on Dental Hygiene.

8 P. M.

New Brunswick Health Council

The Health Council and Its Place in New Brunswick—Dr. J. G. Lipman, Chairman.

Address—Pneumonia, Today and in the Future, Dr. Russell Cecil, Professor Clinical Medicine, Cornell University Medical School.

Movies—Breathing.

2 P. M.

Pa.-N. J. Section of the American Student Health Association

Address—Tuberculosis Today—Dr. James Alexander Miller, retiring President American College of Physicians.

Address—Tuberculosis Control in Elementary and Secondary Schools—Dr. W. H. Hetherington, Phipps Institute, Philadelphia, Pa.

Address—Tuberculosis Control in Young Adults—Dr. Sarah Morris, Professor Preventive Medicine, Women's Medical College of Pennsylvania.

Address—The Examination of Food Handlers—Dr. John Arnett, Assistant Professor Medicine, University of Pa. Graduate School of Medicine.

EXHIBITS

The exhibits filled the gymnasium except for a space reserved for the afternoon discussions. The standard-sized booth was eighteen feet wide and eight feet deep. The booths were set up by the Sloer Decorative Company of Trenton, and decorated by the exhibitors. The Medical Society of New Jersey, The American Medical Association, The Dental Section of the Rutgers Club, and the Dental Society of New Jersey each had one booth. The rest of the medical booths were prepared by the Rutgers Club with the assistance of the American Society for the Control of Cancer, American Heart Association, National Society for the Prevention of Blindness, American Society for the Hard

of Hearing, Eastman Kodak Co., National Safety Council, N. J. Department of Motor Vehicles, Bon-schur and Holmes Optical Company, Graybar Company, Middlesex General Hospital, St. Peter's General Hospital and Rutgers University. A booth was devoted to each of the following: patent medicines, gastrointestinal system, eye and ear, circulatory system, skeletal system, cancer, respiratory system, nervous system, venereal diseases, medical history, x-ray and health hazards. All the exhibits were well attended, but it was noted that *a trained attendant made the exhibit much more valuable and interesting to the visitor.*

The City Health Exhibits comprised seven booths, as follows: City engineer, demonstrating the new sewage disposal plant; school health, baby clinic, general health (statistics), and the City Laboratory. The Paulus Dairy and the Krauszer Dairy demonstrated the rôle of milk in health. All advertising was eliminated in these displays.

The hospital exhibits were very well done by the Middlesex General Hospital and St. Peter's Hospital.

The research exhibits were prepared by Rutgers University and the Agricultural Experiment Station. There were excellent displays on the science of nutrition, vitamin research, dairy husbandry, soil microbiology, agricultural engineering, mos-

quito control, water and sewage disposal and bacteriology.

There were also exhibits by the Middlesex County Tuberculosis League, the Visiting Nurses Association, the American Red Cross, the druggists of New Brunswick, and the New Jersey Health and Sanitary Association. Excellent commercial exhibits were also shown.

The attendance during the week was over 18,000. Our publicity certainly was responsible for some of it, but the greatest results were obtained from the talk (favorable) of the people who visited the exhibits and program. The Health Week was publicized liberally by the Daily Home News. An article also appeared in the New York Herald Tribune and the New York Times. Letters were sent to all lodges, social clubs, and service clubs. Ministers announced the program to their congregations, movie strips were run in two theaters, and posters were well distributed. In addition, we conducted health poster contests for the school children, and libraries displayed their books on health.

The Medical Society of New Jersey prepared an exhibit booth at which representatives from the Executive Office were constantly in attendance in order to explain the work of the Society, the Middlesex County Society, and the Medical Section of the Rutgers Club.

NEW JERSEY PHYSICIANS DYING IN MARCH

Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
John K. Adams	58	Mar. 27, 1936	Mountainside Hosp., Glen Ridge	15 Prospect St., East Orange	Aeritis. Myocardial degeneration. Aortic insufficiency.
Joseph A. Conwell	80	Mar. 11, 1936	611 Elmer St., Vineland	Same	Paralysis agitans.
Harold B. Disbrow	46	Mar. 21, 1936	422 Third St., Lakewood	Same	Apoplexy.
Enrico R. Gnasso	55	Mar. 22, 1936	203 Main St., Fort Lee	Same	Coronary sclerosis.
Norman B. Keer	76	Mar. 27, 1936	410 Madison Ave., Plainfield	Same	Cerebral hemorrhage.
Charles Marotte	31	Mar. 17, 1936	1417 S. Clinton Ave., Trenton	Same	Ac. rheumatic fever.
Louis Neumann	67	Mar. 23, 1936	Oxford	Same	Chr. cardio vascular renal disease.
Palmer A. Potter	63	Mar. 16, 1936	26 Ridge Road, Summit	Same	Coronary occlusion.
Nicholas Ramos	66	Mar. 20, 1936	City Hospital, Newark	54 Spruce St., Newark	Hypertensive heart disease.
J. Lane Sanborn	72	Mar. 27, 1936	34 W. 37th St., Bayonne	Same	Bronchial asthma.
Matilda Schlereth	89	Mar. 9, 1936	St. Michael's Hosp., Newark	Same	Diabetes mellitus. Influenza.
Charles M. Sigler	57	Mar. 31, 1936	326 W. State St., Trenton	Same	Cerebral apoplexy.
Charles R. Sista	45	Mar. 13, 1936	12 Richey Pl., Trenton	Same	Pulmonary carcinoma.
Evan T. Steadman	74	Mar. 28, 1936	107 Christopher St., Montclair	Same	Hodgkins disease.
Jacob D. Updegrove	73	Mar. 22, 1936	Lopatcong, Warren Co.	Same	Cerebral general arterio sclerosis.
					Arterio sclerosis.

OBITUARIES

DR. EVANS STEADMAN

Dr. Evans T. Steadman, of 107 Christopher Street, Montclair, died Saturday, March 28, 1936, from general arterio sclerosis.

Dr. Steadman was born in Birmingham, England, in 1862. He came to America with his parents when he was but eighteen months old. He received his education in the public schools of New York and Newark, being graduated when he was seventeen years old. He attended Claverack Preparatory School and received his early training in New York University. He had studied under the tutelage of Dr. G. Fred Pitts, of Hoboken, and entered the Medical Department of New York University in 1881 and was graduated in 1884.

Dr. Steadman started practice in Hoboken and was soon on the staff of St. Mary's as Assistant Surgeon and Secretary to the Board. He had practiced medicine for more than half a century in Hoboken and Jersey City and was noted as the first surgeon in this State to perform a cesarean operation.

For several years prior to the World War, Dr. Steadman was President of St. Mary's Hospital.

He has also been head of the Obstetrical Department of Christ Hospital since he organized it twenty years ago. He was instructor in that subject at the Christ Hospital School of Nurses for twenty years. He was active in the Methodist Episcopal Church of Hoboken, in which city he lived until about ten years ago, when he moved to Jersey City. For the past five years he has resided in Montclair.

He was on the staff of St. Mary's Hospital, Hoboken; Christ Hospital and Margaret Hague Hospital, Jersey City; and North Hudson Hospital, Weehawken; and was also consultant physician at Mountinside Hospital, Montclair.

Dr. Steadman was a Past President of the Hudson County Medical Society, a member of The Medical Society of New Jersey, and the American Medical Association, and was a Fellow at the American College of Surgeons.

He is survived by his wife, Mrs. Louise Stout Steadman; two brothers, Richard S., of Newark, and William, of Mount Vernon, and a sister, Mrs. Richard Stout, of Bayonne.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE BIOLOGICALS SINCE JULY 1, 1935

DIPHTHERIA TOXOID

	To Mar. 31	Month of April	Total to Apr. 30	Average per Month
Atlantic	267	29	296	29.6
Bergen	1599	38	1637	163.7
Burlington	807	2	809	80.9
Camden	661	9	670	67.
Cape May	209	8	217	21.7
Cumberland	318	39	357	35.7
Essex	4891	1897	6770	677.
Gloucester	192	5	197	19.7
Hudson	91	39	130	13.
Hunterdon	126	1	127	12.7
Mercer	96	13	109	10.9
Middlesex	378	66	444	44.4
Monmouth	124	13	137	13.7
Morris	434	182	616	61.6
Ocean	9	0	9	.9
Passaic	1922	246	2168	216.8
Salem	89	4	93	9.3
Somerset	93	4	97	9.7
Sussex	21	0	21	2.1
Union	1139	88	1227	122.7
Warren	121	1	122	12.2
Totals	13587	2666	16253	1625.3

SMALLPOX VACCINE

	To Mar. 31	Month of April	Total to Apr. 30	Average per Month
Atlantic	130	45	175	17.5
Bergen	960	32	992	99.2
Burlington	394	115	509	50.9
Camden	334	4	338	33.8
Cape May	153	6	159	15.9
Cumberland	360	13	373	37.3
Essex	2466	339	2805	280.5
Gloucester	468	9	477	47.7
Hudson	3	0	3	.3
Hunterdon	16	0	16	1.6
Mercer	72	8	80	8.
Middlesex	589	15	604	60.4
Monmouth	853	131	984	98.4
Morris	789	13	802	80.2
Ocean	14	0	14	1.4
Passaic	1658	53	1711	171.1
Salem	127	0	127	12.7
Somerset	144	3	147	14.7
Sussex	199	0	199	19.9
Union	1863	59	1922	192.2
Warren	219	0	219	21.9
Totals	11811	845	12656	1265.6

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

MAY

5 Camden	14 Essex
5 Hudson	14 Passaic
8 Atlantic	20 Middlesex
12 Bergen	21 Gloucester
13 Mercer	27 Monmouth
13 Ocean	Sussex
14 Burlington	

JUNE

9 Bergen	17 Middlesex
10 Mercer	18 Morris
11 Burlington	24 Monmouth
11 Somerset	

JULY

9 Burlington	21 Warren
14 Cumberland	28 Hunterdon

ATLANTIC CITY

Robert A. Kilduffe, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held April 10th at the Hotel Ambassador, with President S. L. Salasin presiding, and 41 members and guests present.

A motion was made and passed that a telegram expressing the Society's wishes for a speedy return to health be sent to Dr. James Tate Mason, the President-Elect of the A. M. A. who is ill at this time.

FIFTY YEARS OF PRACTICE

Certificates were presented to Dr. Philip Marvel, Sr., Dr. Chas. H. Shivers, Dr. D. J. Milton Miller, and Dr. C. Garrabrant in honor of having practiced medicine for more than fifty years. Dr. W. E. Darnall made the presentation.

A motion was passed making these physicians Honorary Members of this Society; and a second motion was passed that this Society recommend to the New Jersey State Medical Society that all members who have been in practice for fifty years or over be made Honorary Members of the State Society.

Dr. H. L. Harley requested that the certificates be placed in the Arts and Hobbies Exhibit of the State Society Convention in June.

MATERNAL WELFARE

Dr. J. C. Brown stated that a series of lectures would be given in the Atlantic City Hospital on obstetrics in accordance with the plan of the Maternal Welfare Committee of the State Society to investigate the maternal mortality of this State. Clinics will be held in the rural districts in conjunction with the Red Cross Nursing Service, and hospitalization will be obtained when needed. Every effort will be made to have a careful survey of all obstetrical patients.

NEW MEMBER

Dr. W. E. Donnelly was accepted for membership in the Society.

PUBLIC HEALTH MEETING

Dr. Philip Marvel announced that a public health meeting will be held at the High School, April 27th, in conjunction with the plan of the State Society, for the early recognition of tuberculosis in school

children. Drs. Beasley, Johnson, and Flick, all of Philadelphia, will be the speakers. Dr. Marvel urged the members to attend although he stated the meeting is being held primarily for the layman.

POST-GRADUATE EDUCATION

Dr. W. J. Carrington reporting for the Post-graduate Education Committee stated that 66 members of Cape May and Atlantic Counties had enrolled for the course on Endocrinology and Neurotherapeutics. The roster is still open to any member wishing to attend these lectures.

MOSQUITO EXTERMINATION

Copies of the resolutions advocating the mosquito extermination work have been sent to all the proper parties.

DATE OF TAKING OFFICE

Dr. D. B. Allman reporting for the Committee appointed to study the advisability of changing dates of the fiscal year stated that the matter had been gone over carefully and there seemed to be no particular disadvantage nor advantages offered by the change. It would necessitate having a president serve only six months in order to conform to the new date of the Annual Meeting.

A motion was made that the changes in the By-Laws should be published in the May Bulletin, and a vote of the Society taken at the May meeting.

SUMMER OUTING

Dr. H. S. Subin reported that plans for a bigger and better outing at Dox Folly late in June were going forward and urged all members to make their reservations early.

CHILD HYGIENE

Dr. E. L. Shore announced that a moving picture of the development of babies would be presented at the High School on April 22 by the Parent-Teachers' Associations and Teachers' organizations. Dr. Twitmeyer of the University of Pennsylvania will make a short address.

MEDICAL LIBRARY

Dr. S. Stalberg presented a set of resolutions to be sent to the Mayor, Library Association and Dr. Darnall referring to the excellence of the Medical Library.

A. M. A. CONVENTION IN 1937

Dr. W. J. Carrington suggested that the members going to Kansas City should organize and make every effort to get the Convention back to Atlantic City in 1937.

Dr. Carrington was appointed Chairman and Dr. Andrews Vice-Chairman to select their own committee to work on the project.

SCIENTIFIC

The Scientific Program was presented by George P. Pfahler, M.D., Professor of Roentgenology at the Postgraduate School of Medicine of The University of Pennsylvania, who spoke upon "The Treatment of the Bladder".

Dr. Pfahler called attention to the necessity of coöperative team-work in making the diagnosis of carcinoma of the bladder, not only the roentgenologist but the resources of the urologist must be utilized if the best results are to be obtained. He discussed at some length the value of pneumocystograms which, when properly done, will demonstrate practically all tumors of the bladder. The procedure is essentially a simple one: after catheterization with a soft rubber catheter under aseptic precautions, the bladder is filled with air by means of an atomizer bulb connected to the catheter. The degree of distention can be measured by percussion of the bladder outline and the patient can always tell when the bladder is filled. Air embolism has never been encountered. In fact in Hamburg, over 300 cases had been subjected to air distention of the renal pelvis without disagreeable after effects.

While no method of radiation has been entirely satisfactory in the treatment of carcinoma of the bladder, from an experience of 25 years Dr. Pfahler believes high voltage rays the best method,—at least 200 KV high infiltration through two mm. of copper giving a greater depth dose effect on malignant tissue without effect on normal tissue. Dr. Pfahler administers such treatment daily over a period of six weeks to keep up a constant effect.

The paper was illustrated by numerous lantern slides showing the results obtained in a large and varied series of cases and was heard with great interest and profit.

Dr. C. H. de Shivers, and Dr. W. C. Westcott discussed the excellent results obtained by Dr. Pfahler.

BERGEN COUNTY

Charles Littwin, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Hackensack Hospital on April 14th.

WOMAN'S AUXILIARY

Mrs. Eleanor Bickner, president of the Women's Auxiliary, announced that plans were complete for the Supper-Dance at the White Beeches Club on May 2nd. She also announced that Dr. Walter Eddy, Professor of Physiological Chemistry at Teacher's College, New York, had been obtained to speak at the Hackensack Women's Club at 3.00

p. m. on May 11 on "Dietary Fads and Correct Nutrition. The meeting would be opened to the public.

NEW MEMBERS

The following applications for regular membership were read:—

Dr. H. B. Fermaglich, Teaneck.

Dr. Frederick R. Kanning, Allendale.

COMMUNICATIONS

The following communications were mentioned:—

1. The Public Health Hour drive in April, May, and June.

2. A suggestion that the Public Health Committee enlist the active support of lay organizations.

3. The qualifications of physicians for Baby-Keep-Well Stations and the possibility of paying for the physicians' time.

4. A letter from Dr. LeRoy A. Wilkes in regard to a list of Bergen County physicians especially interested in Pediatrics.

NOMINATIONS FOR OFFICERS

Dr. David Corn presented the report of the Nominating Committee as follows:

Officers

President, John H. Irwin
Vice-President, Charles Littwin
Treasurer, L. A. Markley
Secretary, G. M. Knowles
Reporter, LeRoy Black

Delegates for 1934, '35 and '36 (elected in 1934)—

Joseph Payne S. Alexander
Herman Trossbach LeRoy Black (1 year)

Alternates—

C. deS. Pallen Joseph Van Dyke
J. Toal Walter Farr*

*(1 year). elected in 1936.

Delegates for 1935, '36 and '37 (elected in 1935)—

H. B. Wilson David Corn
F. S. Hallett C. A. King
G. W. Finke C. N. Dezer
G. M. Levitas E. P. Essertier
Charles Littwin

Alternates—

Vincent Farmer E. H. Duisberg
H. H. Vandersluis D. B. Hull
J. B. Edwards L. A. Markley
J. H. Irwin F. G. Dilger
R. K. Tether

Delegates for 1936, '37 and '38—

J. R. Morrow W. Vroom
A. Liva G. M. Knowles
E. N. Huff

Alternates—

M. Sarla V. A. Blenkle
E. T. Seymour L. Burnham
L. A. Hitzemann

Nominating Committee Representative—

A. Liva S. Alexander

SCIENTIFIC

The speaker of the evening, Benjamin Werne, S.I.B., was unable to be present due to illness, and the evening was devoted to a discussion of the Washington Plan.

Dr. David Corn gave a full report of the Washington Plan as in operation in Essex County.

Dr. S. T. Snedecor explained what The Medical Society of New Jersey was attempting in taking care of not only the low-income group but the indigent. He submitted an amendment to Senate Bill No. 254 to provide medical care to the indigent, as prepared by The Medical Society of New Jersey.

It was regularly moved and passed that the Bergen County Medical Society fully approves of the above amendment, and that the Secretary be instructed to send a copy of the proposed amendment to our Senator and Assemblymen asking for their favorable action.

Dr. S. Alexander stated that in his opinion the unemployables, comprising 30-45 per cent of our population, should be taken over by the government; that the doctors should be paid for this work by the government; and that there should be free choice of physicians in every case except in institutions.

Drs. F. I. Nichols, G. Finke, William J. Greenfield, and A. Bernardini discussed the plan.

BURLINGTON COUNTY

Parry M. Scott, M.D., Reporter

The regular monthly meeting of the *Burlington County Medical Society* was held Thursday, April 9, 1936, at the Moorestown Field Club, with the President, Dr. J. Hornberger, in the chair.

Dr. S. E. Stokes gave the latest developments on the State Welfare Committee and explained the reason for the committee not backing the recent sterilization act.

SCIENTIFIC

Dr. Fahrenbruch presented Dr. Norris W. Vaux, of the Lying-In Hospital, Philadelphia, who spoke on the subject "Recent Changes in Obstetric Practice." He spoke particularly on the following points:

1. *Biological Test in Pregnancy*: This test has become well established in the Lying-In Hospital and has been used for the last five years. There have not been any false positive tests by Friedman Lapin Test. The test can be depended on and it has become invaluable in the diagnosis of chorioepithelioma and ectopic pregnancy.

2. *Analgesia in Labor*: We consider nembutal the safest and most effective analgesic. Eighty-five per cent get a good analgesia in labor and only five per cent exhibit undue excitement. We put all nembutal cases in a bed made like a crib, darken the room, and have as little noise as possible. Restraint is never used. The patient is given 7½ grain of nembutal followed in 20 minutes by 1/150 grains of scopolamine.

This method can be used at home,—in which case if the cervix is one finger dilated give one capsule, 1½ grs.; if two fingers dilated give two capsules;

if three fingers give three capsules; and after two doses give 1/150 grs. of scopolamine.

3. *Resuscitation of Newborn*: We have found the E-J respirator to be the most satisfactory. It has an automatic device which, when the child starts to breathe voluntarily, throws the machine off, thus allowing the child to resume breathing without interference.

4. *Toxemia*: The method of treatment does not vary from previous methods. In the Lying-In Hospital we have not had any deaths from toxemia patients who have received prenatal care. The six deaths that occurred in toxemia cases were in patients who were brought to the hospital unconscious. We used elimination, glucose (intravenous), magnesium sulphate, morphine, and spinal puncture. We do not hesitate to do a cesarean section with local anaesthesia when these methods fail to control toxemia.

5. *Management of Occiput-Posterior*: We watch these cases closely, and there is always on 24-hour call a chief who stays in the hospital. Sometimes with sedation the foetus head may turn. All manual rotation is stopped. When the cervix is fully dilated, apply forceps and flex the head in order to complete a normal mechanism.

6. *Radiographic Technic*: The most striking advance lately has been in the technic of measurement of the foetus and the mother's pelvis by use of stereoscopic and flat films. Fifty patients were tested, and in forty-seven the x-ray report was within five ounces of the child's birth weight, and the measurements of the child's head were only one-half to one centimeter off.

CAMDEN COUNTY

William T. Read, Jr., M.D., Reporter

The regular meeting of the *Camden County Medical Society* was held in the Camden City Dispensary Building March 3, 1936, at 9 p. m., with Dr. T. K. Lewis, President, presiding, and sixty-eight members present.

MEMBERSHIP

The application of Dr. B. S. Baker, practicing at 601 Walnut Street, Camden, was accepted as a transfer from Somerset County Medical Society to this County Medical Society.

Dr. B. F. Buzby presented a written application of transfer of Dr. Lettie Ward from active to honorary membership. This application was read by the Secretary.

Reports were submitted by: Dr. E. G. Hummel, Chairman of the Public Health Committee, and Dr. D. F. Bentley, Jr., Chairman of the Post-Graduate Education Committee.

SCIENTIFIC

The scientific portion of the program of the evening was devoted to case reports by members of the Society.

Case 1. Closure of the Pulmonary Cavity by Intrapleural Pneumolysis. This was presented by Dr. Thomas McGlade for himself and Dr. Martin H. Collier. The paper was illustrated by x-ray plates

of cases before and after the procedure was performed.

Case 2. Hereditary Hemorrhage, Dysplasia with a family tree of eighteen affected individuals, presented by Dr. H. I. Goldstein with slide demonstration.

Case 3. The presentation of a case in which lumbar ganglionectomy has been performed, by Dr. I. E. Deibert, with colored photographic demonstration.

Case 4. Klippel-Feil Syndrome, presented by Dr. E. N. Murray for himself and Dr. B. F. Buzby. The patient was present, and x-ray plates were shown. In the discussion of this case, Dr. Cunningham presented x-ray plates of a similar case.

Case 5. Sarcoma of the choroid, presented by Dr. A. M. K. Maldeis; slide demonstration was given.

Case 6. Polio-encephalitis with recovery, presented by Dr. E. H. Hemphill. The patient was present.

Case 7. Essential Hematuria, presented by Drs. R. R. Betancourt and Dr. W. T. Read, Jr. Slide demonstration was presented.

MASS TESTING FOR TUBERCULOSIS

Dr. T. McGlade moved that the Camden County Medical Society support the plan for mass testing for tuberculosis in high school children. This motion was seconded by Dr. Stone. Lengthy discussion opened by Dr. Goldstein and participated in by Drs. Hummel, Myers, Deibert, Ward, and Ciliberti. At the conclusion of the discussion, Dr. McGlade withdrew his motion.

Dr. Meyers then moved that this Society endorse the proceeding but investigate further into the methods of conducting this test. Motion seconded and passed.

Dr. I. E. Deibert was granted the floor and suggested that a special meeting of the Society be held at which time ample opportunity would be given to hear both sides of this problem. The Chair appointed a committee consisting of Drs. Hummel, Stone, and Decker to investigate the mass tuberculin testing of children of teen ages, this committee to report at the next meeting of the Society.

The President of the Society instructed the Chairman of the Scientific Committee to arrange a special program for the next meeting which would present this special subject to the membership.

The regular meeting of the *Camden County Medical Society* was held April 7, 1936, at 9 p.m. in the Camden City Dispensary Building, Dr. T. K. Lewis presiding as President, with seventy-eight physicians and two guests present.

The Secretary read a suggestion by the Business Committee that the physicians in this county use the title M.D. following their names, rather than the prefix "Dr."

Dr. W. Kempton Browning, Secretary and Treasurer of the Physicians' Motor Club, announced the coming meeting of this organization.

MEMBERSHIP

Dr. John Fessman, Runnemede, N. J., was elected to active membership in the Society.

The application for membership of Dr. George R. Watkins, Magnolia, N. J., was read.

Dr. Lettie Ward was transferred from active to honorary membership.

SCIENTIFIC

Dr. Burgess L. Gordon, Associate Professor of Medicine, Jefferson Medical College, was introduced as the guest speaker of the evening. His essay was entitled "Tuberculosis in Childhood and the Teen-Age". He described first the differences between the symptoms and pathology of the *primary* infection and the secondary or so-called *adult* type of tuberculosis and explained the significance and importance of the tuberculin test. The discussion was opened by Dr. Thomas McGlade.

Dr. Joseph E. Roberts discussed the x-ray diagnosis of childhood tuberculosis; and also the value of paper films. He considered them quite inadequate, and recommended that they should not be used.

Discussion of the subject was carried on by Drs. Meyers, Hutcheson, McAllister, and Casselman.

MASS EXAMINATIONS FOR TUBERCULOSIS

Dr. E. G. Hummel read the formal report of the Public Health Committee, and the report of the special committee, Dr. A. L. Stone, Chairman, which was appointed by the President at the February meeting to recommend action on the mass testing of tuberculosis in children of the teen age. This report was as follows:

Whereas, pulmonary tuberculosis is a preventable disease in which the mortality has already been reduced from 182 per 100,000 in 1900, to 54 in 1933, and

In spite of our present improved methods of diagnosis, increased number of sanatorium beds, clinics, and other efforts, the decrease in the death rate since 1926 was from 76 to 54 per 100,000, and not as great as that of the preceding ten years, from 1916 to 1926, when it dropped from 124 to 76, and

It is very doubtful whether our present highly developed methods will produce any further striking decrease, and

Prevention at the source is the most effective method, and

The greatest danger is in the teen age and early adult life, and

Mass tuberculin testing and the x-ray filming of high school students has proven to be the most effective means of attaining the above objective, and

At a recent meeting of the State Medical Society, and the New Jersey Tuberculosis Leagues, it was recommended that each County Society approve this plan, believing that in doing so, it would tend to increase the leadership of the medical profession in all health matters to the mutual advantage of the public and profession, be it therefore

Resolved, that the Camden County Medical Society goes on record here and now as adopting in principle these recommendations of the above-mentioned bodies.

This report was adopted.

MATERNAL WELFARE

Dr. A. B. Davis was granted the floor and reported that the Maternal Welfare Committee would shortly have funds available, under the Social Security Act, for the use of this committee. The committee proposes to use part of these funds in giving post-graduate lectures on obstetrical problems to all physicians in the county.

CAPE MAY COUNTY

Warren D. Robbins, M.D., Reporter

The semi-annual meeting of the *Cape May County Medical Society* was held April 14, 1936, at 1 p.m. at the Hotel Douglass, Wildwood, N. J. Following the dinner, the meeting was called to order by the President, Dr. John B. Townsend.

The following members were present: Drs. Townsend, Dandois, Hornstine, Mace, Corson, Pettit, Tomlin, Ziegler, Hallinger, C. Way, Pressman, E. Way, Haines, Robbins. Guests included Dr. LeRoy A. Wilkes and Dr. John Friel.

It was decided to combine the special meetings of the Society with the monthly staff meetings of the Somers Point Hospital.

Much favorable comment was offered on the report of Dr. Lewis on medical practice (p. 308).

There was a short discussion of the so-called "Washington Plan" and the various bills before the Legislature which have a bearing on the practice of medicine.

ACTIVITIES OF STATE SOCIETY

The remainder of the program consisted of a talk by Dr. Wilkes on the Activities of the State Society, with a discussion of the present-day problems of the practice of medicine. The various controlled systems of practicing medicine was a topic of great interest, and it was pointed out that any such system must be adapted to fit the conditions of the physicians and not require the physicians to fit into some system as the various European countries have. The physicians were urged to keep abreast of the changing conditions, and maintain a high quality of medical service.

CUMBERLAND COUNTY

E. S. Corson, M.D., Reporter

The regular bi-monthly meeting of the *Cumberland County Medical Society* was held on April 14, in Ivy Manor, with Dr. Reba Lloyd as hostess. The President, Dr. H. B. Walker, of Vineland, presided. There was no scientific session, but the entire time of the meeting was devoted to discussions of economic and welfare subjects.

MOSQUITO CONTROL

A communication was received from the Atlantic County Medical Society for support in its promotion of mosquito control, and a reply was authorized that a letter of approval would be addressed to the designated authority.

MATERNAL WELFARE

Announcement was made of the course of lectures on Maternal Welfare to be given for the benefit of physicians in Cumberland and Cape May Counties. (See program in *The Journal*, April, p. 227.)

PUBLIC HEALTH HOUR

It was voted that the diphtheria immunization plan be continued and that the observance of the Public Health Hour be promoted.

BRIDGETON'S 250TH ANNIVERSARY

It was voted that the Society cooperate in the celebration of the 250th anniversary of the founding of the city, to be held May 17-23. A committee composed of Drs. E. S. Corson, H. H. Wilson, M. F. Sewall, and E. C. Lyon was appointed to plan the details of the cooperation of the Medical Society in making an exhibit.

SPECIAL MEETINGS

At the regular meeting of the Society on October 8, a series of special bi-monthly meetings was sponsored by the Society at which well-informed persons would discuss health topics of interest to the public.

The first special meeting was held in the Vineland High School on January 15, when State Senator Linwood Erickson and Assemblyman George Stanger spoke on health as an economic asset, and discussed the subject from a personal as well as a public standpoint.

The special meeting on March 19 was held in the First Baptist Church in Bridgeton, when Dr. Marcus W. Newcomb, President of The Medical Society of New Jersey, discussed the subject "Tuberculosis in School Children, Teachers and Employees of School Buildings". He emphasized the need of education in support of the bill pending in the Legislature making examinations and treatment compulsory.

The next special meeting will be held in Millville in May. After it, the benefit and interest shown by the public will be evaluated and the further continuance of the meetings will be decided.

ESSEX COUNTY

E. LeRoy Wood, M.D., Reporter

The *Essex County Medical Society* held a business session on the evening of April 9, 1936. It was announced that the Woman's Auxiliary had very generously donated \$500.00 to the permanent relief fund of the Essex County Medical Society. The Auxiliary has made an annual donation of the same amount for several years past. The Society unanimously voted that an expression of thanks and appreciation be sent to the Woman's Auxiliary for this most generous and gracious act.

The following new members were elected:

Regular

Nicholas F. Atria, 298 Main Street, West Orange
Maurice L. Blaustein, 37 Hillside Avenue, Newark
Harold Blauvelt, 46 Parker Avenue, Maplewood

E. C. Bugbee, 132 Sunset Avenue, Verona
Zelda I. Marks, 95 Wilson Avenue, Newark
Rocco S. Marra, 221 Park Avenue, Orange
Charles W. Price, Essex Co. Hospital, Cedar Grove
Sydney Rosenthal, 95 Wilson Avenue, Newark

Associate

Frank George Barnard, 22 Plymouth Street, Montclair
Frank M. Galioto, 305 Ampere Parkway, Bloomfield
Edward G. Gullord, 205 Alexander Avenue, Upper Montclair
Lawrence E. Ulvestad, 147 Halsted Street, E. Orange

FIRST AND SECOND JUDICIAL DISTRICTS

Reported by E. LeRoy Wood, M.D., Newark

The County Medical Societies comprising the First and Second Judicial Districts of The Medical Society of New Jersey,—the Counties of Essex, Morris, Warren, Union, Sussex, Bergen, Hudson, and Passaic,—met jointly at the Academy of Medicine, Newark, Thursday evening, April 9, 1936. Dr. A. Charles Zehnder, President of the Essex County Society, after opening the meeting, asked First District Councilor Christopher C. Beling, to preside.

The evening was devoted to consideration of Medical Economic Security. Dr. H. H. Satchwell, Secretary of the Essex Medical-Dental Service Bureau, gave an affirmative answer to the question "Is the Washington Plan an adequate remedy?" He explained the problems involved, and their solution by the plan.

In the discussion that followed Drs. Spencer T. Snedecor, Wright MacMillan and Saul M. Rubinow commented.

THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

Twenty-fifth Anniversary Meeting

Reported by Franklin J. Tobey, M.D., Secretary

A stated meeting of the *Academy of Medicine of Northern New Jersey* was held on Thursday, March 19th, 1936. President Danzis called the meeting to order at 9 p.m.

The Nominating Committee, A. Charles Zehnder, M.D., Chairman; H. J. F. Wallhauser, M.D., and J. Gerendasy, M.D., was called upon to report.

Dr. Zehnder reported that the committee had made the following nominations for officers, to be presented for election at the April meeting:

Vice-President (2 years), Elmer P. Weigel, M.D., Plainfield.
Trustees (5 years), John F. Hagerty, M.D.; Erwin Reissman, M.D.
Committee on Admission (1 year), Charles Robbins, M.D.
Committee on Library (1 year), A. C. Bush, M.D., Montclair.

President Danzis announced that the Academy wished to thank the members of the Board of Trustees of the Essex County Pathological Society for their kind wishes, and the donation of the sum of

\$350 to the Library Fund; and to the Woman's Auxiliary of the Essex County Medical Society for their hospitality in serving the collation following the meeting.

The President made a brief speech stating that this meeting celebrated the twenty-fifth anniversary of the Academy, and that the purpose of the Academy was the education of the general practitioner. He then introduced Dr. Edward J. Ill, first President of the Academy, as a great benefactor to the community and to the Academy.

Dr. Ill spoke of the early years of the Academy, how its members met for mutual education, for improving and promoting the welfare of the profession, and for educating the public in the prevention of disease and the preservation of health. He extended a welcome to all, and thanked the audience for their attendance. President Danzis thanked Dr. Ill, and introduced Dr. Frank Kingdon, President of the University of Newark. Dr. Kingdon's paper, "The Academy of Medicine as an Educational Force in the Community", was of great interest to all those attending and was delivered with the usual forceful style of the speaker.

Dr. Danzis thanked Dr. Kingdon for the Academy.

The addresses of Drs. Ill, Danzis, and Kingdon will be printed in an early issue of this Journal.

April 16th Meeting

The stated meeting of *The Academy of Medicine of Northern New Jersey*, under the auspices of the Section on Surgery, was held Thursday, April 16th, 1936.

The meeting was called to order by President Danzis at 9 p.m.

The minutes of the March meeting were read and approved.

President Danzis announced that due to the death of Dr. Harlow Brooks, who was to lecture at the Academy on April 30th, the program would be changed. Dr. Benjamin P. Watson, Professor of Obstetrics and Gynecology, Columbia University, would present a paper, "How We Learned About the Human Body", on that date.

Dr. Barkhorn made a motion "that the Secretary be instructed to send a letter of sympathy to the family of Dr. Brooks". The motion was seconded and passed.

The election tellers (Drs. M. H. Greifinger and E. V. Parsonnet) reported that all the officers on the ballot had been elected.

Elmer Weigel, M.D. (Plainfield), Vice-President for two years.

John F. Hagerty, M.D.; Erwin Reissman, M.D., Trustees for five years.

A. C. Bush, M.D. (Montclair), Library Committee, one year.

Charles Robbins, M.D., Committee on Admission, one year.

The following were elected to Fellowship: Harold H. Goldberg, M.D.; A. S. Finkelstein, M.D.; Jacob Livingston, M.D., Newark; Edward G. Waters, M.D., Jersey City.

Junior Fellowship: Louis J. Cheskin, M.D.; Melvin M. Halpern, M.D.; Benjamin Hymowitz, M.D., David B. Meisel, M.D., Newark. Ralph I. Alford, M.D., Montclair; Max Rosenberg, M.D., Hillside; Charles R. Walsh, M.D., Livingston.

President Danzis introduced Dr. Lawrence G. Beisler, Chairman of the Section on Surgery.

Dr. Beisler asked for the report of the Section Nominating Committee (Drs. H. R. Van Ness, Chairman; M. H. Greifinger and W. D. Crecca).

Dr. Greifinger read the following nominations for the Section: Otto G. Matheke, M.D., Chairman; John T. English, M.D., Secretary.

Dr. Beisler introduced Dr. I. S. Ravdin, Professor of Surgical Research, University of Pennsylvania, whose paper, "Factors Involving Pre- and Post-Operative Treatment", was instructive and very interesting to the audience. The paper was discussed by Drs. Danzis and Hagerty.

There being no further business, the meeting adjourned with a rising vote of thanks to our guest.

GLOUCESTER COUNTY

Henry V. Diverty, M.D., Reporter

Dr. Edward Rose, Assistant Professor of Clinical Medicine at the University of Pennsylvania, was the speaker last night at the regular monthly meeting of the *Gloucester County Medical Society* held on April 16 in the Woodbury Country Club.

He spoke on "Basal Metabolism and Its Relation to Disease". Dr. M. F. Lummis, President of the Society, presided at the meeting.

The annual election of officers will be held at the meeting of the Society on May 21.

Following the meeting a buffet supper was served, at which the members of the Auxiliary were guests.

Members present were: Drs. M. F. Lummis, I. W. Knight and W. J. Burkett, Pitman; R. K. Holinshed, Westville; Fuller G. Sherman, C. A. Bowersox, Duncan Campbell, H. B. Diverty, Paul M. Pegau, J. Harris Underwood, E. E. Downs, Dorothy Rogers, William Brewer and Ralph Moore, Woodbury; C. I. Ulmer, Gibbstown; W. W. Pedrick, Glassboro; Oran A. Wood and H. L. Sinexon, Paulsboro; Don Weems, Wenonah; B. A. Liven-good, Swedesboro; William G. Harris, Mullica Hill, and Alfred G. Gillis, Glassboro.

HUDSON COUNTY

John N. Connell, M.D., Reporter

The regular monthly meeting of the *Hudson County Medical Society* was held on Tuesday, April 7, 1936, at the Carteret Club, Jersey City, and was called to order by the President, Dr. T. J. Schuck, at 9:30 p.m.

MEMORIAL OF DR. E. T. STEADMAN

Dr. T. J. Schuck called the attention of the members to the death of Dr. E. T. Steadman, President of the Hudson County Medical Society in 1913. Dr. Steadman was known as a general practitioner of the old school, yet, in his later years he won rec-

ognition in his chosen field of obstetrics. He will be remembered as a man of utmost honesty, and rare skill. The members honored his memory by standing for a few minutes in silence (p. 314).

APPEAL TO THE JUDICIAL COUNCIL

Regarding the hearing before the Judicial Council of The Medical Society of New Jersey on the subject of the legality of the last annual election in the Hudson County Medical Society, Secretary Brennock reported on the decision of the Judicial Council regarding the election. This decision was not received with satisfaction by many members, and was therefore discussed at considerable length, and the following resolution was adopted:

Whereas, the method of appeal from decisions of the Judicial Council is prescribed in Chapter 7, Section 5, of the By-Laws of The Medical Society of New Jersey.

Be it resolved, that the Secretary of the Hudson County Medical Society be and is hereby instructed to appeal this decision in the name of this Society.

The appeal will therefore come before the House of Delegates at its next Annual Meeting.

MATERNAL WELFARE

There was considerable discussion regarding the preparations for the lectures to be given in Hudson County under the auspices of the State Committee on Maternal Welfare. The final decision was the development and adoption of the program which is printed on page 226 of the April Journal.

POST-GRADUATE COMMITTEE

Dr. L. C. Lange announced that the Post-Graduate Committee selected *syphilis* as the topic for a post-graduate study; and under that heading he expected to have clinical cases presented and to call on volunteers from the Society to present cases and also to talk on them. The clinics are planned to run during the second or third week of May, and under the circumstances there will be no charges for attending them. The members of the committee are: Drs. W. W. Brooks, Earl Haligan, Thomas White, Arthur Justin, E. M. Kiely, H. H. Tidwell, Harold Benjamin, J. L. Cobham, J. B. Faison, H. R. Furlonge, E. G. Waters, N. B. Alter, N. E. Jaffin, G. Ginsburg, and L. C. Lange, Chairman.

MERCER COUNTY

A. Bunbar Hutchinson, M.D., Reporter

The *Mercer County Medical Society* met in the Trenton Country Club on April 8th, 1936, President Stone presiding.

SCIENTIFIC

Dr. Bernard D. Judovich of the Post-Graduate School of Medicine, Philadelphia, delivered a very interesting address on the subject "First Lumbar Neuralgia", illustrated with moving pictures. Dr. Judovich confined his remarks to the several conditions arising as a result of some disorder of the posterior branch of the first lumbar trunk, very graphically describing the degree of pain, locality

and resulting change in posture and gait. The demonstration by moving pictures showing the method of injection, with results, was extremely enlightening and a revelation.

EXECUTIVE COMMITTEE REPORT

The report of the recently elected Executive Committee was read, and with one exception, the recommendations adopted.

The Committee approved the continuation of the Post-Graduate Lectures, and so recommended; but owing to the late date upon which final arrangements may be made, and the first lecture scheduled, the motion prevailed that, for the present year the lectures be dispensed with.

Communications relative to the Art and Hobby Exhibit, U. S. Public Health Survey, Nursing Orders, State Maternal Welfare, invitations to hear addresses on the "Washington Plan", and Social Hygiene, having been considered by the Executive Committee and recommendations submitted, were moved approved.

The Program Committee was authorized to procure a speaker to address the Society on subjects allied with Medical Service Compensation.

MEMBERSHIP

The application of Louis P. Lapin, M.D., was read and referred to the Membership Committee.

The President appointed resolutions committees to draw up memorials—Drs. Sica, Connelly and C. W. Carroll—on the death of Dr. Charles R. Sista; and Drs. Collins, Corrigan and Sekerak on the death of Dr. C. L. Marotte. (Jcur., Apr., p. 229.)

MIDDLESEX COUNTY

Charles H. Calvin, M.D., Reporter

The regular monthly meeting of the *Middlesex County Medical Society* was held at "The Pines", Metuchen, on March 18th, 1936.

SCIENTIFIC

President Dr. J. J. Mann introduced the principal speaker of the evening, Dr. E. A. Rovenstine, Professor of Anesthesia, New York University Medical College, and Director of Anesthesia of Bellevue Hospital, who spoke on "Newer Anesthetic Agents". (This paper will be published in the Journal.—Editor.)

Following the address a short business meeting was held with reports of various committees.

PAPER X-RAY FILMS

Dr. Avery's Committee has formulated a plan for the study of tuberculosis in school children which he wishes to be tabled and to be used only in the event the Middlesex County Medical Society is forced to give a plan. He moved, and it was seconded by Dr. Haywood, that "The County Medical Society inform all school superintendents in Middlesex County that the Society is opposed to use

of paper films in X-raying school children for tuberculosis."

E. R. A. COMMITTEE

Dr. Fithian reported the attempt by the State E. R. A. to scrap the Middlesex County E. R. A. plan had failed.

PUBLIC RELATIONS COMMITTEE

Dr. Edward Klein stated that if the Society was to keep abreast the various organizations discussing medical problems, it was necessary for some one to give his entire time to the project, and suggested hiring someone specially for this purpose, such as securing names and meeting dates of all societies in the county discussing medical problems. We can then have a doctor present at these meetings to protect our interests. In this way we can help mold public opinion so that it will be favorable to the medical profession. This was discussed by Drs. Mann, Hoffman, Smith and Henry Jr.

Dr. Rowland moved and was seconded that "There be a special assessment on the members of the Middlesex County Medical Society of nine dollars for this year to carry on activities for the welfare of the members of the society." This was voted favorably.

MONMOUTH COUNTY

James P. Pregnall, M.D., Reporter

The one hundred and thirty-first Annual Dinner and Meeting of the *Monmouth County Medical Society* was held at the Elks Home, Freehold, New Jersey, on Wednesday evening, April 22, at 8:30 p.m. There were sixty-two members present, with President W. H. Fairbanks presiding.

Following the dinner all business was dispensed with except the election of new members to the Society and the election of officers for the coming year.

NEW MEMBERS

Four new members were elected to the Society:

Dr. M. A. Hancock, Belmar, N. J.
Dr. A. Downey Osborn, Belmar, N. J.
Dr. Paul K. Bornstein, Belmar, N. J.
Dr. Bernard L. Robbins, Bradley Beach, N. J.

ELECTION OF OFFICERS

The following officers were elected:

President, Dr. Walter A. Rullman, Red Bank, N. J.
Vice-President, Dr. O. K. Parry, Asbury Park, N. J.
Secretary-Treasurer, Dr. Daniel F. Featherston, Asbury Park, N. J.
Reporter, Dr. O. R. Holters, Asbury Park, N. J.
Board of Censors:

Dr. K. G. Brown, Asbury Park, N. J.
Dr. George H. Hunt, Red Bank, N. J.
Dr. F. Bullwinkel, Atlantic Highlands, N. J.
Dr. S. H. Cassidy, Keyport, N. J.
Dr. Joseph G. Villapiano, Asbury Park, N. J.

*Delegates to State
Convention:*

Dr. C. Byron Blaisdell	Dr. J. Berkeley Gordon
Dr. Frank J. Altschul	Dr. Harold A. Kazmann

Alternates:

Executive Committee:

Dr. W. H. Fairbanks	Dr. Walter W. Gosling
Dr. Walter A. Rullman	Dr. Harold A. Kazmann
Dr. O. K. Parry	Dr. Charles D. Prout
Dr. Dan'l F. Featherston	Dr. James P. Pregnall
Dr. C. Byron Blaisdell	Dr. Louis F. Albright
Dr. Frank J. Altschul	Dr. William Matthews
Dr. O. R. Holters	

Nominating Committee:

Dr. John E. Maher, Chm.	Dr. Stanley Nichols
Dr. Wm. K. Campbell	Dr. W. H. Fairbanks

The following delegates and alternates will continue their unexpired terms:

Delegates

Alternates

Dr. John E. Maher (Nominating delegate)	Dr. John C. Clayton
Dr. D. M. P. Magee	Dr. Samuel Edelson
Dr. Martin A. Quirk	Dr. Jos. G. Villapiano
Dr. James P. Pregnall	Dr. Joseph Wiener
Dr. Walter A. Rullman	Dr. Daniel V. Manahan

Following short addresses by the retiring President and his successor, the meeting was adjourned.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A meeting of the *Morris County Medical Society* was held the evening of April 16, 1936, at the New Jersey State Hospital at Greystone Park. President W. F. Costello, of Dover, presided over an attendance of about 60 members.

Dr. John Thomas Kufila, of Boonton, was elected to membership.

Four amendments to the Constitution and By-Laws were given final reading and unanimously adopted. (See Journal April, page 230.)

President Costello reported upon some particularly important activities of the State Welfare Committee, of which he is a member, explaining the situation brought about by the indicated return to municipalities of relief, and proposed amendment to certain bills for the protection of the medical profession in the treatment of indigents, and outlining how the amendments would work if enacted into law; also referring to the bill for the establishment of a State University and indicating the vicious type of this proposed legislation, including, as it does, even authority to confer degrees in medicine. The committee went on record as opposing the bill.

SCIENTIFIC

The scientific chapter of the meeting was a symposium on "The Treatment of Mental Diseases" by members of the Greystone Park State Hospital medical staff and embraced the following topics:

"Traumatic Brain Diseases" by Dr. Lawrence M. Collins, Senior Resident Physician.

"Spinal Anesthesia" by Dr. Edward Kessler, Resident Physician.

"Treatment of Epidemic Encephalitis" by Dr. Thomas G. Peacock, Senior Resident Physician.

"Incipient Dementia Precox" by Dr. Malcolm C. Taylor, Resident Physician.

Diagnostic summaries were read, treatment outlined, and patients presented to demonstrate the improvements accomplished.

Discussions were entered into by various members and questions asked were answered.

The members expressed their appreciation of the successful efforts of the hospital staff in providing a symposium of exceptional interest which brought to the surface many situations confronted by the general practitioner.

The very interesting meeting was followed by refreshments.

SOMERSET COUNTY

Albert W. Pigott, M.D., Reporter

The first regular meeting of the *Somerset County Medical Society* for the year 1936 was held on Thursday evening, February 13. Members present were Drs. Henry Borow, Brittain, Ely, Field, Hamblin, Hegeman, Knight, Lawton, Meigh, Pogoloff, Renner, Sferra, Smalley, Young and Pigott. President R. F. Hegeman presided and called the meeting to order about 8 p. m.

The Secretary, Dr. A. F. W. Sferra, reported on the activities of the E. R. A. Medical Advisory Committee.

Three new applications for membership were received and referred to the board of censors.

It was brought to the attention of the Society that Dr. A. L. Stillwell, a long time member, was ill in an Orlando, Florida hospital. The Secretary was instructed to send him the Society's greetings and wishes for a speedy recovery.

CARD FILE INDEX OF MEMBERS

Dr. Sferra suggested that the Society establish a card file index on all members, to contain all pertinent information relative to each member, and be a permanent record of the activities and achievements of members. This suggestion was favorably received.

STATE SOCIETY PROBLEMS

Dr. Spencer T. Snedecor of Hackensack, First Vice-President of the State Society, was the speaker of the evening. Dr. Snedecor discussed in an illuminating manner many of the intricate problems facing the medical profession today, including the recently enacted Federal Social Securities Legislation.

UNION COUNTY

Russell A. Shirrefs, M.D., Reporter

In spite of the frigid weather, a largely attended meeting of the Society was held on the evening of February 12th, at the Elizabeth General Hospital.

SCIENTIFIC

The guest speaker was Dr. Lewis Gregory Cole, of New York, whose illustrated lecture, "The Pathological Yardstick", was both interesting and instructive.

NEW MEMBERS

Subsequently, much routine business was transacted, including the election of the following members: Drs. H. L. Glass, Plainfield; S. M. Liana, Linden; Gabriel Llull, Springfield; C. J. Strauss, New Providence; H. E. Jones, Emanuel M. Satulsky, and Bella Singer, Elizabeth.

Dr. Cary W. Eggleston, associate professor of medicine at Cornell University, spoke on "Cardiac Invalids of Middle Age" at a largely attended meeting of the *Union County Medical Society*, held at Muhlenberg Hospital, Plainfield, on the evening of April 8th, at which President F. J. Walsh, of Elizabeth, presided.

Dr. Leroy Wilkes, executive secretary of the State Medical Society, addressed the meeting.

NEW MEMBERS

New members elected were Drs. Saverio C. Franco, Merton L. Griswold, Jr., Plainfield; Samuel L. Spinner, Elizabeth; John A. Quinn, Rahway; and Michael Taranto, Linden.

The following letter has been sent to every member of the Union County Medical Society:

May 1, 1936.

Dear Doctor:

URGENT!

You may or may not be aware of the fact that there is no appropriation for relief in the State of New Jersey at the present time; consequently, there is no money for any form of medical relief. It seems quite definite that relief problems will be turned back to the municipalities.

Now the big problem is, what provisions is to be made for the Doctor? Is the medical profession interested in suggesting a plan similar to the one that the State E. R. A. has operated for the last three years, during which time \$3,000,000.00 has been expended in medical fees? Or, are you as a physician willing to *do nothing*,—to let political interest control relief, and the doctor do the work gratis?

Doctor, I appeal to you personally. It is most important that we physicians get busy at once and take the lead on this question, as several of the municipalities are already considering plans.

There will be a *Special Meeting* of the Union County Medical Society Monday, May 4th, 9 p. m., at the Elizabeth General Hospital.

We have invited the professional guild, the Freeholders, Mayors, Councilmen, and the committeemen of all of Union County to be present at the meeting.

If you are interested in protecting yourself as well as the profession, *attend this meeting*.

Very sincerely yours,

LORRIMER ARMSTRONG, M.D.,
Secretary.

WARREN COUNTY

H. B. Bossard, M.D., Reporter

The *Warren County Medical Society* held its Spring meeting at Mount's Restaurant on Route 24, two miles west of Washington, Tuesday, April 21st, at 11 o'clock, with the President, Dr. William Varney, of Washington, presiding, and eighteen members and two guests present.

MEMBERSHIP

The application for membership of Dr. I. Dresel, of Hackettstown, was received and referred to the censors, action to be taken at the next meeting.

Dr. Bossard reported the death of Dr. William Allen, of Blairstown, which occurred February 7, 1936, from lobar pneumonia. President Varney appointed Dr. LaRiew to draw up resolutions on Dr. Allen's death.

TESTING FOR TUBERCULOSIS

It was moved and seconded that the County Society endorse the mass tuberculin testing of high school students to be done by physicians from Glen Gardner Tuberculosis Sanatorium but that the reading be made in private instead of in mass.

It was the sense of the Society that the taking of x-ray pictures at State institutions for patients not in that hospital or not under treatment by that hospital be condemned, and the President was instructed to speak to the superintendent of such hospital doing x-ray work to ascertain his opinion on the question.

POST-GRADUATE COURSE

President Varney reminded the men of the post-graduate course to be given by the County Society in conjunction with Hunterdon County at Mt. Kipp beginning this Thursday at 8:30 p. m. and continuing for six weeks. He also stated that the payments for the course were slow in coming in and if there was not enough for the course (\$250.00) that one or more lectures might be dropped from the course.

Dr. LeRoy Wilkes, Executive Officer of the State Society, spoke at some length on the Washington Plan in the care of indigents.

Dr. J. H. William Wood, President of the Lehigh Valley Medical Association, invited the physicians to join the association and attend the annual meeting to be held in July at Sky Top, Pa.

Following the meeting, the men were joined by the women of the Woman's Auxiliary who had been meeting at the home of Mrs. Varney, and all enjoyed a delicious shad dinner. There were nine women present.

THE WOMAN'S AUXILIARY

A LETTER FROM THE CHAIRMAN OF ORGANIZATION

Dear Members of the New Jersey Auxiliary:

As the year draws to a close and our Annual Meeting approaches, we will survey the reasons and purposes of membership in a Medical Auxiliary, hoping to stimulate an increase in the membership and in the number of Auxiliaries organized in our State.

We will quote some of the reasons given by Mrs. J. Bonar White, Chairman of Organization for the Auxiliary to the American Medical Association, which were published in that organization's Bulletin of February, 1936, page 50:

Membership in an Auxiliary to a Medical Association is unique and offers neither personal or social aggrandizement, but the unselfish satisfaction of serving a profession which has always defended human life, without blaring its sacrifices, or evading any responsibilities.

A staunch and harmonious membership is security for fulfilling the objectives of any organization; it is obtained by eligible people entering willingly, knowing why they do so, and by remaining to give their support.

Each member is therefore responsible for the growth and progress of the Auxiliary. With the officers and chairmen she decides whether her Auxiliary *grows* or just grows older. Members should assist the President and Chairman of the Organization Committee by knowing the answers to the following questions:

1. Why am I invited to be a member of the Auxiliary to my county?

2. Why is there such an organization?

3. What will my duties and obligations be?

4. What will it mean to the Auxiliary and to me, if I become a member?

Briefly the answers are:

1. You are invited because you are eligible through your husband's or another's (father or brother) affiliation with his local Medical Society, and in accordance with the Constitution and By-Laws of your County, State, and National Auxiliaries.

2. There is a National Auxiliary because the House of Delegates of the American Medical Association approved such an organization in 1922; State and County Auxiliaries exist because of the consent of their Medical Societies.

These Auxiliaries have been organized to serve; that is, to be an aid or Auxiliary to their medical units by:

a. Working under the leadership and direction of their Advisory Committee.

b. Extending the aims of the medical profession to other organizations through work on health edu-

cation, public relations, Hygeia, and legislative information as outlined for the Auxiliary.

c. Assisting in entertainments and conventions of their Societies.

d. Promoting acquaintance among doctors' families, so fellowship may increase.

e. Doing such work as may be approved or requested by their Medical Societies.

3. The duties and obligations are: To pay dues; to attend meetings so as to become informed about Auxiliary objectives and projects and how to fulfil them; and to be active with those committees which serve the medical profession and the public.

4. It will mean that health leadership is kept where it belongs, with the medical profession; that legislative enactments in health are controlled by the medical profession and not by the laity.

Each County President, at her first meeting, should review these questions and be sure her organization understands and can explain them. Recommendations from her State and National Auxiliaries should be discussed and the members instructed how to undertake them.

The best approach to increasing local membership is to visit a prospective member and extend a personal invitation. There are three reactions one will receive: The recipient will be responsive, or not interested, or too busy. Explain to the first type of person and ask permission to explain to the others. Often misinformation is the source of their attitudes. The name defines itself,—Auxiliary to the Medical Society. Members are neither meddlers in practice, nor practitioners of the medical arts; they are lay people—members of that public which is often branded with gullibility and is open to audacious and insidious attacks of cultists and exploiters, who deride the physician, steal his legitimate business, evade payments for services, and broadcast over the air and in the press. Mingling with them, Auxiliary members, instructed and advised by their advisory committees, can challenge unwise and unjust programs and activities in clubs, parent-teacher associations, etc., to which they belong, so that organized medicine, and not organized lay opinions, speak for the medical arts.

Success is measured not only in numbers, but also in leadership; enthusiasm should be banked until every angle of duty is understood, all recommendations are at hand, and all plans prepared.

Two factors give strength to a new Auxiliary, and both are essential: the approval of the Medical Society, and the consent of eligible women. It is useless to expect a working organization unless both understand, and one wants service and the other wants to give it. We should go slowly and look to the advisers for direction.

County Presidents who have not received copies of "What an Auxiliary Member Should Know",

"How a Member Supports Her Auxiliary" and "Suggestions for Increasing Membership Attendance", which are sent to the States, may inquire of their State President or of the Chairman of their Organization Committee for them.

Each member should know why and how organization work is done.

About 20 per cent of the eligible women in New Jersey belong to the Auxiliary. Won't you help raise that percentage in the coming year? Join your County Auxiliary immediately; or if there is none in your county, gather a group of eligible women together and organize as soon as the Medical Society approves and asks for an Auxiliary.

MRS. HARRY V. HUBBARD, *Chairman*,
Committee on Organization and Membership.

Atlantic County

Reported by Mrs. Samuel L. Winn, Chairman,
Committee on Publicity

The monthly meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* took place at the Ambassador Hotel Friday evening, April 10th, at 8:15 p.m. Mrs. Carl Surran, the President, presided at the meeting.

During the meeting the Constitution and revised edition were read. Delegates were named for the Convention on June 4th, 5th and 6th.

It was announced there will be a Spring luncheon and bridge at the Ambassador Hotel on April 29th. Arrangements were also made for a garden party to be held the last week in May, when the members will be the guests of Mrs. C. Coulter Charlton at her home in Absecon.

Another event will take place on Wednesday, June 24th, at "Doxfolly", at the respective homes of Mrs. James H. Mason, 3rd, and Mrs. Edward Uzzell.

Attending the meeting were: Mrs. Manuel Mally, Mrs. Gladys Joy, Mrs. Carl Surran, Mrs. Samuel Salasin, Mrs. Eugene Dalton, Mrs. Samuel Stalberg, Mrs. Ruffin Stamps, Mrs. Lawrence Wilson, Mrs. Robert Bradley, Mrs. Harry Subin, Mrs. Carlisle Brown, Mrs. David B. Allman.

Arrangements for these events were made by the Executive Board, which met in the home of Mrs. Samuel L. Winn, Margate, N. J.

Hudson County

Reported by Mrs. J. A. Murray

The *Auxiliary to the Hudson County Medical Society* held its annual reciprocity meeting in the large auditorium of the Y. W. C. A. in Jersey City on Monday, April 6th, at 2 p.m., Mrs. A. E. Jaffin presiding.

Mrs. Jaffin welcomed the large gathering, which numbered 325, and explained to them the work the Auxiliary is planning to do in conjunction with the Medical Society in spreading the doctrine of preventive medicine.

She then presented Madame Phyllis De Rosa, an operatic soprano, who sang several selections. Miss Doree Menz accompanied her.

Mrs. Jaffin next presented Dr. T. J. Schuck, President of the Hudson County Medical Society. Dr. Schuck, after expressing the desire that there be closer coöperation between the Medical Society and its Auxiliary, introduced the guest speaker, Dr. Martin E. Rehfuß, of Philadelphia, who addressed the gathering on "Fads in Diet".

"The digestive organs are the only ones over which we have control", said Dr. Rehfuß. "We can't get new ones, and so we should take care of those which we have. The modern physician is equipped to find out what is wrong with you. If you are underweight, or overweight, find out why. Then diet, but only after careful study by a physician and on his advice."

Mrs. Jaffin next introduced Mrs. Frederick Kinch, of Westfield, N. J., our State President, who spoke a few words of greeting, and urged the members to attend the National Convention in Kansas City, and more particularly, our own State Convention in Atlantic City. Other guests of honor were Mrs. H. Roy Van Ness, a Past State President; Mrs. H. V. Hubbard, a State officer; Mrs. Don Epler, State Chairman of Public Health; and Mrs. Teimer, State Chairman of the Widows' and Orphans' Fund. Other guests included Presidents and representatives of many women's organizations in Hudson County, and also many medical men.

Somerset County

Mrs. C. F. Halsted, Reporter

The Annual Meeting of the *Woman's Auxiliary to the Somerset County Medical Society* was held Thursday, April 9, 1936, at the Nurses' Home, Somerset Hospital, at 8:30 p.m. Six members were present: Mesdames Stillwell, Adams, Renner, Ely, Brittain and Halsted.

A motion was passed to donate \$5.00 to the Entertainment Committee of the State Convention. It was also moved and seconded that five cents per capita be sent to the Training School at Vineland, N. J.

Mrs. Lancelot Ely was appointed Chairman to look after "Arts and Hobbies" for the State Convention.

The following officers were elected:

President, Mrs. William Gray.

President-Elect, Mrs. D. S. Renner.

Vice-President, Mrs. R. K. Adams.

Recording Secretary, Mrs. C. F. Halsted.

Treasurer, Mrs. Benj. Borow.

The Secretary was ordered to cast the ballot. Mrs. E. G. Brittain was appointed a Director for three years.

The meeting adjourned and we were invited by the Medical Society to hear a debate on State Medicine by the Bound Brook High School Debating Team, the subject being, "Resolved: That the several States should adopt legislation providing for a complete system of Socialized Medicine for all citizens".

Where only the **BEST** is good enough

The bridge engineer and the therapist have this in common: in the selection of materials there can be no compromise with quality.

In the treatment of heart cases when a digitalis preparation is indicated, Roche invites your earnest consideration of

DIGALEN ORAL TABLETS

in the sincere belief that they merit your preference. If you specify Digalen Oral Tablets you secure for your patients certain important properties:

- *Stability • Active Principles*
- *Rigid Standards of Potency*
- *No Digitalis Taste or Odor*

HOFFMANN-LA ROCHE, Inc.

Roche Park • Nutley • New Jersey

*The George Washington Bridge
over the Hudson River.*

PACKAGES

Digalen Oral Tablets (two strengths)

- $\frac{1}{2}$ cat unit tablets (green)
- 1 cat unit tablets (pink)

Boxes of 100 s. c. tablets, 4 vials of 25 tablets to a box. Special lots of 1000 for hospitals.

Digalen Oral Liquid (for oral administration only)

1 cc. (16 minims) liquid—1 cat unit.
New double-size vial, 1 oz. (approx. 30 cc.) A graduated pipette for the patient's use is enclosed to assure accurate dosage in minims.

Digalen Injectable Ampuls (for intramuscular or intravenous injection)

1 ampul (2 cc.) (32 minims)—1 cat unit.
Cartons of 6 and 12; of 100 for hospitals.

HOFFMANN-LA ROCHE • INC • ROCHE PARK • NUTLEY • NEW JERSEY

precise ACCURACY
with Portability
and these exclusive features:

- Calibration 260 or 300 mm.
- Size 1½" x 3¾" x 11½".
- Weight 30 ounces.
- Inflation system self-contained.
- Cast Duralumin Case.
- Manometer encased in metal.
- Nameplate cast in cover.
- Air-Flo Control.
- Individually calibrated Pyrex glass tube.
- Steel reservoir.
- Unobstructed legible scale.
- Lifetime guarantee against glass breakage.
- Perpetual guarantee for accuracy.
- Price \$29.50.

KOMPAK MODEL
SMALLEST
LIGHTEST
HANDIEST

Lifetime
Baumanometer
STANDARD FOR BLOODPRESSURE

W. A. BAUM CO. Inc. NEW YORK
SINCE 1916 ORIGINATORS AND MAKERS OF
BLOODPRESSURE APPARATUS EXCLUSIVELY

Behind MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)

*is a background of*

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association



A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.
BALTIMORE, MARYLAND

PRINTERS SINCE 1908

Specializing in

CATALOGUES STATIONERY
COMMERCIAL FORMS BOOKLETS

MEDICAL SOCIETY BULLETINS

ENGRAVED PROFESSIONAL STATIONERY
MODERATELY PRICED

The Orange Publishing Company

12 SOUTH DAY STREET
ORANGE, N. J.

—Printers to the State Medical Society—

COMPLETE PRINTING SERVICE

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

AN AID FOR THE PREVENTION OF
RINGWORM INFECTION

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed

For Hand and Skin Sterilization

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES

Incorporated
300 Century Building
PITTSBURGH, PENNA.

ORTHOPEDIC SHOES

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY



BABY'S WASH

*New Jersey's Original and Approved Institute
of Diaper Hygiene*

532 Central Avenue, East Orange, N. J.
Phone ORange 3-2224

E-K MEDICAL GAS LABORATORIES, Inc.

Manufacturers and Distributors of

NITROUS OXIDE—CARBONDIOXIDE—OXYGEN—CYCLOPROPANE
ETHLENE — CARBON DIOXIDE AND OXYGEN MIXTURES

For Anesthesia

Laboratory: BLOOMFIELD, N. J.

Telephone Humboldt 3-0982

New Jersey Medical Supply Co., Inc.

HOSPITAL & PHYSICIANS SUPPLIES

ELECTRO-MEDICAL APPARATUS

HOSPITAL
EQUIPMENT

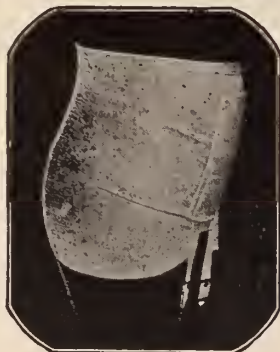
SURGICAL
SUPPLIES

ORTHOPAEDIC
APPLIANCES

921 BERGEN AVENUE
Tel. Journal Square 2-0926

JERSEY CITY, N. J.
Michael M. Scura, President

Industrial First Aid Equipment and Supplies

Trade Mark
Registered**STORM**Trade Mark
Registered**Binder and Abdominal Supporter**

Gives perfect up-lift. Is worn with comfort and satisfaction. Made of Cotton, Linen, or Silk. Washable as underwear. Three distinct types, many variations of each.

The Picture Shows "Type N"

Storm belts adaptable to all conditions, Pto-sis, Hernia, Pregnancy, Obesity, Sacro-Iliac Relaxation, High and Low Operations, etc.

Ask for Literature

KATHERINE L. STORM, M.D.

Originator, Owner and Maker

1701 Diamond Street

PHILADELPHIA

JAMES P. SMITH**X-RAY SUPPLIES****313-315 SO. ORANGE AVENUE****NEWARK, N. J.**

"OF NEW JERSEY,
FOR NEW JERSEY"

Telephone Market 3-1296

CONVENTION GREETINGS FROM
Union County's Surgical Supply Store

SCHARFENBERGER'S**1141 E. Jersey St. (cor. Jefferson Ave.)****ELIZABETH, N. J.**

Tel. EL. 2-2211—2-2212

SURGICAL APPLIANCES—Male & Female
Attendants.

Physicians and Surgeons Supplies

Wheel-chairs and Hospital Beds for Rent and for Sale



Maternity Supports



*P*RE-NATAL and post-natal requirements are ideally met in the faultlessly designed Pomeroy maternity corsets and belts.

•Made with either the fabric or elastic front, they assure gentle, but firm, control of the abdomen, and afford support to the back.


POMEROY

Surgical Appliances

901 Broad Street, Newark, N. J.

New York Bronx Brooklyn Detroit Boston Springfield Wilkes-Barre

IT IS NOT PERFECT . . . BUT



. . . until some flooring more nearly approaching perfection is developed, I shall continue to advocate yours"

says DR. CHARLES H. YOUNG
*Director of the Mountainside Hospital
Montclair, N. J.*



Johns-Manville



ASPHALT TILE, TYPE A

THE IDEAL FLOORING FOR HOSPITALS

O'DOWD'S DAIRY

Pure Milk and Cream

Butter and Eggs



DAIRY

Pine Brook, N. J.

Caldwell 6-2637

OFFICE

15 Midland Avenue

Montclair 2-6440

THE PAULUS DAIRY

Established 1890

MAIN OFFICE: 189-195 NEW STREET

Phone: 2400

NEW BRUNSWICK, N. J.

Drinking PAULUS' MILK Is Health Insurance!

Echo Lake Dairy GRADE A MILK AND CREAM

Edw. G. Fink, Edw. Dougherty T. G. Paff
Westfield 2-3068

EVERGREEN DAIRY

110 WATCHUNG AVENUE
PLAINFIELD, N. J.

FOR PURITY AND QUALITY BUY

DAIRYLEA MILK

product of

DAIRYMEN'S LEAGUE
COOPERATIVE ASSOCIATION, Inc.

NEWARK, NEW JERSEY

Bigelow 3-1700, 1, 2, 3, 4

MIDDLETOWN MILK & CREAM CO.

INC.

Newark, N. J.

Wholesale Distributors of

Grade A & Grade B Milk

The cow is the foster mother of the human race.
Since the day of the ancient Hindoo until the present time
has this kindly and beneficent animal
been one of the chief sustaining forces of the human race.

Florham Farms, Madison, N. J.

Telephone 687

Raritan Valley Farms, Inc.
CERTIFIED MILK**Grade A Raw and Pasteurized Milk**Over 25 years' production and distribution
in Northern New Jersey of the Cleanest
and Best New Jersey Produced Milk.**SOMERVILLE, N. J.**Supervised by New York, Newark and Jersey City
Health Depts.**WALDRON'S COUNTRY**
BOTTLED MILK**AND MILK PRODUCTS**

BY

B. R. Waldron & Sons Co., Inc.

CREAMERIES AT CALIFON, N. J.

Telephone Calif 25

MEMBERS

International Association of Milk Dealers
N. Y.-N. J. Milk Institute**DUGAN BOTHERS OF**
NEW JERSEY, Inc.**BAKERS FOR THE HOME****Main Office:**

170 ABINGTON AVENUE

NEWARK, N. J.

**PIONEERS OF 100% WHOLE
WHEAT AND UNBLEACHED
WHITE FLOUR PRODUCTS.
—OVER 175 VARIETIES**

Established 1878

GREETINGS TO THE
NEW JERSEY MEDICAL SOCIETY
WOOD-BROOK FARMS
METUCHEN, N. J.

Phone Plainfield 6-9021

SCHMALZ FARMS**PLAINFIELD, N. J.**

One of New Jersey's Finest Dairy Farms

SCHMALZ GUERNSEY and
GRADE A MILKIs produced under the rigid inspection of
N. J. Dept. of Agriculture.A copy of analysis mailed at request to
physicians.**PROMPT AND COURTEOUS SERVICE****E. J. Gleason Dairy Company**

NEW BRUNSWICK, N. J.

DAVID BERGMAN, Ph. G.**DRUGS — CHEMICALS****PRESCRIPTIONS****175 Elizabeth Ave., Cor. Bigelow St.****Newark, N. J.**

Buy Your Drug Store Goods Here

Medical PERIODICALS and BOOKS
For SaleBack copies that you may require for some
special research or to complete volumes for binding. Books no longer to be had at the publishers.**B. LOGIN & SON, Inc.**

29 EAST 21st STREET

NEW YORK

"Dependable For Doctor and Patient"**Fords Pharmacy, Inc.**

SAMUEL S. KATZ, R. Pharmacist

NEW BRUNSWICK AVE.

FORDS, N. J.

1920

Careful Compounding of the Eye Physician's
Prescription for Perfect Glasses



Guildcraft Opticians

At the Centre
Tel. Montclair 2-6128

Member of the Guild of Prescription
Opticians of America

1936

Eye Physicians Prescriptions Exclusively

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

Member of the Guild of Prescription
Opticians of America

MEDICAL PRACTITIONERS RECOGNIZE US AS DEPENDABLE OPTICIANS

Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions
MAINTAINING

Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Est. Since

1895

Personal
Supervision
Eugene J.
Anspach

ANSPACH BROS. Prescription Opticians **838 BROAD ST., NEWARK**

556 Main St., East Orange, N. J.

382 Springfield Ave., Summit, N. J.

626 Cookman Ave., Asbury Park, N. J.

MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

NEW TESTS FOR NEW TIMES

Keystone Visual Safety Tests provide a quick,
simple and conclusive method of measuring
eye skills.

EYE COMFORT

Training Exercises to develop skill and com-
fort in those eyes which wear proper correc-
tion and yet suffer discomfort and inefficiency.

KEYSTONE VIEW CO.

Stereophthalmic Division

NEW YORK BRANCH

219 East 44th Street, New York

Stanley M. Crowell Co.

Dispensing Opticians

26 SOUTH PARK STREET

MONTCLAIR, N. J.

S. FELDMAN & SONS, Inc.

Distinctive Dry Cleaners and Launderers

399 Clinton Ave.

Bl. 3-1131

62 Lock St., Newark, N. J.

MA. 2-3660

Branch Offices:

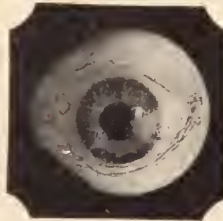
Montclair—252 Park St.

MO. 2-1370

So. Orange—25 Scotland Rd.

SO. 2-7620

EARLE C. SCHREIBER



Artificial
Human
Eyes

Exclusively made to order and from stock

LAURA MAGER SCHREIBER

Market 2-8376

Suite 711-12 Wiss Building

671 Broad St., Newark, New Jersey

TONTINE—The Washable Window Shade

MONTCLAIR WINDOW SHADE CO.

Manufacturers of

WINDOW SHADES — AWNINGS

424 Bloomfield Avenue

Montclair, N. J.

Telephone 2-6246

N A S H

L A F A Y E T T E

Delivered Prices \$741.00 to \$1291 at Elizabeth

125" Wheelbase Six Passenger Ambassador Sedan at \$1011

JENSEN & BEDELL, Inc.

72 PRINCE STREET

El. 2-0306

ELIZABETH, NEW JERSEY

**ARTHUR K. BROWN**

INC.



MONTCLAIR

VERONA

GRAY, Inc.

FUNERAL DIRECTOR

WESTFIELD, N. J.

CRANFORD, N. J.

James H. Maher & Son

FUNERAL DIRECTOR

NEW BRUNSWICK

NEW JERSEY

Poulson & Van Hise

HOME FOR SERVICES

408 Bellevue Ave.

Trenton, N. J.

Phones 8168 and 8169

Van Tassel & Roy, Inc.

Community Funeral Homes

337 BELLEVILLE AVE.

9 CLEVELAND STREET

374 PARK STREET

BLOOMFIELD, N. J.

CALDWELL, N. J.

UPPER MONTCLAIR, N. J.

Phone 2-0701

Phone 6-0780

Phone 2-9664

AUG. F. SCHMIDT & SON

FUNERAL HOME

139 Westfield Avenue

Elizabeth, N. J.

Introducing

the distinguished new Cadillac V-8, Series 60, priced as low as \$1645, at Detroit. And the new LaSalle, from \$1175 at the factory.

FISHER CADILLAC CORPORATION

360 CENTRAL AVENUE, NEWARK
Branch—7 North Willow Street, Montclair

BE IT RESOLVED!

that we see—and drive—the new 1936 Studebaker—truly “a professional man’s car” in stamina, styling and gasoline economy.

FISHER STUDEBAKER CORPORATION

980 BROAD STREET, NEWARK
Branch—7 North Willow Street, Montclair

JOS. H. LUCKING, Inc.

259 SUSSEX AVENUE

NEWARK, N. J.

Telephones: Humboldt 3-1762—Orange 3-0450

BEST GRADES OF COAL—FUEL OIL—KOPPER'S SEABOARD COKE

KENTUCKY CANNEL COAL

HARD WOOD FOR OPEN FIRE PLACES

“A Fuel Service—

Efficient and Friendly”

John Blondel & Son

MONTCLAIR, NEW JERSEY

**SUPERIOR ANTHRACITE COAL
FUEL OILS COKE**

Established 1880

John J. Murray & Bro.

**COAL — KOPPER'S COKE
FUEL OIL**

BLOOMFIELD, N. J.

THE HALF DIME SAVINGS BANK

ORANGE, N. J.

ABRAM MOSLER	President
FREDERICK H. WILLIAMS	Vice-President
FREDERICK G. BURKARDT	Treasurer
LOUIS F. DARNSTAEDT,	Ass't Treasurer
THOMAS B. CANNON, JR.	Ass't Secretary

FIREMEN'S PHARMACY

DEPENDABLE
PRESCRIPTION
SERVICE

NEW JERSEY
FORMULARY
PREPARATIONS

BIOLOGICALS

BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY

HOAGLANDS

"Prescription Specialists"

NEW BRUNSWICK, N. J.

Phone 49

WE CALL FOR AND DELIVER
PRESCRIPTIONS

Russell E. Darby, Inc. DRUG STORE

Tel. Westfield 2-1198

Cor. South & Summit Aves., WESTFIELD, N. J.

SCHMIDT'S

PRESCRIPTION PHARMACY

501 ELIZABETH AVE. ELIZABETH, N. J.

Corner Fifth Street

"An Ethical Drug Store"

Rare Chemicals

Analysts

Henry Schmidt, Phar. D.

CLINTON PHARMACY

CADMUS BROS.

DISPENSING CHEMISTS

Central Avenue, Corner So. Clinton Street, East Orange, N. J.

Phone Orange 5-6868

N. V. CADMUS, Ph. G.

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

**Personal and Dependable Service, Day and Night. Special Attention Given
to Hospital Calls, Train and Express Shipments**

PLACE	NAME AND ADDRESS	TELEPHONE
BLOOMFIELD	Porter, Arthur I., 348 Franklin St.	Bloomfield 2-3075
BLOOMFIELD	Quinn, Peter J., 24 Broad St.	Bloomfield 2-1260
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
IRVINGTON	Howard, Fred, 809 Lyons Ave.	ESsex 3-5133
LYNDHURST	Collins, Wm. C., 253 Stuyvesant Ave.	RUtherford 2-3000
NEWARK	Bernauer, August L., 133 Niagara St.	Market 3-1508
NEWARK	Guenther, C. J., 215 Roseville Ave.	HUMboldt, 3-1985
NEWARK	Smith and Smith, 160 Clinton Ave.	BIgelow 3-2123
ORANGE	Weatherhead Funeral Home, 126 Main St.	ORange 3-5278-9

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO RENT
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, \$1.00

CASH MUST ACCOMPANY ORDER

Forms Close 26th of the Month

FOR SALE OR RENT—South Orange, ideal professional location; delightful home, every comfort, three baths. Excellent separate medical suite, equipped or unequipped. Address "Opportunity", care of The Journal.

FOR RENT—Office and rooms desirably located; non-competitive section; thoroughly American community; great opportunity for young doctor. Inquiries to Box 105, care of The Journal.

FOR SALE—Twelve-room house and medical office equipped; located on Main Street, Blairstown, N. J. Ready for immediate occupancy for practicing physician; excellent opportunity. Inquire Mrs. Josephine M. Allen, Blairstown, N. J., Box 216.

Prescription Purity and Accuracy

Avchen's Pharmacy

167 Market Street Perth Amboy, N. J.

**"If it Comes from Bowne's" It's Right
FRED'K T. W. BOWNE**

PRESCRIPTION DRUGGISTS

Cor. Market & Straight Streets

Opp. New Post Office, PATERSON, N. J.

Tel. Sherwood 2-8634

MARQUIER'S PHARMACY

THE REXALL STORE

SANFORD and SO. ORANGE AVENUE

Newark, N. J.

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
BELLEVILLE	Belleville Pharmacy, 323 Union Ave.	Belleville 2-1081
BELLEVILLE	Capitol Pharmacy, 338 Washington Ave.	Belleville 2-1521
BELLEVILLE	Franklin Pharmacy, 102 Franklin St.	Belleville 2-1272
CARLSTADT	A. C. Stanford Pharmacy, 400 Hackensack St.	Rutherford 2-1341
EAST ORANGE	Park-Munn Pharmacy, 305 Park Ave.	ORange 3-9606
ELIZABETH	Prebol's Pharmacy, 61 3rd St.	ELizabeth 3-9508
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HARRison 6-2127
IRVINGTON	Bald, Joseph F., 759 Springfield Ave.	ESsex 2-9334
IRVINGTON	Schraft, Oscar A., 1164 Springfield Ave.	ESsex 3-1651
MONTCLAIR	Lewit, Harry A., 169 Bloomfield Ave.	MONTclair 2-7308
NEWARK	Arnold's Phar., Mt. Prospect Ave., cor. Heller Pkwy.	HUMBoldt 3-4134
NEWARK	Eckert's, A. A. Rosenberg, Prop., 167 Ferry St.	MARKet 2-8998
NEWARK	Guarino's Pharmacy, Bloomfield Ave. at 5th St.	HUMBoldt 3-8863-4
NEWARK	Kinney Drug Co., Inc., 171 West Kinney St.	MARKet 2-9006
NEWARK	Lettieri, Louis, 442 15th Ave.	Bigelow 2-9789
NEWARK	Liss, Michael, 794 Mt. Prospect Ave.	HUMBoldt 3-4749
NEWARK	Quin, Harry J., 187 Bloomfield Ave.	HUMBoldt 2-1052
NEWARK	Witt, Wm. J., 819 Clinton Ave.	ESsex 3-5056
NEW BRUNSWICK	Bode's, Chemists, 120 French St.	New Brunswick 2676
NUTLEY	Kessler, H. I. (successor Brookvale), 184 High St.	NUTley 2-2391
NUTLEY	Lee's Park Phar., Franklin Ave., cor. Chestnut St.	NUTley 2-1003
ORANGE	Montrose Pharmacy, 625 Scotland Rd.	ORANGE 3-1052
PATERSON	Neer's Drug Store, Inc., Broadway & Bridge St.	SHERwood 2-3663
PERTH AMBOY	Smith Bros., Columbian Phar., Inc., 461 State St.	PERTh Amboy 4-1881
PLAINFIELD	Leonard Pharmacy, B. Krasnow, 327 Plainfield Ave.	PLainfield 6-0372
PLAINFIELD	Miller, Dudley S., Park Ave. & Fourth St.	PLainfield 6-9200-1
PLAINFIELD	The Richmond Pharmacy, 209 Richmond St.	PLainfield 6-5312
RUTHERFORD	Foeller, H. W., 55 Park Ave.	RUTherford 2-2247
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	South Orange 2-0063
TRENTON	Llewellyn Drug Stores, Inc., Stacy-Trent Hotel	TREnton 2-6915
WEST ORANGE	Tully's Drug Store, 298 Main St.	ORange 3-9521

THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA

**THE ONE HUNDRED AND TWELFTH ANNUAL SESSION BEGINS
SEPTEMBER 21, 1936, AND ENDS JUNE 4, 1937.**

FOUNDED 1825. A Chartered University since 1838. Graduates number 16,042, about 6,000 of whom are active in medical work. Graduates in every state and many foreign countries.

FACILITIES: New College Building; Curtis Clinic; Daniel Baugh Institute of Anatomy; Department for Diseases of the Chest; Jefferson Hospital; teaching museums and free libraries; instruction privileges in four other hospitals.

FACULTY: Eminent medical men of national reputation and unusual teaching ability.

ADMISSION: Three years of College work including specified science and language courses. By a method of selective admissions places are awarded only to those who have received a collegiate degree.

APPLICATIONS should be made early.

ROSS V. PATTERSON, M.D., Dean.

CHARLES B. TOWNS HOSPITAL

293 Central Park West New York, N. Y.

For ALCOHOLISM and DRUG ADDICTION

This institution has specialized in addictions for over 30 years. Its method of treatment has been fully described in THE JOURNAL A. M. A.; in The Handbook of Therapy, from the A. M. A. Press; and in other scientific literature. The treatment is a regular hospital procedure, and provides a definite means for eliminating the toxic products of alcohol and drugs from the tissues. A complete Department of Physical Therapy, with gymnasium and other facilities for physical rebuilding, is maintained. Operated as an "open" institution. Physicians are not only invited but urged to accompany and stay with their patients.

**ANY
PHYSICIAN**
having an ad-
dict problem is
invited to write
for Hospital lit-
erature.



**Located Directly
Across from Central Park**

The NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

EYE, EAR, NOSE and THROAT

PLASTIC REPARATIVE SURGERY

This course includes diagnosis and determination of treatment; pre-operative preparation; anesthesia; operative technique; dressings; post-operative care; with special reference to utilization of the skin and other tissues in correction of disfigurement and replacement of loss, congenital or acquired. Operations on the cadaver. Particular attention is given to lectures, studies and demonstrations of advances in surgical anatomy, pathology, etc., with special reference to the problem actually under consideration.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City

Mountain View Rest

Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651—1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism.

Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.



VIEW OF THE GROUNDS



APPROACH

BOOKLET AND TERMS ON REQUEST

Visiting Resident Physician

DR. GEO. DAVIES

15 Fairview Avenue

Verona, N. J.

AURORA INSTITUTE

A RESORT FOR HEALTH

Morristown, New Jersey

Telephone: 4-3260

COMPLETELY equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroïd, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. NO CONTAGIOUS OR MENTAL CASES.

Write for further information

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

ADOLPH WEIZENHOFFER, M.D., Assoc.

WILLIAM S. COLLENS, M.D., Director of Metabolism

FAIR OAKS

SUMMIT N. J.

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous dis-

eases, exhaustion states and cases requiring rest, hygienic, dietetic and occupational therapy.

Insane and tubercular cases are not accepted.

D R. T. P. PROUT

Summit, N. J.

Telephone 6-0143

BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY



"Interpines"

GOSHEN, N. Y.

Phone 117



Ethical - Reliable - Scientific

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

Frederick W. Seward, M.D., Director

Frederick T. Seward, M.D., Res. Physician

Clarence A. Potter, M.D., Res. Physician



SCHULZ & BEHRLE

Designers and Manufacturers of Interiors

Upholstery, Cabinetwork, Ornamental Iron Work

Carpets and Painting done in our shops at prices not higher than elsewhere

1001 BROAD STREET

NEWARK, N. J.

SUNSHINE, REST and SPECIAL DIET for DIABETICS, CONVALESCENTS or anyone needing a quiet retreat amid beautiful surroundings. TRAINED DIETICIAN. You can treat your own patients or have our physician in constant attendance take care of them.

\$25.00 to \$50.00 PER WEEK.

Mattinson Health Foundation, Inc.

Box 67, POMPTON LAKES, N. J.

Phone: P. L. 1398

Phone Humboldt 2-0200-0201

**National Hotel Supply Co.,
INC.**

MEATS AND POULTRY

Hospitals and Institutions Supplied

Warehouse:

43 PLANE STREET, NEWARK, N. J.

Belle Mead Sanatorium and Farm BELLE MEAD, NEW JERSEY

Long established and licensed. On the approved hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy. With a separate, attractive department for Convalescents and Elderly Persons. Five attractive buildings for thorough classification.* Physicians are invited to visit and coöperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a four hundred acre stock farm at the foot of the Watchung Mountains. Easily accessible by rail, bus and auto. Scientific treatment and nursing. Hydrotherapy, electrotherapy, suitable diversion. Occupational therapy. Arts and craft shop. **RATES VERY REASONABLE** for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phone Belle Mead 21. New York City Office, 667 Madison Avenue; hours 3 to 4 Tues., Thurs., Sat. Tel. Regent 4-2160.

Dear Doctor:

You will agree with us that your patients should have clean pillows to sleep on. Their constant accumulation of perspiration, grime, dust and germs should no longer be tolerated. People should have sterilized pillows to sleep on; pillows that are soft and fluffy, sweet and healthy.

Our method, The "Universal Feather Sanitizing Machine Method", has been endorsed and praised by many medical societies and hospitals. Thousands of hospital pillows have been cleaned by this guaranteed method. For further information write or phone for our representative to call—no obligation, of course. The old method of washing pillows may be compared to taking a bath with one's clothes on.

In our new patented method we do the following:

- 1—Remove feathers from the ticking.**
- 2—Extract the dust and feather rubbish.**
- 3—Sterilize the feathers by superheated steam 270°F.**
- 4—Dry, cool and fluff all feathers.**
- 5—Wash and iron ticking separately.**
- 6—Return sterile, fluffy pillow.**

All This For Only Sixty Cents Each!!

(Special Prices for Hospitals, Institutions, Etc.)

We are pioneers in health promoting scientific methods. You may give us everything you have to be cleaned. Laundry, pillows, rugs, drapes, fine dresses, men's suits, and fur coats to be cleaned and glazed. We also have the most modern fur storage vaults in the world.

BRUNSWICK LAUNDRY

220 Tonnele Avenue, Jersey City, N. J.

Journal Square 2-2000

Essex County—Mitchell 2-0025

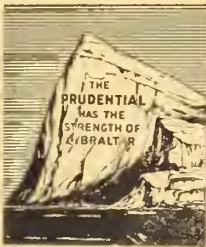
You Can't Alibi Neglect

Each day has its quota of men who try in vain to acquire Life Insurance for the protection of their dependents.

They are those who have neglected this responsibility too long and now find themselves uninsurable.

Their only excuse is "I forgot" or "I couldn't afford it," but if their families are left in poverty regrets will be of little help.

Be Ready!



The Prudential
Insurance Company of America

EDWARD D. DUFFIELD, *President*

HOME OFFICE: NEWARK, NEW JERSEY

Calcreose, Maltbie

THE ORIGINAL BRAND OF CALCIUM CREOSOTATE, U.S.P. XI.

A dependable aid in the treatment of chronic and persistent coughs.

Calcreose is available in these two convenient forms:

COMPOUND SYRUP CALCREOSE

An expectorant cough syrup that tastes good, is effective and does not nauseate.

Each fluid ounce represents:

Calcreose Solution (N.N.R.)	...160 Minims
Alcohol	..... 24 Minims
Chloroform (approximately)	.. 3 Minims
Wild Cherry Bark	..... 20 Grains
Aromatics and Syrup q. s.	

TABLET CALCREOSE 4 GRAINS

Each tablet equivalent to two minims of pure creosote combined with calcium oxide.

May we send
you complimentary samples
of both?

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY

The Medical Profession Can Rely Upon Us to Render
ACCURATE OPTICAL SERVICE

No Glasses Are Supplied Except on Prescription—

WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is the oldest optical house in New Jersey, having been established in 1892. Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

J. C. Reiss
Optician

Hill Street

Is on the West side of

Broad St.

Opposite City Hall

Where parking is possible.

Member of the Guild of Prescription Opticians of America

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330

VOL. XXXIII, No. 6

JUNE, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 327-384

EDITORIALS—

	Page
THE OUTING MEETING OF THE COUNTY SOCIETY	327
SOCIALIZING MEDICINE	328
THE ENGLISH PANEL SYSTEM	329
QUALITY OF THE VOICE	329
IMPRESSIONS OF THE ANNUAL MEETING	330
LOCAL PUBLICITY FOR THE ANNUAL STATE MEETING	331
THE COPELAND FOOD AND DRUG BILL	331
AUTOMOBILE INSIGNIA	331
WHO WAS DR. BRONSON?	332
HONORING OUR PAST PRESIDENTS	332

ORIGINAL ARTICLES—

ADDRESS OF THE PRESIDENT—Marcus W. Newcomb, M.D., Brown's Mills, N. J.	333
POLYGLANDULAR DISEASE—By George Crile, M.D., Cleveland, Ohio	336
THE MEDICAL EXAMINATION OF INDUSTRIAL WORKERS—By E. E. Evans, M.D., Pennsgrove, N. J.	341
GOITER SURGERY—By Charles Gordon Heyd, M.D., New York, N. Y.	345
JOHN BULL, M.D.—By Hilton S. Read, M.D., Atlantic City, N. J.	352
THREE DECADES OF HONORABLE SERVICE—By Nathan B. Van Etten, M.D., New York, N. Y.	355
MATERNAL WELFARE—Article Number Five, Cesarean Section	360

STATE SOCIETY ACTIVITIES—

	Page
The 170th Annual Meeting of The Medical Society of New Jersey	363
Conference of Secretaries and Reporters of County Societies	366
Report of Delegates to the American Medical Association	367
Darkfield Facilities in New Jersey—By A. J. Casselman, M.D., State Department of Health	369
Immunizations in May	371
Deaths During April	371

COUNTY SOCIETY REPORTS—

Atlantic	372
Bergen	373
Camden	374
Essex	375
Gloucester	377
Mercer	378
Middlesex	378
Morris	381
Passaic	382

WOMAN'S AUXILIARY—

Annual Report of the State President—By Mrs. Frederick A. Kinch, Westfield, N. J.	383
Atlantic	383
Essex, Hudson	384

Roster of Officers and Committees Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)
12 South Day Street, Orange, N. J.

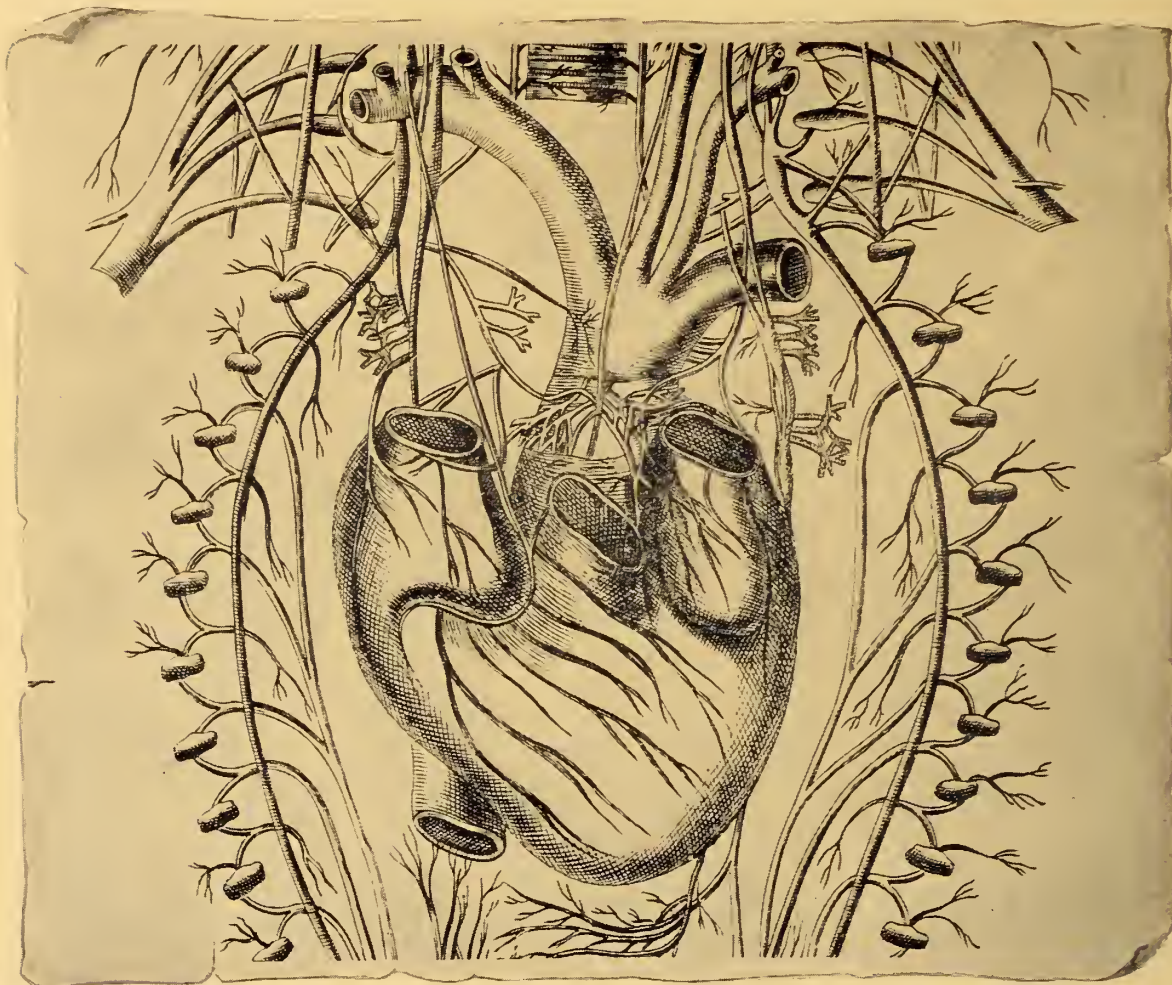
Copyright 1936 by
The Medical Society of New Jersey



Entered as second-class matter, Sept. 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

One of a series of advertisements prepared and published by PARKE, DAVIS & CO. in behalf of the medical profession. This "See Your Doctor" campaign is running in the *Saturday Evening Post* and other leading magazines.



The heart as represented in an anatomical drawing of the 18th Century.

That heart of yours . . .

WEIGHING only 8 to 12 ounces, that heart of yours must each day do an amount of work equivalent to lifting a man of 150 pounds one-and-a-quarter times the height of the Empire State Building!

It can never rest. On and on it must beat: 72 times each minute, 4320 times each hour, 37,843,200 times each year.

Its Herculean job is made still more difficult by the strain and accelerated pace of modern life. This, perhaps, is one of the reasons heart disease is increasing. Today, it leads all other causes of death—one person in six, above the age of 40, dies of heart disease.

That is an alarming figure. It makes the thoughtful person wonder, "What about my heart?" And the only person

who can answer that question for you is your doctor.

The answer most people get is one that takes a load off their minds—"There isn't anything wrong." But if something *should* be wrong, your greatest security lies in knowing about it promptly. For the heart has remarkable properties of recuperation. It responds to treatment, if started in time, better than most organs in the body. Even people with badly crippled hearts often live happy, active lives after they have been taught what precautions they should observe.

Today physicians know more about the ills of the heart and ways of the heart than ever before. They are better equipped than ever before to treat and

control heart disease—and to guard against it as well.

Shortness of breath—fluttering of the heart—numbness of the extremities—these are among the symptoms that suggest an *immediate* trip to the doctor's. But even without warning symptoms, many a wise man sees his doctor at regular intervals—far less "servicing" than he gives his car, yet obviously, infinitely more important.

Copyright 1936—Parke, Davis & Company

*Parke, Davis
& Company*

DETROIT, MICHIGAN

The World's Largest Makers of
Pharmaceutical and Biological Products

THE MEDICAL SOCIETY OF NEW JERSEY

FOUNDED JULY 23, 1766

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

President, FRANCIS R. HAUSSLINGNewark
President-Elect, SPENCER T. SNEDECORHackensack
First Vice-President, WILLIAM G. HERRMAN.....Asbury Park
Second Vice-President, WILLIAM J. CARRINGTON.....Atlantic City
Secretary, J. BENNETT MORRISONNewark
Treasurer, ELIAS J. MARSHPaterson

TRUSTEES

FREDERIC J. QUIGLEY, *Chairman*Union City
H. W. NAFEE, *Secretary* (1938)New Brunswick
MARCUS W. NEWCOMBBrown's Mills
FRANCIS R. HAUSSLINGNewark
SPENCER T. SNEDECORHackensack
WILLIAM G. HERRMANAsbury Park
J. BENNETT MORRISONNewark
ELIAS J. MARSHPaterson
JOHN MAHER (1939)Long Branch
WATSON B. MORRIS (1938)Springfield
HARRY R. NORTH (1939)Trenton
THOMAS K. LEWIS (1939)Camden
WELLS P. EAGLETON (1937)Newark
RALPH K. HOLLINSHED (1937)Westville
ANDREW F. MCBRIDE (1937)Paterson
BLASE COLE (1938)Newton
ALDRICH C. CROWE (1938)Ocean City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1939)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....JAMES A. FISHER, Asbury Park (1939)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1939)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

BLASE COLE, Newton Term expires 1937
E. R. MULFORD, Burlington " " 1937
WALT P. CONAWAY, Atlantic City " " 1938
JOHN F. HAGERTY, Newark " " 1938

Alternate Delegates

S. B. ENGLISH, Glen Gardner Term expires 1937
ELMER PETER WEIGEL, Plainfield " " 1937
LUCIUS F. DONOHUE, Bayonne " " 1938
LANCELOT ELY, Somerville " " 1938

STANDING COMMITTEES

Scientific Work

CLARENCE L. ANDREWS, *Chm.*, Atlantic City. Term expires 1939
LOUIS C. LANGE, Weehawken " " 1937
ROBERT S. GAMON, Camden " " 1938

Program and Arrangements

WILLIAM J. CARRINGTON, *Chm.*, Atl. City. Term expires 1938
D. WARD SCANLAN, Atlantic City " " 1939
JOHN W. GRAY, Newark " " 1937
MARCUS W. NEWCOMB, Brown's Mills Ex-officio
J. BENNETT MORRISON, Newark Ex-officio

Publication

HENRY C. BARKHORN, *Chm.*, Newark Term expires 1939
EDWARD J. ILL, Newark " " 1937
FRANK J. McLOUGHLIN, Jersey City " " 1938
MARCUS W. NEWCOMB, Brown's Mills..... Ex-officio
J. BENNETT MORRISON, Newark Ex-officio

Finance and Budget

HARRY R. NORTH, *Chm.*, Trenton Term expires 1939
HERSCHEL PETTIT, Ocean City " " 1939
WELLS P. EAGLETON, Newark " " 1937
WILLIAM J. SWEENEY, Weehawken' " " 1938
ALFRED STAHL, Newark " " 1940
ANDREW F. MCBRIDE, Paterson " " 1941
ELIAS J. MARSH, Paterson Ex-officio

Honorary Membership

EPHRAIM R. MULFORD, Burlington Term expires 1939
FREDERIC J. QUIGLEY, Union City " " 1937
LANCELOT ELY, Somerville " " 1938

Hospitals and Medical Education

HARRY H. SATCHWELL, *Chm.*, Irvingtdn... Term expires 1936
LOUIS A. PYLE, Jersey City " " 1938
ARCANGELO LIVA, Rutherford " " 1937
DAVID B. ALLMANAtlantic City
RICHARD D. ANDERSONBurlington
C. COULTER CHARLTONAtlantic City
CHARLES B. KELLEYJersey City
EARL H. SNAVELYNewark
THOMAS J. SUMMEYMt. Holly
H. H. TYNDALLWeehawken

Medical Defense

CHRISTOPHER C. BELING, *Chairman*Newark
E. REISSMANNewark
EDGAR A. ILLNewark
WILLIAM J. ARLITZHoboken
T. S. THOMASMorristown

Insurance

FRANK W. PINNEO, *Chairman*Newark
BARCLAY S. FUHRMANNFlemington
EDMUND N. HUFFEnglewood
A. DUNBAR HUTCHINSONTrenton
CHESTER I. ULMERGibbstown
GEORGE T. TRACYBeverly

Welfare Committee

HILTON S. READ, *Chairman*Atlantic City
MARCUS W. NEWCOMB (ex-officio)Brown's Mills
J. BENNETT MORRISON (ex-officio)Newark
HUGO ALEXANDERHoboken
SAMUEL ALEXANDERPark Ridge
WILLIAM H. ARESONMontclair
NORMAN BURRITTSummit
JOHN C. CLAYTONFreehold
A. H. COLEMANClinton
W. F. COSTELLODover
FRANK W. CURTISStewartsville
GEORGE F. DANDOISWildwood
FRANK L. FIELDFar Hills
HOWARD S. FORMANJersey City
J. IRVING FORTNewark
INGLIS F. FROSTMorristown
DAVID W. GREENSalem
D. L. HAGGERTYTrenton
EUGENE G. HERBENERLakewood
FLORENTINE M. HOFFMANNew Brunswick
ERNEST G. HUMMELCamden
ALLEN G. IRELANDTrenton
I. W. KNIGHTPitman
DAVID A. KRAKERNewark
THOMAS B. LEECamden
JULIUS LEVYTrenton
THOMAS K. LEWISCamden
WRIGHT MACMILLANPassaic
CHARLES H. MITCHELLTrenton
WATSON B. MORRISSpringfield
STANLEY H. NICHOLSLong Branch
B. S. POLLAKSecaucus
LOUIS A. PYLEJersey City
HARRY L. ROGERSRiverton
D. WARD SCANLANAtlantic City
MILLARD F. SEWALLBridgeton
JAMES H. SPENCER, JR.Newton
S. EMLIN STOKESMoorestown
THEODORE TEIMERNewark
CHESTER I. ULMERGibbstown
H. ROY VAN NESSNewark
H. B. WILSONHackensack

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Relations

D. WARD SCANLAN, *Chairman* Atlantic City
 WATSON B. MORRIS Springfield
 S. EMLN STOKES Moorestown
 FLORENTINE M. HOFFMAN New Brunswick
 WRIGHT MACMILLAN Passaic

Legislation

B. S. POLLAK, *Chairman* Secaucus
 SAMUEL ALEXANDER Park Ridge
 WILLIAM H. ARESON Upper Montclair
 CHARLES H. MITCHELL Trenton
 INGLIS F. FROST Morristown

Public Health

STANLEY NICHOLS, *Chairman* Asbury Park
 THEODORE TEIMER Newark
 JULIUS LEVY Trenton
 HOWARD S. FORMAN Jersey City
 ALLEN G. IRELAND Trenton
 ERNEST G. HUMMEL Camden
 I. W. KNIGHT Pitman

Medical Practice

THOMAS K. LEWIS, *Chairman* Camden
 H. B. WILSON Hackensack
 J. IRVING FORT Newark
 CHESTER I. ULMER Gibbstown
 D. LEO HAGGERTY Trenton

Workmen's Compensation

DAVID A. KRAKER, *Chairman* Newark
 WILLIAM H. ARESON Upper Montclair
 H. ROY VAN NESS Newark
 J. IRVING FORT Newark

To Study Report on the Uniform Medical
Practice Act

SAMUEL ALEXANDER, *Chairman* Park Ridge
 CHARLES B. KELLEY Jersey City
 HARRY H. SATCHWELL Irvington
 JAMES J. MCGUIRE Trenton
 GEORGE F. DANDOIS Wildwood
 WELLS P. EAGLETON Newark
 FREDERIC J. QUIGLEY Union City
 S. EMLN STOKES Moorestown

SPECIAL COMMITTEES

Constitution and By-Laws

CHARLES J. MURN, *Chairman* Paterson
 I. R. BOOTHBY Clinton
 E. J. CHAPMAN Jersey City
 ROBERT L. MCKIERNAN New Brunswick
 EDWARD W. SPRAGUE Newark
 FREDERICK P. WILBUR (Died Sept. 9, 1935) Franklin

Committee on the Control of Cancer

HENRY B. ORTON, *Chairman* Newark
 J. CARLISLE BROWN Atlantic City
 E. E. DOWNS Woodbury
 ROBERT HALBACK Toms River
 GEORGE SOMMER Trenton
 *JOHN W. GRAY Newark
 *EDWARD J. ILL Newark
 *HARRISON S. MARTLAND Newark
 *Advisory members.

Nursing and Nursing Education

HARRY H. SATCHWELL, *Chairman* Irvington
 RICHARD D. ANDERSON Burlington
 JOHN F. CONDON Newark
 GEORGE M. KNOWLES Hackensack

Advisory Committee on Tuberculosis

B. S. POLLAK, *Chairman* Secaucus
 R. DOUGLAS Englewood
 SAMUEL ENGLISH Glen Gardner
 MARTIN COLLIER Camden
 JOSEPH MORROW Ridgewood

Advisory Committee on Mental Hygiene

DAN S. RENNER, *Chairman* Skillman
 MARCUS CURRY Greystone Park
 J. BERKELEY GORDON Marlboro
 MATTHEW MOLITCH Jamesburg
 JAMES S. PLANT Newark
 ROBERT G. STONE Trenton

Advisory Committee on Pneumoconiosis and
Silicosis

CLYDE M. FISH, *Chairman* Pleasantville
 JAMES H. MASON Atlantic City
 HENRY H. KESSLER Newark
 SAMUEL B. ENGLISH Glen Gardner
 IRVING M. VANDERHOFF Newark

Advisory Committee to the Woman's Auxiliary

EDWARD W. SPRAGUE, *Chairman* Newark
 B. FRANKLIN BUZBY Camden
 WILLIAM K. CAMPBELL Long Branch

Medical Bills Committee

DAVID A. KRAKER, *Chairman* Newark
 HOMER I. SILVERS Ventnor
 SAMUEL SICA Trenton
 LOUIS A. PYLE Jersey City
 B. FRANKLIN BUZBY Camden

State Medical Advisory Committee to E. R. A.

*E. ZEH HAWKES, *Chairman* Newark
 *CHRISTOPHER C. BELING Newark
 *GEORGE W. FITHIAN Perth Amboy
 *CHARLES H. SCHLICHTER Elizabeth
 *BYRON G. SHERMAN Morristown
 ALDRICH C. CROWE Ocean City
 JAMES A. FISCHER Asbury Park
 WILLIAM J. SWEENEY Weehawken
 FRANK G. SCAMMELL Trenton
 MARCUS W. NEWCOMB (ex-officio) Brown's Mills
 ALSO THE CHAIRMEN OF THE COUNTY E. R. A. COMMITTEES
 *Executive Committee.

Committee on Scientific Exhibits

ASHER YAGUDA, *Chairman* Newark
 ELWOOD E. DOWNS Woodbury
 JOHN W. GRAY Newark
 ROBERT A. KILDUFFE Ventnor
 WILLIAM J. MARQUIS Newark
 HARRISON S. MARTLAND Newark

Maternal Welfare

ARTHUR W. BINGHAM, *Chairman* East Orange
 MARY BACON Bridgeton
 J. CARLISLE BROWN Atlantic City
 P. DUBOIS BUNTING Elizabeth
 SAMUEL A. COSGROVE Jersey City
 ALBERT B. DAVIS Camden
 F. D. FAHRENBRUCH Mt. Holly
 CARL ILL Newark
 R. A. MACKENZIE Asbury Park
 WALTER B. MOUNT Montclair
 T. F. THOMPSON Lakewood

Care of Crippled Children

ELMER P. WEIGEL, *Chairman* Plainfield
 B. FRANKLIN BUZBY Camden
 HENRY H. KESSLER Newark
 F. G. DILGER Hackensack
 THOMAS K. LEWIS Camden

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

C. COULTER CHARLTON, *Chairman*Atlantic City
H. L. HARLEY, *Secretary*Atlantic City

Pediatrics

F. I. KRAUSS, *Chairman*Chatham
CHESTER R. BROWN, *Secretary*Arlington

Radiology

WILLIAM G. HERRMAN, *Chairman*Asbury Park
P. S. AVERY, *Secretary*New Brunswick

Gastro-Enterology

SIGURD W. JOHNSEN, *Chairman*Passaic
LOUIS L. PERKEL, *Secretary*Jersey City

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

ARTHUR W. BELTING, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	J. Carlisle Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	John H. Irwin, Englewood	George M. Knowles, Hackensack..	LeRoy W. Black, Rutherford
BURLINGTON..	J. Howard Hornberger, Roebling ..	George T. Tracy, Beverly	Parry M. Scott, Beverly
CAMDEN	B. F. Buzby, Camden	R. S. Gamon, Camden	Harold D. Barnshaw, Camden
CAPE MAY	John B. Townsend, Ocean City...	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND ..	Burton H. Walker, Vineland.....	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	A. Charles Zehnder, Newark.....	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER...	M. F. Lummis, Pitman	E. E. Downs, Woodbury	Henry B. Diverty, Woodbury
HUDSON	Traugott J. Schuck, Hoboken.....	Thomas McG. Brennock, Jer. City	John N. Connell, Jersey City
HUNTERDON ..	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner....	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX ..	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH ..	Walter A. Rullman, Red Bank...	Dan'l F. Featherston, Asbury Park	O. R. Holters, Asbury Park
MORRIS	William F. Costello, Dover	Attilio Galasso, Morristown	Marcus A. Curry, Greystone P'k
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Wright MacMillan, Passaic	Wayne W. Hall, Paterson	Sigurd W. Johnsen, Passaic
SALEM	C. L. Fleming, Pennsgrove	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	R. F. Hegeman, Somerville	A. F. W. Sferra, Bound Brook...	A. W. Pigott, Skillman
SUSSEX	Warren Smith, Newton	Leo Drake, Franklin	G. H. Groeschel, Sussex
UNION	Thomas J. Walsh, Elizabeth.....	Lorimer B. Armstrong, Westfield.	Russell A. Shirrefs, Elizabeth
WARREN	William Varney, Washington.....	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.



OUR ENTIRE CREAM SUPPLY IS PRODUCED UNDER *Rigid Laboratory Control*

We are the first large manufacturers of ice cream to pay dairy farmers a Bonus for extra cleanly cure in producing milk from which we separate our cream.

Daily tests in our creamery laboratory make sure this Bonus is earned.

This same rigid Laboratory Control protects our ice cream at every stage.

ABBOTTS

That is why you can be sure of its Purity and Safety.

the STANDARD of Fine Quality in ICE CREAM

ABBOTTS DAIRIES, Inc.—Phila., Newark, Trenton, Camden, South Jersey, Seashore, Elkton, Allentown, Reading



CARBONATED ALKALINE WATER

NOT A LAXATIVE
UNIFORM STRENGTH—PURITY

KALAK WATER CO. OF NEW YORK, INC.

6 Church Street

New York City



Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

for twenty years

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....

ALPHABETIC LIST OF ADVERTISERS

Abbotts Dairies	V
American Can Company	XI
Anspach Bros.	XX
Aurora Institute	XXVI
Bancroft School, The	XXVII
Baum Co., Inc., W. A.	XXII
Belle Mead Sanatorium and Farm	XXIII
Bethlehem Laboratories	XXIII
Bilhuber-Knoll Corp.	IX
Camp & Company, S. H.	XXIV
Carnrick Co., G. W.	XVI
Classified Advertisements	XXIII
Coca-Cola	XXX
Corn Products Sales Co.	X
Davis Co., R. B.	VII
Deuchler, H. C.	XX
Fairchild Bros. & Foster	IX
Fair Oaks	XXVI
Firemen's Pharmacy	XXI
Hynson, Westcott & Dunning, Inc.	XXVIII
Interpines	XXVII
Jefferson Medical College, The	XIX
Kalak Water Co.	V
Lederle Laboratories, Inc.	VIII
Lilly and Company, Eli	XVIII
Maltbie Chemical Company, The	XXX
Marquier's Pharmacy	VII
Marshall, Ralph E.	XX
Mattinson Health Foundation	XXI
Mead Johnson & Company	XV
Medical Service Co.	XXIV
Mountain View Rest	XXVI
Murdoch, Inc., J. T.	XXIII
N. Y. Polyclinic Med. School & Hospital	XIX
Orange Publishing Company	XXII
Parke, Davis & Company	II
Physicians' Casualty Association'	XXII
Pomeroy Company	XXV
Prescription Pharmacists	XXI
Radium Emanation Corp., The	XVI
Reiss, J. C.	XXVIII
Representative Funeral Directors	XXI
Saratoga Springs Authority	XVII
Squibb & Sons, E. R.	XIV
Stearns & Company, Frederick	XIII
Towns Hospital, Charles B.	XXVII
U. S. Fidelity & Guaranty Co.	VI
Walker-Gordon Laboratory Co.	XII
Way Underwriting Agency	XXIX
Wuensch, Robert H.	XXIV

MARQUIER'S PHARMACY

THE REXALL STORE

SANTORD and SO. ORANGE AVENUE

Newark, N. J.



RICH IN IRON,
CALCIUM, PHOSPHORUS,
VITAMIN D—

Doctors find many uses for this delicious food-drink

THE use of Cocomalt by the medical profession continually increases. This delicious chocolate flavor food-drink has a rich content of Iron, Calcium, Phosphorus, Vitamin D. An ounce of Cocomalt (the amount used to make one glass) provides 5 milligrams of Iron in easily assimilated form. Three glasses provide 15 milligrams of available Iron, the amount recognized as the average daily nutritional requirement.

Each glass of Cocomalt in milk also provides .33 gram of Calcium, .26 gram of Phosphorus, 81 U.S.P. units of Vitamin D.

Helps bring sound sleep

Cocomalt is easily digested, quickly assimilated. It is delicious hot or cold, tempting to young and old alike. Taken hot before retiring, it helps induce sound, restful sleep.

Sold at grocery, drug and department stores in ½-lb. and 1-lb. air-tight cans. Also available in 5-lb. cans for professional use, at a special price.

FREE TO DOCTORS:

We will be glad to send a professional sample of Cocomalt to any doctor requesting it. Simply mail this coupon with your name and address.

R. B. Davis Co., Dept. 32-F Hoboken, N. J.

Please send me a trial-size can of Cocomalt without charge.

Dr. _____

Address _____

City _____ State _____

Cocomalt is the registered trade-mark of R. B. Davis Co., Hoboken, N. J.

Tetanus prevention with . . .

TETANUS ANTITOXIN

[GLOBULIN **Lederle** MODIFIED]

THE WORLD WAR BROUGHT Tetanus-Antitoxin into wide use because the doctors saw the incidence of Tetanus among the wounded fall almost to zero following the universal injection of 1500 units of Tetanus Antitoxin as a first-aid measure.

This custom is now routine in civilian medical practice in the treatment of all wounds where Tetanus infection is considered liable to occur.

In recent years the use of 3000 units of Tetanus Antitoxin instead of the usual prophylactic dose of 1500 units has become more common because a few exceptional cases have developed Tetanus within 10 days after the 1500-unit dose. With the present highly potent antitoxin, the Lederle 3000-unit dose is not larger in volume or protein content than the 1500-unit dose of a few years ago. A 3000-unit prophylactic dose has been advocated by the New York City Department of Health.

If the wound is extensive and contaminated with foreign matter, Tetanus-Gas Gangrene Antitoxin may be preferred to Tetanus Antitoxin alone.

Following the reports of Vener and others, the quickest possible use of a complete dose (200,000 units in divided dosage) of tetanus antitoxin seems to give promise of elevating the antitoxin treatment of tetanus to a more satisfactory position.

TETANUS ANTITOXIN "GLOBULIN MODIFIED" **Lederle** is antitoxin of high concentration and purity. Adequate dosage is obtainable in convenient volume and in this form reactions have been reduced materially.

*All Antitoxins sold by Lederle are now
Globulin Modified, averaging 40% less bulk.*



The NEW and the OLD

ACTUAL SIZE—10,000 UNIT DOSE

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.

THEOCALCIN

**BILHUBER-
KNOLL CORP.**

In angina pectoris Theocalcin is often employed for a prolonged vasodilator action on the coronary vessels, or to guard against constriction and reduce the frequency and severity of painful attacks. Treatment is best begun with 2 or 3 tablets several times a day; then the improvement may be continued with smaller doses

THEOCALCIN (theobromine-calcium salicylate) *Council Accepted*

Available in 7½ grain tablets and as a Powder



BILHUBER-KNOLL CORP. 154 OGDEN AVE., JERSEY CITY, N.J.

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

"Owing to the fact of their ready secretion by the liver cells bile salts are the most reliable chologogues with which we are acquainted." Starling.

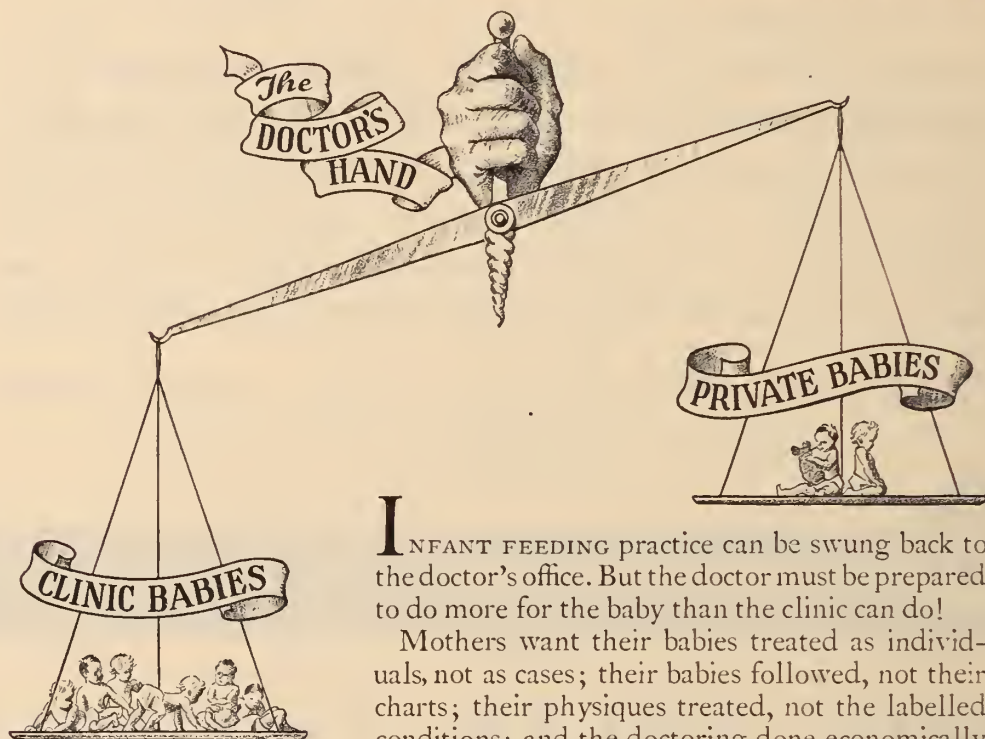
Powder, in ¼ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

FAIRCHILD BROS. & FOSTER

NEW YORK

FEWER CLINIC BABIES... MORE PRIVATE BABIES



INFANT FEEDING practice can be swung back to the doctor's office. But the doctor must be prepared to do more for the baby than the clinic can do!

Mothers want their babies treated as individuals, not as cases; their babies followed, not their charts; their physiques treated, not the labelled conditions; and the doctoring done economically and effectively.

With improved economic conditions, the trend is consequently returning to private practice. Encourage it!

The doctor knows his practice, the mother her economies. When the infant feeding materials prescribed are within the reach of every budget, mothers will appreciate the physician and babies will thrive.

Karo is a most economical milk-modifier. It consists of dextrans, maltose and dextrose (with a small percentage of sucrose added for flavor) and is suitable for every formula. Karo costs about one-fourth as much as expensive modifiers. A tablespoon of Karo gives twice the number of calories (60) in comparison with a tablespoon of any powdered maltose-dextrans, including Karo powdered. Karo is well tolerated, highly digestible, not readily fermentable and effectively utilized by infants.



Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. S10, 17 Battery Place, New York City.

CANNED FOODS AND THE PUBLIC HEALTH

V. FOOD IN THE OPEN CAN

• In September 1935, the facts about food in the open can were presented on this page. It was stated that there was no reason, from the standpoint of food poisoning, why food must be removed immediately after the can is opened. This statement bore the Seal of Acceptance of The Committee on Foods of the American Medical Association.

However, since that time, two incidents have occurred which lead us to present again the facts concerning food in the open can.

First, late last fall, a national organization dedicated to the relief of human distress during war and disaster, issued a list of precautions designed to reduce accidents in the home, in which it was erroneously recommended that food be removed from the can immediately. The Department of Agriculture detected this error and called it to the attention of those responsible for issuance of the recommendations. A correction was made as soon as possible but the damage had already been done. The original safety recommendations had meanwhile been issued in schools and newspapers throughout the country, thus giving further support to this old, unbased prejudice against canned foods.

Second, in the early months of 1936, a release regarding food in the open can was

made by a national press service to newspapers throughout the land. The strong inference was made in this press release that food left in the open can might become hazardous to consumer health.

This dissemination of misinformation, referred to in the two instances cited above, has caused an increase in the number of consumer inquiries concerning the safety of food in the open can. To reply to these requests for reliable information, we can well quote from a recent release made by the Department of Agriculture (1).

(1) U.S.D.A. Press Release, Feb. 23, 1936

"It is just as safe to keep canned food in the can it comes in—if the can is cool and covered—as it is to empty the food into another container. Thousands of housewives are firm in the faith that canned goods ought to be emptied as soon as the can is opened, or at least before the remainder of the food goes into the refrigerator—one of the persistent food fallacies. The question keeps coming to the Bureau of Home Economics in letters from home-makers.

"A few acid foods may dissolve a little iron from the can, but this is not harmful, not dangerous to health. Cans and foods are sterilized in the 'processing'. But the dish into which the food might be emptied is far from sterile. In other words, it is likely to have on it bacteria that cause food to spoil.

"Whether in the original can or in another container, the principal precautions for keeping food are—Keep it cool and keep it covered."

AMERICAN CAN COMPANY

230 Park Avenue, New York City

This is the thirteenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.

The Price Today
is One More Reason for prescribing
Walker-Gordon Certified Milk

Physicians — considerate of their patients' pocketbooks — may naturally hesitate to prescribe Walker-Gordon Certified Milk, thinking it high priced.

The advantages of Walker-Gordon Certified Milk — uniformity the year round, cleanliness, safety, maximum nutritional value — are valuable, but they are not expensive. At most, a few cents a day extra on the milk bill.

•

Walker-Gordon Laboratory Company
Plainsboro, New Jersey



ALLERGIC RHINITIS

In the vasomotor rhinitis accompanying hay fever and similar seasonal allergic conditions, as well as in other congestive disorders of the nasal mucosa, the application of Neo-Synephrin Hydrochloride brings prompt relief from the distressing symptoms.



NEO-SYNEPHRIN HYDROCHLORIDE

(Levo-meta-methylaminoethanolphenol hydrochloride)

Active on repeated application

More sustained action than epinephrine

Less toxic in therapeutic doses than epinephrine or ephedrine

No sting at point of application

DOSAGE FORMS

SOLUTION
1/4% and 1%
(One-Ounce Bottles)

EMULSION
1/4%
(One-Ounce Bottles)

JELLY
1/2%—In Collapsible Tubes
with nasal applicator

FREDERICK STEARNS & COMPANY

DETROIT NEW YORK KANSAS CITY SAN FRANCISCO
WINDSOR, CANADA SYDNEY, AUSTRALIA



Insomnia MAY SEEM TO THREATEN LIFE ITSELF

FEAR plays an important part in loss of sleep. Insomnia may be occasioned by worry, by mental or nervous strain, by disease, or by the dread of the risk of operative procedure. If the condition persists, it may even seem to threaten life itself. Very often the use of a safe sedative and hypnotic will restore the patient to a condition where normal sleep is possible without sedation.

Induction of a calm, restful sleep closely resembling the normal may be accomplished safely and effectively by the use of Ipral Sodium. The action of Ipral Sodium (sodium ethylisopropylbarbiturate), is fairly prompt since it is readily absorbed. It is rapidly eliminated (by way of the kidneys), and undesirable cumulative effect may be avoided by

proper regulation of the dosage. No untoward organic or systemic effects are reported.

Ipral Sodium is supplied in $\frac{3}{4}$ -gr. tablets as a sedative, 2-gr. tablets for use as sedative and hypnotic, and in 4-gr. tablets for pre-anesthetic medication.

Tablets Ipral Aminopyrine (2 gr. Ipral, 2.33 gr. Aminopyrine) are intended for use when both an analgesic and a sedative effect are desired.

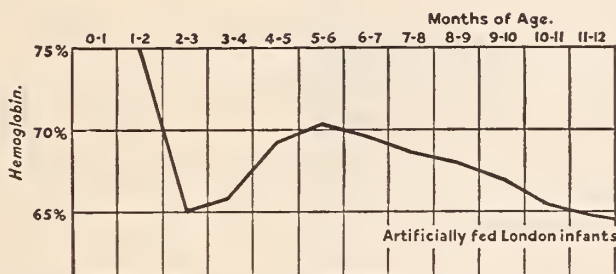
Both of these Squibb Ipral Products may be obtained in vials of 10 and in bottles of 100 and 1000 tablets. For descriptive literature address Professional Service Department, 745 Fifth Avenue, New York.

E. R. SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



IPRAL *Sodium*

Nutritional Anemia in Infants



Hemoglobin level in the blood of infants of various ages. Note fall in hemoglobin, which is closely parallel to that of diminishing iron reserve in liver of average infant. Chart adapted from Mackay. It is possible to increase significantly the iron intake of the bottle-fed from birth by feeding Dextri-Maltose With Vitamin B in the milk formula. After the third month Pablum offers substantial amounts of iron for both breast- and bottle-fed babies.

Reasons for Early Pablum Feedings

1. The iron stored in the infant's liver at birth is rapidly depleted during the first months of life. (Mackay,¹ Elvehjem.²)
2. During this period the infant's diet contains very little iron—1.44 mg. per day from the average bottle formulae of 20 ounces, or possibly 1.7 mg. per day from 28 ounces of breast milk. (Holt.³)

For these reasons, and also because of the low hemoglobin values so frequent among pregnant and nursing mothers (Coons,⁴ Galloway⁵), the pediatric trend is constantly toward the addition of iron-containing foods at an earlier age, as early as the third or fourth month. (Blatt,⁶ Glazier,⁷ Lynch⁸.)

The Choice of the Iron-Containing Food

1. Many foods reputed to be high in iron actually add very few milligrams to the diet because much of the iron is lost in cooking or because the amount fed is necessarily small or because the food has a high percentage of water. Strained spinach, for instance, contains only 1 to 1.4 mg. of iron per 100 gm. (Bridges.⁹)
2. To be effective, food iron should be in soluble form. Some foods fairly high in total iron are low in soluble iron. (Summerfeldt.¹⁰)
3. Pablum is high both in total iron (30 mg. per 100 gm.) and soluble iron (7.8 mg. per 100 gm.) and can be fed in significant amounts without digestive upsets as early as the third month, before the initial store of iron in the liver is depleted. Pablum also forms an iron-valuable addition to the diet of pregnant and nursing mothers.

Pablum (Mead's Cereal thoroughly cooked and dried) consists of wheatmeal, oatmeal, cornmeal, wheat embryo, brewers' yeast, alfalfa leaf, beef bone, iron salt and sodium chloride.

¹⁻¹⁰ Bibliography on request.

MEAD JOHNSON & COMPANY, Evansville, Indiana, U. S. A.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.

Dependable Gland Products

2-24 Mt. Pleasant Ave.

Newark, New Jersey

do you treat
CANCER?

THE RADIUM EMANATION CORPORATION

MAINTAINS the most efficiently organized Radium laboratory to make available to you, at low cost, every facility for the use of Radium in your practice.

RADON SEEDS. Removable or permanent. We provide seeds of the composite type, with Radon under leak-proof glass seal. Filtration 0.3 mm. of Platinum.

APPLICATORS. Uterine tubes, cervical applicators, surface plaques properly prepared to meet the requirements of each individual case.

OUR SERVICE is available to you day and night including Sundays and holidays. Your inquiries and orders will receive our prompt and careful attention.

THE RADIUM EMANATION CORPORATION

GRAYBAR BLDG.

Tel: MOhawk 4-6455

NEW YORK, N. Y.

On the Internal Use of the Waters of SARATOGA SPA



“WITH respect to the internal use of the Saratoga (Spa) waters, *Geyser* is an alkaline and chalybeate (complex ferrous iron) agent, useful in the treatment of various gastric, hepatic, duodenal and biliary disorders, of anemia, and of conditions associated with deficiencies of the alkaline reserve of the body, notably gout, arthritis, neuritis, etc. In states of ‘sub-acidosis’ and where ketogenic factors may be at work, as in diabetes, this water may serve a good purpose.

“*Coesa* is mildly laxative, antacid and diuretic; it is helpful in disorders of the gall bladder.

“*Hathorn* is strongly laxative.

“The essential difference between these waters—saline and alkaline—lies in the ratio of the constituents, which are identical in kind in all instances.”

This excerpt from the bibliography* on the waters of Saratoga Spa aptly sums up the general indications for their use. Physicians generally are invited to inform themselves more fully on the subject of these naturally mineralized, naturally carbonated spring waters. Literature will be sent, and a physician's sample package (containing 2 bottles of *Geyser* and 1 each of *Hathorn* and *Coesa* Waters) on request on your letterhead.

**Medical Times & L. I. Medical Journal*, August, 1933

SARATOGA SPRINGS AUTHORITY

Walter S. McClellan, M.D., Medical Director

159 SARATOGA SPRINGS, N. Y.



Analysis of the Three Waters

(MINERAL PARTS PER MILLION)

Hypothetical Combinations	Geyser	Hathorn	Coesa
Ammonium chlorid	61.17	59.10	38.77
Lithium chlorid	27.00	64.49	42.43
Potassium chlorid	233.81	789.54	348.00
Sodium chlorid	2,511.61	8,594.84	4,930.39
Potassium bromid	32.00	160.00	16.00
Potassium iodid	1.60	4.80	2.00
Sodium sulphate	Trace	None	None
Magnesium sulphate	None	None	None
Sodium metaborate	Trace	Trace	Trace
Sodium nitrate	Trace	Trace	Trace
Sodium nitrite	Trace	Trace	Trace
Sodium bicarbonate	2,206.54	424.71	433.70
Calcium bicarbonate	1,877.09	3,380.84	2,545.74
Barium bicarbonate	Trace	25.65	39.03
Strontium bicarbonate	Trace	Trace	Trace
Ferrous bicarbonate	23.15	40.07	14.25
Magnesium bicarbonate	874.71	2,244.88	1,378.52
Alumina	1.59	4.98	2.70
Silica	6.60	14.40	9.60
Total	7,856.87	15,808.30	9,801.22

This means that an 8 oz. tumbler of *Geyser* Water for instance, contains 28 grains of minerals of which 18.2 are acid-fighting bicarbonates. Other mineralized waters boast when they can show 3 grains.

VISIT THE GREAT NEW SPA AT SARATOGA

Physicians (as well as patients needing a “cure”) will be inspired by the completeness and rounded equipment and facilities of the \$8,500,000 investment by the State of New York for the public health. Plan to see it for yourself, this summer.



ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products



PULVULES SODIUM AMYTAL

(Sodium Iso-amyl Ethyl Barbiturate, Lilly)

From the standpoint of the patient surgery is a never to be forgotten experience, but many disturbing recollections can be avoided when 'Sodium Amytal' has been judiciously administered preoperatively and postoperatively.

From the standpoint of the surgeon and the anesthetist 'Sodium Amytal' facilitates co-operation of the patient, reduces the quantity of general anesthetic required, and contributes to uneventful postoperative convalescence.

Pulvules 'Sodium Amytal' (Sodium Iso-amyl Ethyl Barbiturate, Lilly) are supplied in 1-grain and 3-grain dosage forms in bottles of 40 and 500.

Prompt Attention Given to Professional Inquiries

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK OVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 6

JUNE, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

The Outing Meeting of the County Society

The development of a fraternal spirit among physicians is one of the objects of a County Medical Society; and one of the potent methods of securing it is the annual outing of the society. Four County Societies,—Camden, Gloucester, Mercer, and Salem,—list an outing among their regular meetings, to the great benefit of both the Society and the individual members.

An outing meeting will go far to correct the conditions which existed openly in one County Society as late as 1882, when its minutes record the trial of a physician on charges brought by a fellow member, that the offending doctor had violated the medical code of ethics in that, since he had been called as a consultant, he had claimed precedence over the family doctor in the procession at the funeral of the patient. Today the family doctor would impose that duty on his worst enemy.

The time is past when a doctor can indulge in open criticism of a colleague, for he only invites the same criticism of himself. The salvation of the doctor in medical practice is a friendliness to his brethren. The members of a County Society naturally divide themselves into groups having a common interest; and the serious introvert may enjoy a game of

golf with a reckless competitor of an entirely different temperament; and once they have found a common interest in a sport, there is a bond of friendship between the two.

The common ethics of sport are higher than those of other interests which people have. "Be a true sport and forget it" is the common advice that is given to one who feels offended by another. The outing of the County Society affords the opportunity to bring all the members together in a common bond of friendship; and it is gratifying to see the stately member unbend when he takes part in a sport, if it be only as a cheering onlooker. When sport is viewed in this light, it becomes a maker of character in its best sense.

The outing meeting of a County Society is one of the best means of promoting that medical unity which is the characteristic most needed in these days of competition with the promoters of state medicine in all its insidious forms. The individuality of the doctor must be preserved; but equally important is the unity of the profession. An outing meeting of the County Society is one of the best means of promoting it. That unity will be evident to the public when they read the report of the County Society outing in the local papers.

Socializing Medicine

Medicine boasts of its *scientific* strides. It points to smallpox, diphtheria, yellow fever, tuberculosis, typhoid fever, insulin, neosalvarsan, and the development of an aseptic surgical conscience as its monuments along the ever-lengthening span of life. Yet some individuals, with their sclerotic philosophies, would have us try to get along with a mongrel medico-socio-economic program of, to be most generous, the gay nineties and the terrible twenties.

Status quo and laissez faire are willowy keystones in this age of materialism, unless they are supported by an aggressive leadership at the head of an informed and aroused rank and file. I do not condemn status quo personally; I am quite well satisfied with it. *But*,—unless we engage in an aggressive campaign of education, even the status quo will be so mutilated by agitating social saprophytes and paternalistic politicians as to be unrecognizable and unbearable to patient and physician alike.

It is a bit incongruous, is it not, that they should talk of socializing medicine? It is not incongruous when we consider that it is as fundamental as protoplasm for physicians to subscribe to the Marxian philosophy of "To each according to his needs and from each according to his ability to pay." And yet social workers assembled in state convention can say that the socialization of medicine is imminent, and that the physicians will have no hand in the moulding thereof. Some politicians with their insatiable appetites for votes, whetted by the reception at home of the Social Security Act, see in the socialization of medicine a new and tempting vote lure. It is human nature to accept that which we understand least. Payment of a physician's bill has been popular with few; and so this new—yet old—proposal may act as a soothing syrup to a colicky electorate, only to have it awake later with a large and lingering hangover.

Our English cousins have a way of doing things very well. They are law-abiding. They

have an inherent sense of economic justice. Everyone pays his way. Everyone, from bar maid to Duchess, and lift operator to Prime Minister, knows what he gets for his rates, and why. The Englishman pays a penny or a six pence for a ride on a bus or on the underground according to the distance of the ride; not a nickel for two blocks or the length of New York. He pays for his theatre program and holds on to it instead of getting a handful gratis from the usherette and then dropping half of them on the floor. There is little apparent waste in England. The Englishman pays for what he gets and gets what he pays for. Chiseling is certainly minimal. He is conceived, born, and raised on tradition; but it is a sound, sustained and sustaining tradition. The low-wage Englishman has never paid a doctor's bill. He has always (until 1912) paid a weekly pittance for medical care to the collector of a doctor, or Friendly Society, or a lodge or a trades union. National Health Insurance represented little change to him,—at least in that respect.

The concept of social security, including medical service free and without limit, is alluring to some philosophers, and to the salaried employees of the Health Foundation; it is not so alluring to the doctor who must apply that philosophy to everyday life, nor will it long prove attractive or beneficent to the recipients of such detailed medical care. Yet if the physician keeps silence, or does not make active efforts to improve the present system of delivering medical service, the propagandists will be sure winners.

It is a significant fact that, whenever a physician becomes interested in the activities of his County or State Medical Society, he is inspired to arouse his less informed brethren to action before it is too late. An informed membership in organized medicine is an aroused membership!

HILTON S. READ.

The English Panel System

When a physician diagnoses the condition of a patient, he takes a careful history, and is unbiased in securing data. Dr. Hilton S. Read, Chairman of the Welfare Committee of The Medical Society of New Jersey, spent two weeks in England during March, 1936, interviewing physicians who are engaged in panel practice, officers of the British Medical Association, medical officers of the Ministry of Health, consultants not on panel, and over 200 insured persons; and has recorded his observations in the article which appears on page 352 of this Journal.

Dr. Read does not make a diagnosis, or suggest a treatment. His article records the opinions and experiences of physicians whom he interviewed. He also suggests something of the background of the characteristics of the English people which the American physician is to take into consideration in judging the adaptability of the English system to New Jersey.

Study Dr. Read's article and compare it with the findings of medical observers of socialized medicine in some of the continental countries, in which the officials control the doctors.

Quality of the Voice

What quality of the conversational voice is the most annoying to those who are compelled to listen to it? Some voices are intensely annoying to all who have to listen to them; while other voices are torture to some persons and not to others.

The physician has a professional interest in the voice as a cause of that vague yet common condition called *nervousness*. Fortunate is the person who is immune to irritation by an unpleasant voice. The evidence that a large proportion of men and women are immune to the irritation of an unpleasant quality of the voice is the fact that they actually seem to enjoy a radio song rendered in a shrill rasping monotonous tone. It may be that the sentiment of the song over-balances its irritating tone with which it is broadcast.

An indication of an irritating tone of voice is the great sense of relief and comfort which comes over the listener when the voice suddenly ceases. Inquiry regarding the irritating qualities of the voices to which a nervous patient is compelled to listen is an essential part of taking a history of those patients whose chief complaint is nervousness.

The doctor attending a Medical Society meeting is peculiarly susceptible to a nervous

unrest when he listens to a droning speaker, although the effect is more often a fatigue whose expression is sleep,—which is only another expression for fatigue.

The diagnosis of an irritating voice is comparatively easy to one who gives attention to the elements of the irritation. Merely as an example of the common elements of an irritating voice, four conditions may be mentioned,—pitch, intensity, harshness, and monotony. To these may be added poor enunciation.

A speaker is usually not aware of the special form of voice irritation to which he is subject. Hence the value of courses in public speaking whose main object is to point out the mannerisms in which the doctor unconsciously indulges when he speaks before an audience. Many a doctor whose conversational voice is pleasing, is unconsciously irritating when he talks in meeting.

A brief course in public speaking, such as that of the Bergen County Medical Society described in the May Journal, page 311, is one of the most valuable projects which a County Society can undertake. Such a course is essential in developing speakers to address lay audiences according to the plans of the sub-committee on Public Relations.

Impressions of the Annual Meeting

Impressions of the Annual Meeting of The Medical Society of New Jersey, which was held in Atlantic City June 2-4, 1936, may be divided into two classes: First, *facts* regarding it, and second, *opinions* or the interpretation of the members regarding the facts.

It is a fact that the attendance of the members was the largest yet attained at any Annual Meeting in the 170 years of the history of the Society. It is also a fact that the response of the members to the suggestions contained in the annual reports of the officers and committees was well-nigh unanimous. A special session of the House of Delegates was necessary in order to consider a question of the legality of a proceeding by a county society; but the regular sessions of the House were remarkable for their harmony in regard to problems of a medical nature.

To plan the programs involved the coordination of many interests. The principal difficulties were those regarding the assignment of hours and rooms in which the many activities might be carried on. The Committee on Arrangements had its hands full in arranging for developments which no one could foresee in their entirety; but as a matter of fact, the events that were scheduled were carried out with 95 per cent perfection and satisfaction.

It cannot be expected that any single issue of The Journal can report the events in full. The scientific papers will require over 200 pages of space which will be distributed throughout the year.

Reporting the discussions of the annual reports of the officers and committees in the Transactions of the House of Delegates will require at least forty pages, or as many as were given to the reports in the May Journal. It is expected that the Transactions will be made ready for publication in the August Journal.

The Scientific Exhibits were of unusual interest and value, and were so extensive that

a description of them will require the available space in several issues of The Journal. It is expected that those which can be summarized and described will be written up and published at intervals on the same basis as the scientific papers. This is a feature which is comparatively new, and will require careful preparation.

The Woman's Auxiliary demonstrated its essential value as an integral part of The Medical Society of New Jersey, especially its plans along the lines of public relations and contacts with lay health organizations, and in historical medicine. The demonstration of historical objects of medical history was a new project whose success demonstrated its value, and has already led to plans for a historical exhibit to be shown at the American Medical Association in Atlantic City next June.

The social events brought the members together in unusual harmony, and the presentation of golden keys to the living Past Presidents was a feature which is an encouragement to devoted service by the officers.

The technical exhibits were literally crowded, although they were more extensive than ever before. A popular feature was a system of prizes offered by the exhibitors themselves for evidence of the number of visits of members to the several booths as indicated by the entries on cards showing the visits of each doctor to the booths. The contest for prizes led the doctors to take notice of exhibits which they would ordinarily pass by unnoticed.

Just as intense preparations for the Annual Meeting began weeks before the event, so reporting those events in the Journal will continue throughout the year. The Annual Meeting is much more than a passing episode or routine event. It is a reflection of the activity of the Society and its members throughout the year preceedng the event, and a prophecy of the broadened field of activities during the coming year.

Local Publicity for the Annual State Meeting

Members returning from the Annual Meeting have the opportunity to bring their County Medical Societies prominently to the attention of the people. The great defect in the influence which the County Society may have on the public is the ignorance of the people regarding its objectives. It will be live news that a doctor has spent two or three days at the State Society meeting; and editors of local papers will use that excuse for printing an account of the civic projects which the doctors discussed. Few people will take an in-

terest in the impersonal discussions on medical science and economics; but they will be interested in the fact that their own doctor had a part in the proceedings. The editor will naturally inquire what the doctor got out of the meeting, and will relay it to his subscribers and readers in a column of first page news.

A news item such as this is not in any sense a personal advertisement of the individual doctor; but it is fully approved and advised by The Medical Society of New Jersey, and of the county in which he lives.

The Copeland Food and Drug Bill

The report of Dr. J. F. Hagerty, Chairman of the New Jersey Delegates to the A. M. A., is reassuring to those who look to the American Medical Association for leadership in securing a national Pure Food and Drug Law of real power and value (p. 367). This Journal of January, 1936, page 39, describes the action taken by the officers of The Medical Society of New Jersey for the purpose of informing our Senators and Representatives regarding the essential weakness of the Copeland Food and Drug Act and the nature of the proposed Social Security bills. The attitude of New Jersey's representatives in Congress was most responsive to the arguments of the Medical Profession.

The Journal of A. M. A. of May 30, pages 1896 and 1902, contains statements of the attitude of the A. M. A. in opposition to the Cope-

land Bill. Dr. W. C. Woodward, M.D., Director of the Bureau of Legal Medicine and Legislation of the A. M. A., in a three-page article in the Journal, points out the insidious clauses which take away nine-tenths of the force of the Copeland Bill. The most glaring defect is that which compels the law enforcers to accept as evidence the *opinions* of legalized practitioners as of equal value with the *facts* disclosed by expert chemists and research workers. This means that the opinion of a chiropractor, who is a healer licensed under the laws of many states, must be received as of equal value with the testimony of the best physician in the land.

The American Medical Association is to be commended for its opposition to the futile Copeland Bill and its support of the original Wiley Act, with some changes that will bring it up-to-date with modern scientific knowledge.

Automobile Insignia

The Medical Society of New Jersey is supplying its members with automobile insignia through their County Societies. The insignia is an enlarged copy of the Society's seal as it appears on the first page of the cover of The Journal, but with the word "Member" added at the top of the circle. The seal has a yellow background, with blue letters, which may be easily read, and its face is coated with a trans-

parent adhesive by which the doctor may attach it to the *inner* face of the windshield of his car so that it may be read from the outside.

The object of the seal is to call attention of the people to the *Medical Society* in distinction from the *Individual Physician*. It may also be a constant reminder to the doctor of the privileges and services which the Medical Society brings to him.

Who Was Dr. Bronson?

Dr. Lancelot Ely, Past President of The Medical Society of New Jersey, has written the Editor the following letter:

"For information and correction, I am writing you today about a wooden mortar I picked up in an antique shop yesterday. Written on the mortar on the bottom of the base, in pencil, was 'Dr. Bronson 1774.'

"The dealer told me that Dr. Bronson had practiced medicine in Somerville years ago, but I have never heard of his name in this section.

"I thought possibly, through Wickes' history that you have, you might locate this doctor's name and give me any information that you may find about him."

Dr. Wickes does not record any Dr. Bronson in his history, neither does the name appear in the "Transactions" of the State Society;

but the omission is not surprising. Dr. Bronson may have been giving faithful medical service, quietly and unostentatiously; and he may not have left descendants to perpetuate his name. Such leads as that of Dr. Ely are incentives to the members of the Society to be on the watch for hints as to his possible identity which may come from entirely unexpected sources.

Although Dr. Bronson may have been a quiet, modest practitioner, the search for data concerning him may lead to the discovery of other physicians who practiced during the early days of the State Society, and who helped to place the Medical Profession of New Jersey in the most prominent and important place among all the State Societies.

Honoring Our Past Presidents

To progress through the chairs leading up to the Presidency of The Medical Society of New Jersey involves much study and hard work; and at the end of his term of office there is still a prominent place for the President, for he is a Fellow of the Society, to whom the officers and members look for assistance, advice, and encouragement.

The honorable position of the Fellows is like that of the elders in times gone by before books and records were available to every member; and their experience and mature judgment are still as valuable and necessary as in the days when instruction was by word of mouth, and leadership was dependent on wise judgment and action in previous emergencies.

New Jersey is peculiarly fortunate in its list of Past Presidents, all of whom are still active in proportion to their physical strength. They well deserve the recognition that was accorded to them by the presentation to each of a golden key which will lock the recollection of their honorable service among their most satisfactory memories. The unostenta-

tious display of the symbol of this achievement will be an incentive to the members to win similar recognition through devoted service.

Dr. Van Etten, on presenting the keys, called attention to three stages in the education of a modern physician (page 358). First is his initiation into the mysteries of scientific medicine which he acquires in the medical school. Then comes his years of service as an interne in a hospital where he learns the art of applying his scientific knowledge to sick individuals. A physician is tempted to stop at this stage of his education; but modern conditions demand that he bear his share of the burden which devolves upon the Medical Society as the adviser of the community organizations and departments of health. Education along these lines comes only from participation in the activities of his County and State Medical Society. There is no graduation from that school of experience. The Past Presidents of the State Society are active teachers and research workers in the great school of organized medicine.

ORIGINAL ARTICLES

ADDRESS OF THE PRESIDENT

A PROPHECY OF MEDICAL PRACTICE IN THE FUTURE

By MARCUS W. NEWCOMB, M.D., Brown's Mills, N. J.

The practice of medicine in the next decade will be determined by the demands made by the public in sufficient numbers to secure attention, and will be founded upon the knowledge and experience gained by physicians in the past. Any temporary changes based upon a revolutionary disregard of the ideals and traditions of this country and of the wisdom so painstakingly accumulated by physicians throughout the years will eventually fail and fade away.

The medical profession has continuously studied and experimented to reach its present stage of development and excellence in caring for those in need of medical services, and in the methods of distributing these services to those in need.

Many theories and ingenious explanations for the facts we have observed, and many promising solutions of the problems faced from time to time have been presented, but few have stood the test of time in practical application, despite the fact that these theories were evolved out of long continued observation and study. Carefully planned and laboriously carried out experiments have been continuously conducted by keen scientific men and women. These have led us forward, step by step in the science and art of medicine, and even the experiments which disclosed the fallacies of our hypotheses have advanced our scientific knowledge and procedure.

Only the willful or misled propagandist continues when he finds himself headed in the wrong direction.

The medical profession does not fear change. Changes take place periodically in every field, and the tempo of these changes varies considerably at different times. Changes in professional procedures in medical diagnosis and treatment which have occurred in the last three

decades during which I have been in practice have probably been greater and more drastic than in the entire preceding century.

Physicians everywhere have welcomed new knowledge and methods when they benefit the public. These improvements have come largely as contributions from the members of our own profession, but not entirely so. Pasteur was a chemist, and sanitary engineers have made vast contributions to health chiefly through control of environmental hazards. The educators have now discovered health and when given proper aid in the selection of the health subject matter to be taught, their contributions have been most valuable in acquainting the public with the advantages of increased knowledge.

I can hardly separate in my mind the work of the nurse from that of the physician, though each has his proper scope of function. I do, however, regret the tendency of the nurse to invade other fields and ally herself with groups of whom she can never be a part because of her training. To them she remains "only a nurse", for her training fitted her primarily to render her part in furnishing medical service. While medical service naturally involves some ability to instruct and to demonstrate in the home, and to acquire a knowledge of the family resources—both mental and economic—the nurse is primarily an able assistant to the physician, and he can pay her no higher compliment than to say she is a good nurse.

There is another group from whom the physician of today can learn much. I refer to the businessmen who have demonstrated their ability to economically curtail loss of time and effort through systematic procedure and records, and through organized coöperation.

Physicians see and appreciate in their hospital work the value of system and records, and those who practice outside of the hospi-

tals can save both time and money by investigating the time and labor-saving devices and facilities now available at reasonable cost through dealers in office equipment.

I mention this matter at this time because it is in the field of systematic distribution of medical service, at a cost which each patient can pay, that our present problems lie. The quality of our professional service of today is unquestioned. Its distribution can and will be improved by better organized effort. Whether this organization be provided by the profession itself or by the government will be determined largely by our own ingenuity and initiative. I believe we can and will continue to meet any real demands of the public promptly and effectively.

The Medical Society of New Jersey is now well organized. Our component societies will doubtless follow suit in this direction and out of their experience will provide the best possible medical care. The public demands have determined our practice in the past and will determine that for the future. Propagandists come and go with their revolutionary proposals. They often serve a purpose, however, in stimulating our thought and action, but the public still has confidence in the medical profession and we will not fail in our duty to continue in providing adequately for their medical needs.

The various committees in The Medical Society of New Jersey are continually analyzing the problems presented by the changing conditions and we adapt our practice to better meet the needs. This work is chiefly done through volunteer effort made by experienced and scientifically trained men and women who most intimately contact the public and know their changing needs. The work of these committees is integrated through our Executive Offices with the aid of a well-trained and efficient staff of employees.

The medical profession seeks the opportunity to serve, and expects a reasonable reward in order to make this service possible. This is called a practical age, but the ideals of service still dominate the profession. Through the centuries the great majority of the mem-

bers of our profession have held the esteem and regard of the people they serve.

The outstanding feature of this year's work in The Medical Society of New Jersey has been the frank and open-minded analysis of medical practice, both as to procedure and distribution in their relationship to modern needs and conditions. Changes and changing conditions result from many causes, some of which are temporary, but many are evolutionary and will continue.

In the distribution of medical services, who is better fitted than the physician, who furnishes the service to the individual, and his colleague who specializes in the planning and administration necessary to protect the health of the people in the state and community? Some of our members specialize in institutional care for the indigent unemployables. We endorse such practice and believe this to be a proper function of government.

For indigents and those in the low-wage brackets, whom circumstances beyond their own control cause to move in and out of the zone of indigency, the free dispensary has heretofore served more or less satisfactory. There is, however, a maximum patient-load beyond which effective free dispensary service cannot be given with satisfaction to both the patient-recipient and the physician-donor of such services.

The demand for free medical service is affected by many factors—i. e., unemployment, epidemics, mental attitudes, politics, governmental philosophy, and the selfish interests of those persons or groups who would exploit the patient's supposed needs for their own advantage. I refer to the promoters and "uplifters", rather than to the well-trained and experienced investigator whose contribution to health service can be made most valuable.

Unsound proposals for revolutionary changes in the furnishing of medical services—and such proposals do appear at times in our State and Federal Legislatures—are carefully studied and analyzed by our State Society officers and the appropriate committee. These proposals are promptly reported, and with the recommendations of our special committees, are con-

sidered by the Welfare Committee, in which are represented all of our component County Medical Societies. The final decisions of this group are often again reviewed by our Trustees when so requested by the Welfare Committee. When these decisions are finally so approved, they become the "voice of organized medicine in New Jersey".

Special recognition should be given at this time to the fine work and the achievements of the *Medical Practice Committee* in analyzing current medical practice problems and their practical proposals for their solution.

The *Public Health Committee* persists in efforts to make every physician's office a center for the practice of preventive medicine. The expanding program of this committee merits close study and individual coöperation, both from the standpoint of the physician himself and that of his patients.

The *Public Relations Committee* is just getting under way and is now in the throes of its "growing pains". This committee has a big and important job to do, and my successor in his presidential address next year will no doubt have some fine achievements of this important committee to report.

The *Legislative Committee* has not this year had such a heavy schedule as in the last two years, but it has acted promptly and effectively whenever called upon.

The achievements of the year are listed in the annual reports printed in the May Journal. My chief recommendation for next year is that the fine work of the State Society Officers, Trustees, and committee members be made known to every member of the Society through

individual letters, supplemented in detail in our Journal; and that the component County Medical Society organization and procedure be still further improved to provide better understanding and coöperation in our program and plans for the year to come.

I would also recommend the election of a Speaker for the House of Delegates. I believe that a good parliamentarian in such a position could relieve the President of a portion of his many responsibilities. Through continuing in office beyond any single year, he would better provide for continuity of program and integration of the efforts of the members and committees in the House of Delegates.

I believe further that a mid-winter meeting of our own House of Delegates, as recommended to the A. M. A. Trustees by this Society during my administration, would aid in acquainting our members with the aims and activities of the State Medical Society officers and committees, and would enlist better coöperation and understanding from the component County Societies.

In closing my term of office as your President, I want to express my deep appreciation of the honor you have done me, and for the excellent coöperation and help given me by my fellow officers and for the loyal devotion and fine contributions in time, effort, and results which were given by each and every member upon whom I have called for help and service.

I can give to the President-Elect no greater and no more inspiring encouragement than to say that I know you will all respond next year as promptly and cheerfully to his call as you have to mine during the year now about to close.

POLYGLANDULAR DISEASE

By GEORGE CRILE, M.D., Cleveland, Ohio

An Address delivered before the General Session of The Medical Society of New Jersey at its Annual Meeting in Atlantic City on May 1, 1935. This report was prepared from the stenotype notes of the address, and its publication has been delayed because of the absence of Dr. Crile from this country.

There is being ushered into our work a rather new period in surgery and medicine in which both branches will participate.

Heretofore, we have usually attempted to attack problems by way of a single organ, a single method. We have been thyroid specialists, or nerve specialists, or interested in metabolism; but I think our present knowledge and the vistas opening before us now are of such scope that we shall begin to deal with the *organism as a whole*. We shall begin by considering the mechanism as a whole, instead of single organs.

POLYGLANDULAR DISEASE

I shall illustrate what I mean by a consideration of polyglandular disease. I expect to show, as indeed we all know perfectly well, that there is no organ of the body that stands by itself and performs a function as if it had rented space in the human body and ran a show to suit itself.

Every organ is tied up with other organs; and the organism as a whole functions by virtue of the various rôles played by this or that organ. All of the organs are coördinated by the only tissue of the body that can be conditioned, the only tissue of the body that can have memory,—and that is the nerve tissue. Therefore, it is impossible to think of nerve tissue, whether it be brain, spinal cord, a nerve fiber, the sympathetic chain, the sympathetic complex, as performing a function by itself alone.

The nerve tissue coördinates energy, releases energy here and there, such as the energy of motion as in muscles, or the production of a secretion from a gland. The important point is that nerve tissue is the only tissue that can be conditioned, can have memory; and therefore, that can coördinate, can regulate, can relate the past to the present.

It is perfectly apparent that the heart by

itself cannot change its beat. It is perfectly certain that the thyroid, the adrenal glands and the other glands related to this sympathetic system cannot of themselves, within themselves, have power to change their speed. The power to do this is brought to them from outside of themselves, through the nervous system. You may say that this is accomplished by hormones; yes, but in the final analysis, the first organ whose hormone influences other glands and other tissues is itself activated by nerve tissue.

It is apparent that the thyroid gland does not stand by itself and cannot say to itself, "Well, things are rather dull here in this individual in whom I am living. I will stir him up. I will put on a hyperthyroidism." Such a conception is absurd.

The heart cannot say to itself, "I will put on a palpitation, a tachycardia." It cannot do anything of the kind.

Years ago, Professor McLeod and I were considering certain problems. We worked off and on, on the isolated heart, and if there ever was a stupid organ when it is by itself, it is a heart. It is no more than a stationary pump. It contracts on and on, until you do something to make it change its pace, its beat, and the force of its beat.

Therefore, tachycardia does not originate in the heart; hyperthyroidism does not originate in the thyroid gland.

If we approach our problems, as I shall in a few minutes, in the light of the fact that, after all, man is an adaptive mechanism, and the special senses bring in the impulses that make us do this way or that,—the impulses that move us hither and yon, make us have an emotion, make us have a memory, reflex, thought, imagination, reason,—then we must realize that the various organs of the body are coupled with the special senses through the sympathetic system, as well as through the central

nervous system, thus making a mechanism of the whole.

NEURO-GLANDULAR GROUPS

My thesis is this: In attacking the various diseases peculiar to civilized man in particular, we should attack them by attacking a neuro-glandular group, rather than by an attack upon a single organ. I can illustrate this point very well by a consideration of certain diseases.

From what I said a moment ago, one would suppose that exophthalmic goiter, hyperplasia or hypertrophy of the thyroid gland, cannot come from within the gland itself. If, therefore, it does come as the result of activation of the nervous system, then denervation of the adrenal gland, which is a primary power station of that system, should abate or cure exophthalmic goiter without any operation whatever upon the thyroid gland. It does do so. Mind you, I am not advocating adrenal denervation as the routine method of treatment of exophthalmic goiter. The regular operation of thyroidectomy is, of course, the primary mode of treatment.

In twenty-three cases of primary exophthalmic goiter, I did a primary denervation of the adrenal gland with no operation at all on the thyroid gland, and the entire disease disappeared, including the hyperplasia, sweating, and emotionalism. Exophthalmic goiter is a very good example of a neuro-glandular disease. That is what it really is. It is well enough to use the word "hyperthyroidism", but it does not represent the entire truth. In all, we have performed 116 adrenal denervations for recurrent and primary hyperthyroidism.

NEURO-CIRCULATORY ASTHENIA

There is a disease which closely resembles hyperthyroidism, namely, neuro-circulatory asthenia, or soldier's heart. This disease is characterized by tachycardia, nervousness, excitation, fatigue, tremor, sweating, cold hands and feet. In some cases, there may be an increased metabolic rate. That is, neuro-circulatory asthenia presents a group of symptoms which resemble those of hyperthyroidism, excepting that, in neuro-circulatory asthenia, there is not

the loss in weight or the increased metabolic rate which occurs in hyperthyroidism.

Neuro-circulatory asthenia presents a pure example of a pathologic physiology in the adrenal-sympathetic system. Therefore, it should be cured by denervation of this system—and so we found it to be. This disease is cured completely by interfering with the very system in which there is a pathologic physiology and resultant excessive drive, excessive activity; and that interference provides a specific cure for this disease.

In this same group of patients, as we all know, there are nearly always very marked disturbances in the digestive area, due to the pathologic physiology in the same system, which in turn affects the stomach, the intestines, the pancreas, and the liver. Many of these digestive processes, indigestion and so on, that come in highly intelligent and emotional people, are due to the same cause.

These two diseases, hyperthyroidism and neuro-circulatory asthenia, so clearly and definitely followed the theoretical conception, and were so abated or cured by adrenal denervation, that we then asked ourselves—"How do we know that in that mystical disease that Cushing has so beautifully described in his monograph and his writings as *pituitary basophilism*, the pituitary gland may not be merely responding to a pathologic physiology in the sympathetic system, just as the thyroid does, just as the heart does, as the adrenal gland does in hyperthyroidism and neurocirculatory asthenia?"

When the activity of one of these great glands, such as the pituitary, the thyroid, or the adrenal, is increased, its hormone is increased; and that goes out and not only disturbs other glands, but disturbs the sympathetic system and the brain itself. Like the cuttlefish, it so obscures and darkens the water that you cannot see the primary source of the disease.

Therefore, we said to ourselves that if hyperthyroidism is primarily a pathologic physiology of the only tissue that can be conditioned, namely, nerve tissue, and if that conditioned nerve tissue is in the sympathetic

chain, then these cases of polyglandular disease might fall in the same category as hyperthyroidism and neuro-circulatory asthenia; and we might then be able to ameliorate or cure this mystical disease that has not hitherto been benefited by any treatment except for the temporary benefits that have been obtained by x-ray treatment of the pituitary gland. We put this conception to a test in the case of an extraordinary patient.

Dr. Henry Turner, of Oklahoma City, who is a Professor of Endocrinology in the University of Oklahoma, said to me one day, "I have a patient on whom I think this operation should be tried, a case of typical polyglandular disease."

This patient was a teacher in the University of Oklahoma. Her disease had started some time before. For six months she had been confined to her room, mostly in bed, because she had hyperthyroidism, a basal metabolic rate of plus 36 per cent, tachycardia, palpitation, sweating, tremors and so on; but there had been no loss in weight. In addition, she had hirsutism to such an extent that she had to shave every day. The hair had the male distribution, namely on the shoulders and arms, on the breasts, around the girdle, on the thighs and legs, and she had a male *escutcheon*. She had headaches too. Thus the thyroid, the pituitary, and the adrenal cortex were involved, and the adrenal medulla also was related to the hyperthyroidism.

She had had amenorrhea for a long time. Thus the ovaries were involved. The blood sugar curve betrayed a prediabetic status, thus the pancreas should be included. She experienced indigestion and flatus.

Here was a case of polyglandular disease in a very intelligent woman who had been incapacitated for six months. She had read all the literature on the subject of this disease that Dr. Turner could give her, so that, when Dr. Turner consulted me, I found that this patient knew as much or more about endocrinology from the book standpoint than either Dr. Turner or I did.

I want to emphasize the point that this patient had intelligence of a high order as this explains my last statement. In an intelligence test, she had stood first among four hundred and one people in her university, and she had had nothing to do for six months but to read about herself. Thus I was speaking with an authority when I discussed her disease with her.

I was so anxious to try the effects of adrenal denervation in this case that I wanted to leave the room to talk with Dr. Turner about it and discuss how it would be best to present the matter to her. She said, "If you are rising to go out for a consultation, I want to be in that consultation myself."

Then I thought, "Well, it is all finished."

We sat down and she said, "I will speak first. I think we had better try a left adrenal denervation."

We stopped right there, as the matter had reached

its conclusion. The patient came to Cleveland, and I performed a left adrenal denervation; after which she went home. In about three months, she decided to come back and have the other denervation.

This patient has been entirely cured of her disease, has been back teaching for over a year. The whole grotesque appearance—the hirsutism, the obesity and all the other symptoms have disappeared.

We have had fourteen such cases, but I am discussing polyglandular disease today not so much on account of the disease alone, but on account of the extraordinary background for the disease.

PEPTIC ULCER

Another condition in the treatment of which we have applied this principle is peptic ulcer. This also is the result of a disturbance of the sympathetic system. It is necessary to consider only how it is associated with emotional disturbances. The kind of individual, who has a keen drive, who is creating our civilization and maintaining it, is the type of individual who gets a peptic ulcer. Peptic ulcer is very prevalent among doctors, and there are undoubtedly some doctors with peptic ulcer sitting in this room. Wherever doctors are gathered together, there peptic ulcers are also.

We have had forty-six cases of peptic ulcer in which adrenal denervations have been performed. We have limited this operation to those cases of peptic ulcer in which various types of treatment have been tried, particularly those in which gastro-enterostomy has been followed by recurrent ulcers. Denervation accomplishes a very important thing—it makes these cases quite curable, so that if the patients take reasonable care of themselves, they will not require any further operation even though they may still require some care.

DIABETES AND HYPERTHYROIDISM

In another group of cases in which there is a combination of diseases, such as cases of hyperthyroidism and disturbed carbohydrate metabolism or diabetes, palliation or cure follows denervation. We found from experience that in such cases, it was not safe to perform a denervation in a patient with outstanding hyperthyroidism, so we first perform a partial

thyroidectomy. Then the denervation is performed. Usually, a single lobectomy is sufficient. If there is any reason for it, the other lobectomy can be performed later.

In a group of cases of disturbed carbohydrate metabolism and hyperthyroidism, we found that we could palliate or cure both diseases because they both have the same background. We have had over 500 cases in which diabetes has been associated with hyperthyroidism. These two diseases are prone to appear in individuals with the same type of personality; and by personality I mean only one thing—the relationship between the brain, thyroid, adrenal and sympathetic complex. That is all there is to personality. In individuals of that type, any of a number of diseases may occur, and each of these diseases may be modified by modifying this hook-up. Disturbed carbohydrate metabolism, or diabetes and hyperthyroidism together, can be palliated or cured in many cases by thyroidectomy alone; but if the disturbed carbohydrate metabolism persists, then a cure may be effected by denervation.

Can we take a pure case of diabetes without hyperthyroidism and cure it by adrenal denervation? We are in the process of finding that out. Therefore, I shall not discuss it now.

THE KINETIC TYPE OF PATIENT

Let us now consider further the type of individual in whom these diseases generally occur. They are the *kinetic type* of individual—people who are active, who have the power of continuous, sustained activity, who put a great effort behind what they are doing, who believe in something and drive for it. Such are the people who get these diseases, although not exclusively, still in a sufficient majority for that statement to be made.

It is in the excessive activity of the brain, thyroid and adrenal-sympathetic system that are bred this group of diseases which are peculiar to civilized man. We should, therefore, be prepared to attack these diseases, not by a single formula, not by saying, "I am going to cure these diseases by attacking the thyroid gland", but by deciding, "I am going to cure

these diseases by attacking the adrenal glands; I am going to cure these diseases by attacking the sympathetic system or the brain."

You can attack them, of course, by disciplining the mind—the brain—by rationalization. This will accomplish what most people do normally. It is those who do not do this who get these diseases. Instead of having a single mode of attack, what our experience has led us to realize is that we should consider the *patient as a whole*, and should use this or that method according to the indications in the individual case—in one case resection of the thyroid gland, in another case an adrenal denervation, and in another case a combination of these procedures.

As for the experience on which these statements are based, we have now 487 patients upon whom we have performed the various types of operations along the line I have mentioned,—unilateral denervation in 205, and bilateral in 282 patients.

CONSTITUTIONAL INFERIORITY

I wish particularly to mention cases in which denervation has failed to ameliorate the disease. These have been cases of patients with constitutional inferiorities that are normally unbalanced, nervous, and excitable. They were born that way and are deficient in that respect. No treatment we have tried (and we have tried denervation and thyroidectomy and partial adrenalectomy, singly or in combination) made any difference in the results. Therefore, we no longer operate on patients of this type. I particularly want to mention this because there is a temptation to go ahead in such cases, for the patient comes in with tachycardia, weakness, excitation, crying, self-pity, sweating, and wants an operation.

PSYCHONEUROSIS

There is another group which includes patients with any type of psychoneurosis. Psychoneurosis is a disease of the brain. That whole group of patients who are psychologically maladjusted, who have had too much, such as the children of the rich, and people who are in trouble—social, marital, domestic

—and who come in with mimicries of diseases that are real, these should be resolutely thrown out of consideration as far as operative treatment is concerned. We have actually tried to cure some such patients, and the results have been failures.

In a disease like Buerger's disease, denervation is of no avail. In Raynaud's disease, the results are fairly good, though ganglionectomy gives such fine results that I think perhaps it is better than adrenal denervation.

SPINAL ANESTHESIA

These operations are performed mainly under spinal anesthesia. You notice a great fall in the blood pressure in patients under spinal anesthesia. Spinal anesthesia has just one great danger—a great fall in the blood pressure. In these operations we noted a most interesting and significant occurrence. The *fall* in the blood pressure due to the spinal anesthesia was followed by a great *rise*, even to above the primary level, which was due to the manipulation of the sympathetic complex and to nothing else. This occurs even if the adrenals are not touched at all, and only the splanchnic major nerve is manipulated. This happens in cases of essential hypertension just as in other diseases.

As for hypertension, I have in mind the case of a teacher, forty-four years of age, with a blood pressure of 225/150, I performed a left denervation only. In January of this year, she was able to return to her teaching. She now has a blood pressure of 165/120. To be sure, that is not normal, but she is able to work. The interesting observation in this case is, as it has been in others, the subjective and symptomatic relief. In this case, I expected to perform a right denervation also, but the patient herself said that as long as she continued to feel so well, she would prefer not to have the second operation. Of course in this, as in many of our cases, the time since the operation has been too brief for any final conclusions to be drawn.

HYPERTENSION IN YOUTH

I should like to mention the fact that we have operated upon a small group of youthful

patients with essential hypertension, boys and girls from eighteen to twenty-one years of age. It is now more than three years since the operation in two of these cases, and the blood pressure has remained stationary at an almost normal level. This group is not numerous enough and the time since operation has not been long enough to be sure of the clinical end-results; but they do give us a very definite hope that we can modify or control the hypertension in early cases of essential hypertension.

No one would suppose on theoretical grounds that you could do anything worth while in cases of arteriosclerosis.

Here is a suggestion—that patient with polyglandular disease about whom I have already told you had a blood pressure of 160. It is now nearly three years since her operation and her blood pressure is 110 at the present time. She was not operated on for hypertension, but that is part of the syndrome. Of course, one at once questions why, if this can happen in polyglandular disease, the high blood pressure should not be affected when it stands alone.

I have another very significant case to report.

The patient was a seventeen-year-old school girl who came of a very talented family. Her little brother is now the All-American Eighth-Grade Scholar for the United States. She led her class always. She had been a slender girl of very refined appearance, but became rapidly obese, coarse, and gross in appearance. The breasts were fat, and there were deposits of fat on her shoulders. She had a male escutcheon, and male distribution of hair on the face, arms, and legs. She had complete amenorrhea. She had headaches, and the Friedman test gave a result corresponding to that of about the fifth month of pregnancy, showing that the pituitary gland was involved.

In this case, we applied no other treatment than bilateral denervation of the adrenal glands. This patient changed back to her normal state in appearance. Her mind had been sluggish, and she had been greatly depressed. After the denervations, she became mentally alert and again became a leader in social and scholastic activities. Every symptom of the polyglandular disease—the hirsutism and obesity—disappeared, and the Friedman test gave negative findings.

In these cases of polyglandular disease, I am sure that, if we could have examined the

pituitary gland, we would have found an adenoma or hypertrophy. If we had examined the ovaries, we would have seen changes there. What the results of denervation have shown, however, is that these changes in these glands were wrought primarily by a pathologic physiology in the adrenal-sympathetic system. In these cases, this weird disease was erased by denervation of the adrenal glands.

To sum it all up—man is peculiar by virtue of the development of his brain, and the unique development of the thyroid gland, because he is the only animal whose thyroid gland is larger than the adrenal glands. The thyroid gland among other functions has the power of raising and heightening the function of the brain.

THE KINETIC SYSTEM

This excitation and continuous activity of the brain and the thyroid gland, in turn, drives the adrenal-sympathetic complex; and that in turn produces this or that disease, just as in

a trial test of motor cars over rough roads and long distances, one car will break down at one point, in the wheel for example, and another one in the magneto, and so on.

The kinetic system—the energy system of the body—is the only mechanism that can, and does drive man. Although driven hard, many go on through life with no adverse happening; but in others, one or another organ will be affected abnormally and not adaptively; and hyperthyroidism or neuro-circulatory asthenia may result. Or the glands may endure the stress all right and the brain may function normally, but a peptic ulcer may be the result of the excessive drive of the adrenal-sympathetic system; or the pancreas may be affected,—the carbohydrate metabolism being so changed that diabetes will appear.

In some cases there may be a combination of hyperthyroidism and diabetes and peptic ulcer; or any combination of diseases may result from the driving of this peculiarly high-strung individual we call civilized man.

THE MEDICAL EXAMINATION OF INDUSTRIAL WORKERS

By E. E. EVANS, M.D., Pennsgrove, N. J.

Chief of the Medical Staff of the E. I. duPont de Nemours and Co. Dye Works,
Deepwater Point, N. J.

Read before the Salem County Medical Society, December 13, 1935

As industrial physicians, it is our duty to supervise the health and physical condition of the employees of our plants, carefully and scientifically. In order to do so, many and varied examinations are necessary. I have chosen to speak of these medical examinations of industrial workers.

Our plant is essentially a dye works for the manufacture of the so-called synthetic dyestuffs, with which our workmen come in contact. We can not at this time dwell upon the methods of dye manufacture and the hazards attendant thereto.

DYESTUFFS

Synthetic dyestuffs are derived from certain base products which are themselves obtained

from the distillation of coaltar. These include such substances as benzene, naphthalene, anthracene, etc. In the manufacture of dyestuffs, it is necessary to treat these basic products by nitration, sulphonation, chlorination, reduction, and oxidation. The resultant substances may be dyes, but are mainly intermediate products. You can see that, necessarily, certain definite hazards in manufacture are present. Innumerable quantities of acids, alkalies, and gases of various description are used or are produced in various stages of manufacture. Hence, in the selection of personnel to perform the necessary steps in the manufacture, care must be exercised.

PRE-EMPLOYMENT EXAMINATIONS

The Dye Works' Hospital must perform first: preemployment examinations. These examinations are made to determine, first, a definite physical rating for the individual (a general picture of his present health); second, his physical fitness for the job for which he is employed. A definite attempt has also been made to classify personnel and buildings.

Roughly, our personnel or physical classification is as follows:

Class A or I denotes reasonably perfect physical condition.

Class B or II denotes minor physical disabilities with such impairments as infected tonsils, defective vision, poor dental hygiene, border-line blood pressure and chest conditions which are not definite but which do show pathology beyond that ordinarily considered as normal.

Class C or III denotes some definite physical disability such as extremely low blood pressure or a blood pressure beyond 150 systolic or 100 diastolic. This classification limits the man definitely to specific or limited work.

Class D or IV designates those individuals who are physically unfit to perform safely any work on a chemical plant.

The buildings and operations have been classed as I, II, III, dependent upon the toxicity and hazards involved. Men are employed in all of these classifications, except Class IV. However, the idea of the examination is to insure that the individual is not employed in work that is beyond his physical capacity.

The preemployment examination includes a complete physical examination, a routine analysis of the urine as well as a blood Wassermann reaction and a routine flat chest x-ray. The reason for this latter examination; that is, x-ray of the chest, will be discussed in more detail a little bit later. Should the individual be designated for employment in certain areas such as the lead plant or in the handling of certain nitro and amino compounds, in addition to the above, he would receive complete blood counts and possibly a cystoscopic examination.

SPECIAL EXAMINATIONS

In addition to the preemployment examination, one of our prime functions is concerned with the health of the individual following his employment. It is, therefore, necessary to perform a great number of special examinations in order to determine whether or not the chemicals handled by the individual are in any way affecting his health. Of these special examinations we will mention briefly the so-called lead examination.

TETRA ETHYL LEAD

All the tetra ethyl lead fluid used for ethyl gasoline is made at the dye works. Up to the present time, at no other place in the world is the substance manufactured. We must run a series of specific examinations upon the workers in this occupation. In order to control the health of this group of individuals, it is necessary first of all to make specific physical examinations. Each three weeks every man employed in this operation is examined by a physician. The impressions and observations of the physician, together with his findings, we consider one of the most important phases in the control of the lead hazard. Laboratory control work is also important. Routine urine analyses are made at this three weeks' period as well as smears of blood for stipple cell counts and enumeration of the erythrocytes.

As a further control of this group of workers, specimens of urine and faeces are collected at stated intervals from representative men in the group and quantitative analysis for lead excretion is determined.

As an adjunct, we further supervise the analysis of the air in the manufacturing buildings. The figure given by the U. S. Public Health Service for allowable concentrations of lead fumes or dusts in the air is 5 m.m. per 10 cubic meters. Thus, with the proper evaluation of the above procedures, we are able to determine whether or not an individual is likely to develop symptoms of lead absorption or intoxication. Naturally, the primary function of all of this type of work is *prevention*. Hence, any abnormal findings are investigated in the operation itself in order that improper

methods may be at once corrected and the health of the workmen safeguarded.

NITRO AND AMINO COMPOUNDS

Other special examinations include a quarterly examination of all men working in nitro and amino compounds and in other specific hazardous operations. These men receive a special physical examination stressing the systems which may be affected by the chemicals with which they work. This necessarily includes a great deal of laboratory analysis. It is essential, therefore, that we make numerous specific blood and urinary tests. In this group also falls the cystoscopic examination to be told of later by Dr. Wolfe. Any indication of abnormality developing in an individual in the course of his job is immediately investigated both from the manufacturing standpoint, as well as from the health standpoint of the individual. You can readily see that, with such a mass of routine examination and such likelihood for chemical absorption, we must function as a diagnostic clinic.

Almost without exception, every individual who develops an illness claims that it is due to his work at the plant. Many symptoms of minor chemical absorption may simulate various diseases in the incipient stage, and so we are compelled to use every possible means to reach a definite workable diagnosis. When such a diagnosis is reached, and if we are able to determine that the condition is of non-plant origin, it is our practice and rule to refer such patients for further treatment to the family physician. Wherever possible, we furnish the family physician with the results of any special tests we may have made, and are glad to cooperate with him in any possible way, particularly from the standpoint of special examinations which may not readily be obtained elsewhere. We must admit that we can not always be perfect. Hence, occasionally we may consider the condition from which an individual is suffering as of non-occupational origin. We, therefore, ask that you men as the family physicians call our attention to such occupational cases that, in your opinion, may or are definitely due to occupational causes.

DERMATITIS

For years workmen in the plant have known that they may develop dermatitis from exposure to certain chemicals. Hence, every skin condition occurring in an employee is considered by him as a *chemical dermatitis*. Many of these men call it "germantitis" and report for treatment, insisting that it was caused by their work. We must thus attempt to differentiate this condition from the vast number of common, current dermatosis. We find many cases of the so-called dermatitis upon analysis and examination to be impetigo, scabies, dermatophytosis, acne rosacea, simple hives, etc. Through a careful analysis of the cases of dermatitis developing and through education both of supervision and employee, we have been able in the past two years to reduce the incidence of chemical dermatitis from approximately 600 cases to a little over 100 cases a year. We still have cases of definite chemical dermatitis, and I am sure you men may occasionally see such a case.

ANNUAL PHYSICAL EXAMINATION

The duPont Company has well-defined service and welfare plans. Included in these service plans is an annual physical examination of each employee. This is made with a two-fold purpose. First of all, to determine the physical rating of the individual and whether or not any change in his physical condition may be due to his work in the plant; and secondly, as a service to the employee so that by disclosing minor physical impairments, we may refer him to his family doctor for the correction and observation of conditions that might impair his health.

Many minor defects are disclosed by these examinations. We have allotted thirty minutes' time with the medical examiner. The patient is examined completely, is carefully questioned, and any symptoms given are followed by more extensive examination. It is not our object to treat the minor and major pathology disclosed. Invariably these patients are instructed to seek treatment from their family physician. A definite follow-up system has been instituted whereby patients may be

called in from time to time in order to determine whether or not the recommendations made from the facts disclosed at the annual examination have been carried out. Of course, we can not compel the employee to seek adequate medical attention unless his condition is such as to imperil the health of other individuals with whom he may work.

CONCLUSION

The outline given above discloses briefly certain of the important functions of our Dye Works' Medical Department. In addition to this, we also care for all minor abrasions, lacerations and major injuries. We are compelled in our routine work to care for many minor ailments besides. The majority of these are, in the patient's opinion, of such a minor nature that consultation with his personal physician is not deemed necessary. We are consulted for many and varied conditions, and whenever possible, we attempt to refer these cases to the family physician for treatment. We have more than sufficient work pertaining directly to our occupational conditions to keep us completely occupied, hence do not foster the treatment of non-occupational conditions.

Many interesting facts are disclosed from the tabulation and analysis of the examinations performed. We mentioned above that it is our plan to perform a blood Wassermann test. This has been accepted as a general Company policy. We have two definite reasons for performing this test. All of the plants of the duPont Company follow this procedure. Specimens are forwarded to a central laboratory maintained in Wilmington, and a Kahn test is made. First of all, we are primarily concerned in the presumptive evidence of specific blood stream infection. The Kahn tests give us this evidence. Our two main reasons for performing this test are: (1) In order to safeguard the health of the employees as a whole

and to bar from certain definite operations those people who have a positive blood stream infection; (2) we feel that we are performing a general public health service by insisting that employees with positive blood stream infection seek and receive adequate treatment. As you well know, a large percentage of the inmates of the state insane asylums are there due to untreated lues. This necessitates an immense financial burden upon the community. The majority of properly treated cases of syphilis do not advance to the tertiary stage where mental conditions develop. We do not dismiss such people from employment provided that they seek and receive adequate treatment. We feel that in this way we are not only protecting ourselves and the individual, but also the community. In more than 3000 Kahn tests made during the past two years, 6.6 per cent have been positive. This does not, I believe, represent the total amount of syphilis present since we have not completely examined the plant personnel as yet.

I mentioned above the fact that a flat chest x-ray was made of all employees. We have found through experience that the man or woman seeking employment does not intentionally falsify facts concerning his health, but simply fails to state certain pertinent information which would be of assistance in properly evaluating the individual's physical condition. We have also learned that physical examination alone does not disclose even gross pathology in the lungs. We feel that our physicians are at least average doctors, and able to make a careful examination and obtain the usual information necessary to judge chest conditions. However, we have found many instances where the physical examination fails to disclose even gross pathology in the lungs. This is the experience of those who handle x-ray films of the chest.

Pennsgrove, N. J.

GOITER SURGERY

By CHARLES GORDON HEYD, B.A., M.D., F.A.C.S.

Director of Surgery, New York Post-Graduate Hospital, New York, N. Y.

From the Department of Surgery, New York Post-Graduate Medical School, Columbia University, New York, N. Y. Read before the Morris County Medical Society, Greystone Park, N. J., December 19, 1935.

Increasing experience in the Goiter Clinic of the New York Post-Graduate Medical School and Hospital has indicated the necessity of a re-appraisal of our working knowledge of thyroid disease. In this country there are two schools of thought in regard to goiter. One holds that, irrespective of the clinical manifestations of goiter, it is a continuous pathological process, characterized by periods of acceleration of symptomatology and interrupted by a return to apparently normal secretion. The second school holds that the clinical types of goiter roughly represent different types of pathological change, and that the symptomatology is the expression of varying types of hyperfunction or of dysfunction. When a patient presents a visible or palpable goiter, there are propounded three questions:

1. What is the secretion of thyroid—normal, hyper-, or hypo-secretion?
2. What is the degree of hyper- or hypothyroidism present?
3. What is the medical or surgical indication?

STRUCTURE AND FUNCTION OF THE THYROID GLAND

The essential secreting unit of the thyroid gland is the individual cell. This cell, organized with others, composes the simplest secretory unit,—the *acinus*. If you imagine a small gherkin pickle cut across transversely to its long axis, there would be a central core surrounded by organized cells. The core would represent the *colloid* material, and the surrounding cells the *secreting* layer. Around the outside of the cellular layer is an ample vascular supply, the blood containing extremely minute quantities of iodine in colloid combination. The individual cell abstracts iodine from the blood stream, and converts it into a material called *thyroxin*. This thyroxin is in turn deposited within the colloid material.

Whenever the cells are increased, the colloid

material is diminished; and as a corollary, when the colloid material increases, the secretory cells of the thyroid apparatus become flattened and atrophied. Therefore, the fundamental conception of thyroid activity is based upon an increase in the number of the cellular units that make thyroxin. This general cellular proliferation is spoken of as *hyperplasia*. The cells increase by simple proliferation, or by the development of buds that pass out into the area occupied by the colloid material, or finally the cells are increased by the development of new acini or secreting units.

The substance, thyroxin, isolated by Kendall, is not always a single definite chemical compound. There are probably a variety of thyroxin-like substances that may be elaborated by the thyroid, and which vary slightly one from the other. For example, the clinical picture of a well-defined Graves disease is that of a *toxemia*, manifesting itself by a remarkable effect upon the *cerebro-spinal nervous* system. The symptomatology of an adenomatous or nodular goiter with hyperthyroidism, on the other hand, is one of some special toxic process affecting the *cardio-vascular* system. Again, for example, the giving of thyroid extract over a sufficient period of time and with a dosage sufficient to produce toxic symptoms, initiates a hyperthyroidism of a cardio-vascular type, yet does not produce exophthalmos or the symptomatology of Graves' disease. Furthermore, the giving of synthetic thyroxin will occasionally not be as effective as the giving of thyroid gland substance.

It is a matter of common observation that the preoperative treatment of a patient with Graves' disease and who has had no previous treatment with iodine, is relatively easy and highly successful. On the other hand, the patient with a hyperthyroidism of adenomatous origin, not having been previously treated with iodine, is not nearly as responsive to iodine therapy as is the patient with Graves' disease.

It would seem, therefore, that there may be, so to speak, different strains or variants of thyroid secretion.

Some students of thyroid disease have doubts as to whether Graves' disease is actually a disease of the thyroid gland. Their opinion is that Graves' disease is a constitutional affection, characterized, in so far as the thyroid gland is concerned, by a loss of the normal threshold for the retention of thyroxin within the gland. In support of this thesis is the known fact that in exophthalmic goiter, while the blood stream is enriched with a surplusage of thyroxin, the thyroid gland itself is impoverished for thyroxin by reason of the fact that with the replacement of the colloid material by increased cellular proliferation, there is not the normal retention of thyroxin within the gland. There is support, also, to the hypothesis that in Graves' disease, owing to the activity of the cellular portion of the gland, relatively large quantities of thyroxin are elaborated hurriedly and incompletely, and that these incompletely formed derivatives of thyroxin are poured out into the circulating blood. It is the incompletely formed thyroxin that produces the severe cerebro-spinal nervous symptoms of exophthalmic goiter. Warthin drew attention to what he termed "the constitutional diathesis" of Graves' disease, and the recent exploitation of denervation of the adrenal glands as a means of interrupting the vicious circle on the Graves' disease syndrome lends some weight to this idea.

TYPES OF HYPERTHYROIDISM

Functional—The clinician is cognizant that hyperthyroidism varies within wide limitations. Hyperthyroidism of young girls between the ages of eight and fourteen, manifested by nervous irritability and restlessness, moderate degrees of tachycardia, inability to gain weight, is probably a *functional hyperthyroidism*, and an indirect response to bodily demands upon a congenitally nonrobust biological product. These young girls have a basal metabolism of +12 to +16, many of them exhibit poor body hygiene, practically all are undisciplined in their eating habits, and many of them show a diet characterized by marked deficiency in

vitamin content. They usually have varying degrees of infection of the nose and throat, with infected tonsils. They tend spontaneously to "cure" themselves. A few progress into definitely established Graves' disease. Aside from the latter, these patients are distinctly a medical problem.

Graves' Disease—The hyperthyroidism of Graves' disease represents essentially an acute thyroid intoxication, occurring in young individuals, eighty per cent being females. From the beginning of the first symptoms of nervousness until the disease is well established, it is usually less than a year. Exophthalmos is present in fifty per cent of the cases within the first year, and in eighty per cent within two years. As a clinician observes a patient with Graves' disease, he is impressed with the marked *motor stimulation* of the individual. The entire muscular apparatus of the body seems to be stimulated with purposeless movements. Patients of this type are "fidgety", exhibit alertness to the point of fear, have a warm skin, and marked tachycardia; and yet within limitations of fatigue they are able to carry on their ordinary occupations. There is a visible and palpable *enlargement* of the thyroid gland, together with muscular instability, gastro-intestinal upsets, and the various eye signs of exophthalmos, Stellwag, Dalrymple, von Graefe, and Moebius. There are changes in affectivity, and an early or initiatory rapid loss of weight in the presence of a robust appetite.

Adenomatous Goiter—Hyperthyroidism of nodular or adenomatous goiter is a chronic type of intoxication. These patients have had a goiter, either asymmetrical unilateral or asymmetrical bilateral, on an average of eight years. After the beginning of the fourth decade, they begin to have cardiac disability, moderate tachycardia, auricular fibrillation, arrhythmia, shortness of breath, and a diminution in vascular and muscular function. There is none of the general motor stimulation, and although nervous, they do not indulge in purposeless movements. Less than twelve per cent of these patients show any exophthalmos.

Practically all cases of hyperthyroidism may,

within certain limitations, be placed in one or other of the three categories outlined above. We believe that Graves' disease is best treated by surgery, although occasional "cures" may be obtained by rest, proper medical therapy, removal of points of focal infection, and by adequate and properly applied x-ray therapy. Hyperthyroidism of adenoma is in our opinion always a surgical condition, and is the one group showing cardiac disability that is most responsive to the curative effect of thyroid resection.

Carcinoma—Carcinoma of the thyroid has occurred in approximately three per cent of our operative material, now embracing over 1000 cases. Ninety-seven per cent of the malignancies have their origin in adenomatous or nodular goiter. If the surgical philosophy that recommends excision of all breast tumors is correct, then in equal measure as physicians we should urge the resection of all adenomatous goiters, for the prognosis in early malignancy of a nodular goiter is far superior to that enjoyed in malignant breast tumors.

BASAL METABOLISM

One of the curious credulities of medical practice is the unanimity with which a single laboratory test is given an absolute diagnostic value. Probably in no widely used test is the blind trust so eloquently exhibited as in the acceptance of the basal metabolic reading. When one considers the possibility of error in its mere application, and the variety of instruments sold under high pressure salesmanship for making the test, it is surprising to see the professional acceptance which it obtains.

We place little reliance upon a basal metabolic reading as an indication for surgery, or when surgery should be performed. A young girl of twenty-one years of age with a normal but rapidly acting heart and a basal metabolic rate of $+100$ is a far better surgical risk than a woman of forty-two with auricular fibrillation and a basal metabolism of $+20$. Thyroid resection on patients with Graves' disease is not a dangerous operation, and has if anything a mortality rate at the present time not greater than that which obtains in surgery for subacute appendicitis. The mortality

that occurs in hyperthyroidism of adenoma is due to the cardiac disability, and not to the intensity of the hyperthyroidism.

It is our custom to have a basal metabolic test made either immediately before or just after admission to the hospital; and to have a second basal metabolism before the patient leaves the hospital, or in the first ten days to two weeks thereafter; and to have a test made approximately from three to six months after operation for a final estimation of thyroid secretion. Our decision as to the best time to operate upon patients with hyperthyroidism is based almost entirely upon the manner in which they react to rest and adequate pre-operative treatment.

FUNCTIONAL CLASSIFICATION

In our goiter clinic we decided upon a classification which was largely based upon thyroid function, and have divided all goiters into three groups: (a) goiters with hyperthyroidism; (b) goiters with hypothyroidism, or approximately normal secretion; and (c) neoplastic goiters. Subdivisions of these three main categories give us a classification table as follows:

CLINICAL CLASSIFICATION OF GOITER

- A. Goiters with hyperthyroidism—hypersecretion or dysfunction:
 - 1. Goiter of adolescence.
Physiological gland with overfunction.
 - 2. Goiter of Graves' disease.
Pathological gland with overfunction and dysfunction.
 - 3. Goiter of adenoma—adenomatosis.
Pathological gland with overfunction.
- B. Goiters with hypothyroidism or normal thyroxin secretion:
 - 1. Simple, endemic goiter and colloid goiter.
Pathological gland—secretory activity normal or diminished.
 - 2. Goiter of adenoma.
Pathological gland—secretory activity normal or diminished.
- C. Neoplastic goiters and inflammatory goiters.

This classification is purely clinical and does not attempt to differentiate goiters upon a pathological basis, although there is a definite parallelism between the various clinical subdivisions and the various types of pathological histology of the thyroid gland.

In so far as diagnosis and treatment are concerned, it is immaterial whether one accepts

the idea recently advanced that all goiters are varying phases of one continuous process, or whether one adopts the more prevalent opinion that there are distinct subdivisions in the pathological classification of goiter.

In the last few years we have had three different pathologists, all expert, give their opinion upon our goiter material. When their reports are frankly analyzed it is found that there is a greater divergence of unanimity in pathological nomenclature than there is in a "workable" clinical classification. The introduction of iodine, both prophylactically and therapeutically, the extreme publicity given to it, its widespread indiscriminate use by the profession and in a wholesale manner by the laity, have tended to confuse the pathological picture with the clinical symptoms in many cases.

PRE-OPERATIVE TREATMENT

All cases of hyperthyroidism should be hospitalized for successful preparation for surgical intervention. Our routine pre-operative treatment may be summarized as follows:

A. Rest

1. Absolute rest in bed, withholding toilet privileges.
2. Mental: (a) Sedatives, (b) environment, (c) comfort, (d) nursing attention, (e) quietude—limitation of visitors, family or otherwise, with extremely short visits at definite periods.
3. Bodily (same as above).
4. Cardiac: (a) Cardiac medication, (b) ice bag over the cardiac area and over the thyroid, alternate hours from 9 a. m. to 7 p. m.—always over a towel.

B. Maintain Nutrition

1. High caloric diet.
2. Forced feeding.

C. Overcome Dehydration (water balance estimation: 3500-4000 cc. water per diem)

1. Force fluids.
2. Clysis—normal saline 500 cc. B. I. D.
3. Proctoclysis—"tap" water with 5 per cent glucose.
4. Intravenous injection—normal saline with 2 per cent glucose.

(No cathartics, but cleansing enema daily.)

D. Medication

1. For thyroidism—Iodine preparations: Sodium iodide minims x to xvi in 5 oz. water 1 hr. after each meal; Lugol's mxv solution administered by mouth or rectum, or sodium iodide grs. vii intravenously.

2. For sedation—Barbital preparations: Luminal, amytal; bromides; chloral.
3. For cardiac disability—Preparations of digitalis; quinidine (for arrhythmia).
4. For preoperative sedation—By rectum; paraldehyde, 1 cc. for each 10 lbs. of body weight in 150 cc. starch solution; avertin; ether. Hypodermically: Morphine; scopolamine.

The most striking feature of the preoperative preparation of patients for surgical intervention in hyperthyroidism of the Graves' disease type is the almost immediate response to complete and absolute *bed rest*. After thirty-six to forty-eight hours of rest in bed the pulse rate will drop from ten to fifteen beats, irrespective as to whether or not iodine has been given. If the patient has not been receiving iodine before admission to the hospital, there is a further drop in the pulse rate, under iodine administration. Most of these patients, except for the tachycardia, have no organic heart defect, and we have no hesitation in pushing fluids by all routes—ailmentary, hypodermic, or intravenous—so as to produce a rapid "plus" fluid intake.

We do not employ cardiac medication unless there is an indication in the cardiac condition per se. As a rule, it is only in the hyperthyroidism of adenomata or nodular goiter that one must have recourse to cardiac therapy. For a time we ran a small series of cases that were completely digitalized, and compared them with an equally selected group that were operated upon without digitalization. The latter non-digitalized group behaved better post-operatively than those that were digitalized. The preoperative hospital stay can be accelerated or shortened by the use of intravenous sodium iodide. It is our custom when employing intravenous sodium iodide, either before or after operation, to give seven and one-half grains once a day, or rarely in acute preoperative thyroidism twice a day.

POST-OPERATIVE CARE

The behavior of patients after operation again indicates an essential difference in the physiology and pathology of the two main types of hyperthyroidism. The patient after a bilateral resection for Graves' disease may have an acute exacerbation of her thyroidism the

first twelve to twenty-four hours after operation. An ascending pulse rate with a comparable rise in temperature and a marked exaggeration of nervous phenomena call for intravenous sodium iodide, dilution of the blood stream by intravenous solution of normal saline, 1000 cc. with two per cent glucose every eight hours; and morphine, grains one-sixth P. R. N. for restlessness.

The patient, on the other hand, who has had an operation for hyperthyroidism of nodular goiter, seldom if ever exhibits post-operative thyroidism, but does show varying degrees of cardiac disability. A pulse that has been stabilized by adequate preoperative treatment becomes irregular, increases in frequency, auricular fibrillation develops and if not controlled becomes a grave postoperative risk. It is rather interesting to observe that the placing of a hot water bottle over the cardiac area, protecting the skin by an intervening towel, has in our opinion definitely helped. Our main reliance has been on the various preparations of digitalis for rapid heart, together with morphine hypodermically grains one-sixth every four to six hours. We have also used quinine sulphate grains three every four hours, either alone or in conjunction with digitalis. As a rule, the postoperative convalescence of a patient with nodular goiter is more rapid, more complete, and more definite than is the postoperative recovery of the Graves' disease patient.

Postoperative hemorrhage has been a negligible worry. In over one thousand operations for goiter, secondary re-operation for hemorrhage has been necessary only twice; in only about five cases have extra Michel clamps been required for skin edge bleeding; and in seven cases there developed some subcutaneous hematoma of moderate proportions.

THE VOICE

There is inherent in operations on the thyroid possible disability to the voice. I do not believe that the laryngeal nerves are grossly traumatized or divided under the modern technic of thyroid resection. It is wise to have the patient speak and to make a definite chart of the record of the voice sounds and breath-

ing immediately after operation. Occasionally after a bilateral resection for Graves' disease, and rarely after a unilateral resection for nodular goiter, there may develop a slight degree of hoarseness or even temporary aphonia, sometimes with inspiratory stridor. The late development of voice changes is probably due to the readjustment of the space dimensions in the neck, with the development of post-operative cicatricial tissue. These patients may make a relatively quick recovery of voice in from six to eight weeks; or voice restoration may be delayed and from six to eight months may be required for recovery. Almost uniformly full normal range of voice function is obtained. The danger of partial voice changes is inherent in thyroid surgery for large nodular goiter, particularly those that are substernal and that have displaced or compressed the trachea. A surgeon should be cautious in his prognosis when advising surgery for this type of goiter in professional speakers or singers.

THROAT INFECTIONS

A problem of equal importance with the technic of subtotal resection and after adequate removal of thyroid tissue, is not to permit the continuance of chronic focal infections in the upper respiratory tract. An individual who has been subjected to the cerebro-spinal assault of a hyperthyroidism of the Graves' disease type for two or three years has become "sensitized" to protein absorption. A patient, who after operation has a normal metabolism, may have persistent or continuous tachycardia as the result of retaining chronically infected tonsils, or untreated nasal infection with "posterior drip", or by the presence of retained roots or marked suppurative gingivitis. Fully one-third of our patients with Graves' disease have had manifest infection of the upper respiratory tract. We have insisted that as part of the therapy the patient shall undertake to have all nasal respiratory infection cleared up, with removal of tonsils, within three to six months after the goiter operation.

It has been our experience to find patients having their tonsils out first as a preliminary to resection, and we believe this to be fundamentally wrong, as a tonsillectomy in a moder-

ately severe Graves' disease is attended with as great or greater risk than the thyroid resection. Nasal respiratory infection can be brought under control previous to operation, as the major risk should embrace the thyroid resection and not the subsidiary item of pathology.

It is our feeling that all postoperative thyroid cases should be under proper medical and dietary control. It is essential that these patients be instructed in personal discipline, as a return of the patient to the traumatizing environment that existed before operation, without medical control, means a continuation of some of the varied factors that make for thyroid instability.

CASES WITHOUT PALPABLE GOITER, OR INCREASED METABOLISM

The philosophy that underlies surgical ablation of the thyroid gland for chronic heart disease is essentially different from the background for surgery in hyperthyroid states. There is, however, a not inconsiderable group of patients who exhibit all of the symptoms of hyperthyroidism, but who are without a visible or palpable goiter and without an increased basal metabolic rate. As a rule, these patients do exhibit some fullness in the region of the thyroid, but it is an enlargement of the thyroid that is not ordinarily noted during a routine physical examination. It may be said parenthetically that there is a well-sustained opinion that the arbitrary $+10$ and -10 predicated as the normal basal metabolic rate is incorrect; that plus values of ten may be construed as the beginning of pathological hyperthyroidism. The main points of this group are covered in the following histories:

Case 1

V. B., a white woman, unmarried, aged 30, employed as a telephone operator, was admitted to the New York Post-Graduate Hospital on May 16th, 1935. Her complaint was nervousness and goiter, duration one and one-half years. The patient had been well up to that time, when she noticed a tachycardia. The nervousness could date from seven years ago, but had been increasing in the past few months. She complained of moistness in the palms of the hands; she noticed no finger tremor; no difficulty in breathing; no dyspnea; but had noticed "pounding" of her heart; tumor in the neck had been marked for one year, but was "growing" for seven years; appetite was good and the patient had gained weight.

This patient came under my observation on No-

vember 3rd, 1934, and at this time the diagnosis of hyperthyroidism, Graves' disease type, was made. She presented a persistent and continuous tachycardia, visible and palpable enlargement of the thyroid, slight exophthalmos, positive Dalrymple and Stellwag signs, constant weight, and a basal metabolic rate of $+5$.

Two months later the clinical picture was slightly more pronounced. The patient had constant weight, and at this time the basal metabolism was $+3$. In spite of normal weight and apparently normal basal metabolic findings, surgical intervention was advised. The patient continued to maintain her weight and the eye symptoms increased.

On April 27th the basal metabolism showed 22 above normal, and Dr. Cameron Bailey, in charge of the Respiration Laboratory, reported in connection with this determination: "The patient is very 'jittery', and had several paroxysms of tachycardia while in the laboratory. Her lowest resting pulse rate was 88, but during the test was consistently 100. The basal metabolic rate is probably ten per cent higher than her lowest possible rate in her present physical condition."

The patient was operated upon May 18th, when a bilateral subtotal resection of the thyroid was carried out. The wound healed per primam. The laboratory findings were interesting and unique, and again in contrast to the clinical picture, the pathological diagnosis being "diffuse colloid goiter, suggesting toxicity". The patient made an uneventful recovery and the pulse had remained at 74. She has gained slightly in weight and her eye signs have practically disappeared.

It is a matter of common knowledge among physicians interested in goiter that the clinical course of Graves' disease is characterized by rapid ascents of hyperthyroidism and slow decline to relatively normal basal conditions. It would seem, however, that this patient was clinically a demonstrable case of Graves' disease for at least eight months before there was any indication of a plus normal basal metabolic rate.

Case 2

J. N., white, male, married, aged 28, entered the New York Post-Graduate Hospital on November 10th, 1935, with the complaint of exophthalmos, nervousness and irritability, of about eleven months' duration.

The patient stated that eleven months ago he noticed that his left eye was becoming prominent, and a few months later noticed the same condition in the right eye. About this time he became nervous, irritable, and emotionally unstable. He consulted an ophthalmologist; the possibility of an orbital tumor was entertained. The ophthalmologist referred him to an internist.

His basal metabolic rate was found to be -6 . The patient rapidly lost 15 lbs. in weight, and he also became aware that his pulse was very rapid, and that he would have attacks of paroxysmal tachycardia, particularly at night. Physical examination revealed a man well developed and rather well nourished, with exophthalmos of both eyes, more

marked on the left. Intra-ocular pressure was normal and equal, vision normal, convergence poor but equal; the thyroid gland was found to be moderately enlarged, of soft texture; the heart normal; blood pressure 150/85; pulse rate 90 per minute. The basal metabolic rate on admission to the hospital was -8 .

The diagnosis was hyperthyroidism, Graves' disease type. The patient was operated upon November 13th, 1935, when a bilateral subtotal resection was performed, removing a mass of tissue from the right side approximately $45 \times 35 \times 30$ mm. and somewhat less on the left side. The pathological diagnosis was "*diffuse thyroid hyperplasia*".

The patient made an uneventful recovery, and was discharged on the eighth day, the wound healing per primam.

The postoperative course was one of continued improvement. Eight weeks after operation the pulse rate was 72, the patient had gained in weight, the nervousness had been largely relieved; and although the exophthalmos still remains, it has diminished.

Case 3

L. S., married, aged 34, white, female, was admitted to the New York Post-Graduate Hospital on May 5th, 1935, for observation. For the past year the patient had complained of pronounced prostration, loss of weight, and persistent tachycardia, coming on at night in paroxysms. The patient's past history was uneventful except for an appendectomy performed in November, 1933, and reoperation for adhesions in June, 1934.

A most complete work-up was made and the total result was almost completely negative findings. A few laboratory facts of some value were, however, revealed. The electrocardiographic study indicated a fast rate, low voltage, and some myocardial change. The gall-bladder dye test revealed a gall-bladder that functioned morphologically, except for a slight delay in emptying. The gastrointestinal series indicated a moderate distention of the first portion of the duodenum with stasis.

The basal metabolic rate was -5 . Dr. Cameron Bailey commented as follows: "The ventilation rate is almost two liters per minute in excess of what one would expect. This, associated with a very low concentration of carbon dioxide in the expired air, indicates a low CO_2 combining power of the blood."

Numerous consultations were held with Dr. Lough

and Dr. Currence of the Medical Staff, and with great reluctance surgical intervention was advised. The patient was operated upon on May 29th, 1935, when a bilateral subtotal resection of the thyroid was carried out. The morphological thyroid gland was found to be moderately hypertrophied, and on cut section revealed marked hyperplasia with no evidence of colloid involution. The gland itself was markedly hypervascularized with considerable perithyroiditis. The pathological report was interesting in that it was reported "colloid goiter suggesting retrogression from a more active stage".

It is not my purpose at this time to discuss whether the pathological designation "colloid goiter" is in keeping with the fundamental conception of thyroid physiology, or whether a colloid goiter per se can have an active toxic phase. In regard to the surgery on this patient, it is evident that a surgeon is averse to assuming responsibility for a subtotal resection of the thyroid in the absence of a plus basal metabolism. However, there was not the slightest doubt in the minds of the three consultants that the clinical presentation of this patient was that of hyperthyroidism.

The patient's postoperative career was marked by rapid recovery, and by return of weight; and she became in the course of three months capable of dancing without the development of fatigue phenomena. Her pulse dropped from a varying 130 to 74 and 78. When last seen in December, 1935, she had a $+3$ metabolic rate, and was in good physical condition.

In conclusion, we are inclined to believe that there are a certain number of patients that clinically exhibit hyperthyroidism and yet give a basal metabolic reading within the normal range. It is apparent that we have withheld certain commensurate benefits that could have been extended to some of these patients by adequate surgery. The so-called or alleged cases of tachycardia, or vascular asthenia, do not constitute a diagnostic problem, and are not to be confused with patients who have a positive clinical hyperthyroidism, with an apparently normal basal metabolism.

116 E. 53rd Street, New York

JOHN BULL, M.D.

PERSONAL OBSERVATIONS IN ENGLAND DURING MARCH, 1936

By HILTON S. READ, M.D., F.A.C.P., Atlantic City, N. J.

The English National Health Insurance scheme may serve as a pattern for our political master minds.—those recent converts to social justice who are attempting to seduce the voters with soft words of pseudo concern as to their health, their aged mother-in-laws, and their electricity bills. Physicians have had ample opportunity to learn, through adequately accurate descriptions, of this English Experiment in National Health Insurance. This article is offered as an inquiring reporter's more or less philosophical scrutiny of the system in operation, with perhaps some illuminating intimate interviews that may help the reader to arrive at some conclusions without the writer expressing any deductions. Limit of space forestalls substantiating evidence. Statements of necessity will sound empiric, didactic, dogmatic.

ENGLISH PHYSICIANS IN HEALTH INSURANCE

The physicians of England—organized medicine, the British Medical Association—had a profound influence in the shaping of National Health Insurance. They continue to direct and control medical benefits. To quote a leading figure in the British Medical Association, "We have successfully kept National Health Insurance out of the arena of politics." There are 16,000 English physicians doing National Health Insurance work, of whom 65 per cent are members of the British Medical Association, which has 23,000 members in England. It must be recalled that a considerable number of the members of the B. M. A. are ineligible for practice under National Health Insurance by virtue of being in consultant practice, in institutional work, civil or military service. Practically all general practitioners have taken on a panel, for it is estimated that 75 per cent of private practice is among the dependents of insured persons.

The report of a Royal Commission in 1928 urged wider scope for National Health Insurance. According to members of the staff of the Minister of Health, most of these recom-

mendations have been incorporated in subsequent amendments to the main Act, and are to all intents and purposes now absorbed into the system. Similar interest in the widening of National Health Insurance scope is the attitude of organized medicine as expressed in an address, "The Future of Medical Practice", by Dr. G. C. Anderson, Medical Secretary of the British Medical Association, and published in the supplement to the British Medical Journal for June 29, 1935. He concluded with the following appeal:

"There are practitioners who look at proposals such as these with which I have now dealt from the narrow, selfish aspect of 'How will they affect my practice?'—instead of taking the larger, broader, and more statesmanlike view of 'How will they benefit the community?' Unless the proposals we advance are conceived in the interests of the community, they are doomed to failure.

"May I finish by urging each medical practitioner, no matter what form of practice he may be engaged in, to take an interest in the development of the medical services of the country. The ultimate aim of the State, of the local authority, and of the medical profession should be to improve individual and public health so that social efficiency may be increased, and prospects, both material and economic, improved. If we can bring a good medical service, in both its preventive and its curative aspects, within the reach of all those who are unable to provide it for themselves, we shall have done much to improve the vitality of the individual, the family and the community."

REGIONAL MEDICAL OFFICERS

At present the National Health Insurance, theoretically, at least, provides for *consultation* or second opinions by the Regional Medical Officers. As a matter of practice, however, it is seldom that they are called by the practitioners for that purpose. They were described to me as kindly retired practitioners who acted more in the rôle of pleasant policemen to check on practitioners' records and the status of certificate holders. One physician was of the opinion that the administrative societies (the Approved Societies) periodically put on drives with the Regional Medical Officers as the spear

PRESCRIPTIO

R

	<i>Metric</i>	<i>Apoth.</i>
Plumbi Acetatis	2.1 Gm.	gr. xxxiiss
Tr. Opii	4.2 cc.	m. Lxiii
Aquae Dest. q.s. ad.	120.0 cc.	℥ iv

M.

Sig: Shake well. Sop on skin with cotton or gauze and let dry.

Note: This may be prescribed as "Lotio Plumbi Et Opii N. F. VI", if you do not care to write out the prescription in full.

R

	<i>Metric</i>	<i>Apoth.</i>
Calaminae Praeparatae	19.2 Gm.	℥ v
Zinci Oxidi	19.2 Gm.	℥ v
Glycerini	4.8 cc.	M Lxxx
Liq. Calcii Hydroxidi q.s. ad.	240.0 cc.	℥ viii

M.

Sig: Shake well. Sop on skin with cotton or gauze and let dry.

Note: This may be prescribed as "Lotio Calaminae N. F. VI", if you do not care to write out the prescription in full.

R

	<i>Metric</i>	<i>Apoth.</i>
Sodii Thiosulphatis	90.0 Gm.	℥ iii
Fld. Ext. Grindeliae Robustae	12.0 cc.	℥ iii
Aq. Dest. q.s. ad.	120.0 cc.	℥ iv

M.

Sig: Shake well. Sop on skin with cotton or gauze and let dry.

Joint Pharmacy
Medical
Relation

A New Science

to the

THE MEDICAL
OF NEW

This is the third of
recommended by your Com

The three prescription
applications in ivy poison
warned against spreading

The three prescription
application in sunburn or
relief follows the use of t

The Committee will
service more valuable to t
member of the Committee

THOMAS
J. IRVING
D. LEWIS
CHESBROUGH
H. B.

S SELECTED

utical and
essional
mmittee
fic Service

RS of

SOCIETY
ERSEY

seasonable prescriptions
Medical Practice.

are suggestions for local
patient should of course be
tis by scratching.

ght are suitable for local
a to other causes. Speedy
te application.

suggestions for making this
r Send suggestions to any
il Practice.

ys, M.D., *Chairman*, Camden
I.D., Newark
r, M.D., Trenton
r, M.D., Gibbstown
I.D., Hackensack

R

	<i>Metric</i>	<i>Apoth.</i>
Aethylis Aminobenzoatis	0.71 Gm.	gr. xi
Zinci Oxidi	3.0 Gm.	gr. xLv
Phenolis	0.16 Gm.	gr. liiss
Cerae Flavae	1.5 Gm.	gr. xxiiss
Adeps Lanae Hyd.		
Petrolati aa. q.s. ad.	30.0 Gm.	℥ i

M.

Sig: Apply freely to burned surface.

Note: If ointment of softer consistency is desired, leave out the yellow wax.

R

	<i>Metric</i>	<i>Apoth.</i>
Acidi Picrici	1.0 Gm.	gr. xv
Alcoholis	15.0 cc.	℥ iv
Aq. Dest. q.s. ad.	180.0 cc.	℥ vi

M.

Sig: Apply on gauze wet with solution.
Renew in three or four days.

Note: If picric acid is absorbed, nausea, headache, vertigo may appear. Stain is difficult to remove. In order to do so, apply a paste of magnesium carbonate and permit to remain several minutes, then wash off with soap.

R

	<i>Metric</i>	<i>Apoth.</i>
Thymolis Iodidi	4.0 Gm.	℥ i
Olei Olivae	8.0 cc.	℥ ii
Petrolati q.s. ad.	30.0 Gm.	℥ i

M.

Sig: Apply daily at first, then every two or three days.

Note: Works well when surface is blistered.

heads to keep the practitioners on the alert. This same practitioner volunteered the information that the British Medical Association had lost an appreciable number of its members, many of whom it never regained, because of its stand at the inception of National Health Insurance. Practically the second opinion is obtained by the practitioner sending the insured person to a Voluntary Hospital on either the in- or out-patient service of the consultant to whom he sends his private patients. Or he sends them to the office of the same consultant who is on the approved list of the B. M. A. as seeing worthy patients at a reduced fee of one guinea (\$5.25) as compared to the consultant's usual fee of three guineas. Several consultants thought they would shortly withdraw from this approved list, as they believed seeing the patients at the reduced fee was more of a hazard than a benefit, and they would prefer to see such patients free at their hospitals.

These same consultants also thought that the idea of *certification of specialists* was just so much wasted effort that could, with more profit, be expended in searching out the answer to better distribution of medical care to the masses. They doubted that the British Medical Association would ever attempt such certification for, after all, specialists are made by the opinion of patients and medical colleagues, not by diplomas or certificates.

THE VOLUNTARY HOSPITAL

No provision is made for *laboratory services* under National Health Insurance. Such laboratory procedures as have a public health import are obtainable through municipal laboratories. Otherwise the practitioner does it himself, or sends the patient to out-patient department of a voluntary hospital. Hospitalization is mainly in the voluntary hospitals to which most employed persons have contributed in one form or another, often at the rate of a penny per pound of income, and to whose services they thus feel entitled. Some effort is made to rule out ineligibles through the Almoner, and to collect from those in a position to pay; but since no voluntary hospital can sue, the effort

to collect for hospitalization is often feeble. This places the hospital and the staff in an ambiguous position and is one point of mild discord.

Considerable opposition seemed potential to the suggestion of increasing the contribution of the employed to National Health Insurance funds in order to take care of hospitalization. The employed feels he is already paying in either rates or the above-mentioned voluntary contributions. The average working man in England pays four shillings (\$1.00) a week to various funds, such as National Health Insurances, Pensions, and Lodge and Union dues.

The consolidated National Health Insurance Act of 1924 has been amended several times to meet a changing order. There is another consolidating act in Parliament now. The act with its amendments seems ponderous and impenetrable; however, the degree of comprehension of the insured and the practitioner is perfectly astounding. This makes for coöperation and smooth sailing, when it is administered (as it is in most instances) by an equitable, sympathetic agency.

THE BRITISH PRACTITIONERS' UNION

Only a very small minority of general practitioners in England belong to the British Practitioners' Union,—an organization somewhat at odds, it would appear, with the British Medical Association, although, of course, it includes in its membership some members from the B. M. A. It is urging more drastic action on behalf of the practitioners with the hope of greater materialistic return. It is registered as a Trades Union, and as such its funds are immune to governmental restraint in case of a strike. It would appear to have limited influence.

OPINIONS OF GENERAL PRACTITIONERS

The general practitioners, as a whole, are delighted with the plan of National Health Insurance. Perhaps the only real distress is in the Islands and Highlands district, but only an Islander or Highlander would go there to practice, and he would not go anywhere else to practice anyhow. Only one physician gets his

entire income from National Health Insurance, that is the only one who has a guaranteed income from the Central Fund. Six others have their income made up to 600 pounds (\$3000) a year because of their isolated post and the limited possibilities of practice.

In the "huntin' and farmin' section" of Yorkshire, there is some qualified dissatisfaction among the practitioners. In that district a long distance frequently has to be covered, sometimes on foot for part of the way for lack of roads, and the practitioners feel that even the adjusted mileage compensation is inadequate. There is, however, the universally expressed favor of the practitioner with the philosophy of the plan, for they look upon the isolated case of apparent inadequate return for their efforts as their contribution to the indigent or low-wage earning group. In the industrial areas the practitioners are particularly pleased. Plant physicians have been largely released; and aside from first aid, the employees are the responsibility of the community practitioners.

Breaches by physicians under National Health Insurance are dealt with severely. I heard tales (from panel physicians) of fines of 50 to 500 pounds (\$250 to \$2500) for false issuance of sickness certificates by physicians; while infractions by the insured provoked fines of half a crown (sixty cents), and the individual is given six months to pay it in. This, they say, is justified on the grounds that the practitioners are supposedly more intelligent and should know better. The issuance of a certificate is, in fact, the issuance of a check for funds of the Approved Societies and, quite rightly, is carefully guarded.

The last report of the Ministry of Health was published in August, 1935, for the year 1934-35. A rather lengthy quotation from it will serve to show, not only the attitude of the Minister of Health but also the degree of honesty of effort of the practitioners as evidenced by the small number of complaints when one considers that 16,000,000 insured persons and 16,000 practitioners are involved.

"Regional Medical Officers paid 928 visits in 1934 compared with 914 in 1933, to doctors whose prescrib-

ing appeared to call for explanation; and, as in previous years, in only a small number of cases did this exchange of view fail to enable the Minister either to accept the explanation offered by the doctors, or to satisfy himself that relatively minor departures from a reasonable standard of prescribing would not recur.

"In ten cases, compared with ten in 1933, and seven in 1932, the Minister found it sufficient to inform the doctors that, while it appeared to him that notwithstanding their explanation there was a *prima facie* case for referring the matter to the Panel Committee, he would refrain from that course because he was satisfied of their intention not to give occasion for such reference to be considered in the future.

"In four cases, compared with two in 1933 and three in 1932, the Minister felt it necessary, after considering the explanations given by the doctor, to refer to Panel Committees the question whether the doctor's prescribing had imposed charges on the available funds in excess of what was reasonably necessary, and, if so, of what amount?

"In all four cases the Panel Committee found that an excess cost had been so imposed during the quarterly periods which were the subject of investigation. The estimated amounts of excess cost ranged from 12 pounds 10 shillings to 39 pounds. None of these findings was made the subject of appeal.

"After considering the recommendations of the Insurance Committees made in the light of the findings of the Panel Committees, and giving the doctors concerned an opportunity of making oral or written representations, the Minister withheld money during the year from the remuneration of doctors in three cases, the sums withheld being 10 pounds, 7 pounds and 3 pounds respectively. In the previous year money was withheld in two cases, and amounted in all to 30 pounds; in 1932 a total amount of 39 pounds 8 shillings 10 pence was withheld in three cases."

STANDARD OF TREATMENT

"The number of cases in which remuneration was withheld from insurance doctors on account of infringements of their terms of service and the total amounts withheld were 78, and 626 pounds 6 shillings respectively, compared with 72 and 455 pounds, no shillings and 8 pence in the previous year. These figures do not include cases in which remuneration was withheld on account of excessive prescribing, to which reference has already been made.

"Fourteen of these cases, compared with eight in 1933 and twenty-two in 1932, were cases of negligence as defined by the Regulations, and before coming to a decision, the Minister had before him the recommendations of the Advisory Committee constituted under Article 41 of the Regulations, which includes representatives of insurance doctors.

"Of the other sixty-four cases, twenty were cases of failure to keep proper medical records, sixteen of failure to furnish information required by Regional Medical Officers in connection with the medical ex-

amination of insured persons who had been referred to them, fifteen infringements of the Medical Certification Rules, six of failure to return medical records to Insurance Committee, and four of improper charging of fees to insured persons. There was one case of combined improper charging of fees and irregular certification; one case in which the practitioner left his practice without giving notice of withdrawal to the Insurance Committee, as required by his term of service.

"The largest amount of money withheld from a doctor during the year in respect of any infringement of his term of service was 60 pounds. There was also one instance in which 50 pounds was withheld, while 25 pounds was withheld in three instances, and 20 pounds in four others. In the majority of cases the amount withheld was 5 pounds or less."

PROCEEDINGS AS TO THE LISTS OF INSURANCE DOCTORS AND CHEMISTS

"No representations were made by Insurance Committees during the year 1934-35 that the continuance of doctors on the medical list would be prejudicial to the efficiency of the insurance medical service. In the case referred to in last year's Report as outstanding at the end of 1933-34 the Minister was satisfied on consideration of the report of the Inquiry Committee, and after reference to the Advisory Committee constituted under Article 41 of the Regulations, that the continued inclusion of the doctor in the medical list would be prejudicial to the efficiency of the insurance medical service, and his name was accordingly removed from the list."

APPEALS AGAINST DECISIONS OF INSURANCE COMMITTEES

"Eighteen appeals were made to the Minister against decisions of Insurance Committees on questions relating to the administration of medical benefit, ten by doctors, four by insured persons, and four by chemists, in addition to five appeals which were outstanding at the beginning of the year, four by doctors and one by an insured person.

"Eight of the appeals by doctors were dismissed, and money was withheld from the remuneration of five of them; four of the appeals were allowed, and two had not been decided at the end of the year.

"Three of the appeals by chemists were dismissed and money was withheld in each case; the remaining appeal was allowed.

"Three of the appeals by insured persons were dismissed; one was allowed, and money was withheld from the remuneration of the doctor concerned. The remaining appeal had not been decided at the end of the year."

A TYPICAL EXAMPLE

One example may serve as fairly typical of the general practitioner under National Health Insurance. It would be absolutely typical if

it were not for the fact that the two brothers, one as chief and the other as assistant, have 4000 panel patients,—the limit,—which is certainly not typical. The locale is a dormitory section of East London with a community population of 200,000 including 150 practitioners, only one of whom does not have a panel. In the last twelve months reported there was not one complaint registered by the insured or by the practitioners in this district. And, after all, Britishers consider London (that is, metropolitan London) as having a population of 50,000,000, and as they say, "If you take London out of England you can have what's left,"—at least, that is what some of them say—Londoners of course! So that we can take this example as fairly typical of urban English practice even if their appraisal of London is a bit on the emotional as against the factual.

A graduate of a good medical school fifteen years ago, this practitioner was pointed out to me by an eminent consultant as a good doctor who would give me the accurate picture from the practitioner's standpoint. Since 1935 he has had his brother with him as an assistant. (A partner must have a one-third interest, for partnerships are allowed 2500 panel patients per partner while an assistant is only allowed 1500.) They maintain three surgeries at the points of a triangle a mile on a side. One end of town the practice is 70 per cent private and 30 per cent panel. At the other end of town the reverse holds.

For the first two years after graduation he did what is a very general practice among recent graduates in England,—he went as assistant to a general practitioner with a large private and panel practice. For this he was paid the standard remuneration of 300 pounds (\$1500) per year and "*found*". Found in England means just that,—heated and lighted apartment, food, and car or car allowance. Then he started out for himself—to build a private and panel practice from scratch.

Sometimes, and this was advanced as one criticism by a consultant, a recent graduate can buy a ready-made panel practice. But this is a rarity. First of all, he has to find such a

practice for sale. Then he has to have the money with which to purchase it. Then after he purchases it, he has to hold it, for the right of free choice of physician and patient is zealously guarded. It is true that such right is seldom exercised—certainly no more than in private practice and for the same type of reasons,—but the right exists and the purchaser of a panel practice might shortly awake to find his practice a hollow echo.

It was his opinion that a panel practice of 500 or under was a liability; that it really pays when it rises above the 1200 or 1500 mark; and that a panel practice, in England at least, of 2000 is really lucrative. He pointed out that an income of 1000 pounds (\$5000) a year from private practice required an outlay of 50 per cent more overhead than the same income from panel practice for obvious reasons, notable among which is the practice of *prescribing* for panel patients and *dispensing* for private patients.

Most busy physicians retain a dispenser at three pounds a week. Dispensers are analagous to our qualified assistant pharmacists and have existed as one of the oldest guilds in England.

There is just now being instituted at this point in London an experiment in the medical care of the indigent. Previously this group has been the responsibility of the Parish Doctor, also a very old position (circ 1500), who is a salaried full-time physician. With the recent modernization of the Poor Laws, indigents are now quite generally the charges of the Public Assistance Authorities, and hence their medical care is largely one of local administration.

In this dormitory neighborhood the medical care of the unemployed is paid for under this experiment at the rate of 16 shillings (\$4) a year, in quarterly payments, as compared with the usual capitation fee of 9 shillings (\$2.25) a year under the National Health Insurance. This higher capitation fee is justified on the grounds that, when the physician is required to see an unemployed, the latter is already sick and may require a considerable amount of medical attention. The nine shilling fee is applicable to all insured individuals whether they

require medical service in any year or not. In the opinion of my informant, "it is no longer a slur on a man's reputation to take on a panel", and the type of panel practitioner is constantly improving. General practitioners are being more and more moved to take on a panel to protect their private practice. As the children of the private patients leave school and "go out to work" they become panel patients. Rather than have a division of medical care in the family, the general practitioner "takes on a panel". He thus preserves the integrity of his friend-counselor-physician relationship with "his family".

The panel patients are extraordinarily considerate, ask for "jolly little" and are very appreciative. It is rare to get unnecessary calls to the homes and perhaps only three night calls in a year. It is true that there are excesses in surgery (office) visits. This is accountable for by the traditional love of the Englishman for a bottle of medicine. This particular practitioner averages a hundred patients a day, seventy in, and thirty out. The panel patients per force get as good attention as the private ones. I verified this with over 200 casual interviews of clerks, tramdrivers, ticket collectors, ushers, etc. Each panel patient may have a number of dependents or relatives who are private patients. No practitioner could slight one and favor the other, and survive in either practice, private or panel. His surgery hours are 9:30 to 11:30, and 6 to 8:30. He makes house and hospital visits ordinarily until 9:30 in the morning, and from noon till 3; lunches at three, and has till 5 free, when he sees private patients on special appointment at double the usual fee. The customary fee in this neighborhood is half a crown (60 cents) in the office, and three shillings sixpence (87 cents) to five shillings (\$1.25) for house visits. He does considerable maternity work, the fee for which is 6 pounds (\$30). As physician to the Post Office he gets a salary and only a small amount of lucrative favors. Insurance examinations pay a guinea (\$5.25). A point paramount in the ethics of all panel practitioners is not to charge a panel patient in any way. Nuisances among the patients are gotten rid of just as in private practice.

THE OPINION OF ANOTHER DOCTOR

In another section of London I interviewed a successful practitioner who has been a medical missionary, and who carried his same evangelistic enthusiasm into his private and panel practice. He made this point:

"In the hands of doctors who are keen on their work, it works out well for both doctor and patient. The Panel Committee is eminently fair, and the discipline in the medical man's hands, as it is, is apt to be more severe than it would be in the hands of laymen."

It was the opinion of this doctor that the panel patient came to the surgery much more often than necessary, and in the past twelve months he had seen 998 out of his 1900 panel patients on one or more occasions. Of the eighty physicians in his community, only ten did not have a panel. The four in his immediate vicinity deputized others and relieved one another over week-ends, holidays, etc. It is necessary for a panel physician to notify the insurance committee when he is to be absent more than a week, in which case a deputy is paid (at the expense of the vacationing practitioner) at the accepted rate of two shillings per surgery visit, and three shillings per home visit for panel patients.

This doctor believed that recently the rules regarding free choice of physician had been made more stringent because some physicians "were not playing the game". If a patient wishes to change physicians at once, he must obtain the practitioner's permission unless he lives two miles distant, otherwise a month's notice is required before the beginning of a quarter. The morning I interviewed him he had notices of withdrawal from his panel for the following reasons: fallen out of employment; death; suspended from benefit; gone over 250-pound yearly income; removed out of district; joined the army.

He would "wash out" the emergency treatment form which allows a practitioner to collect for emergency treatment rendered the patient of another panel practitioner. In fourteen years' practice he has rendered many emergency treatments, but has never applied for remuneration. Transients may "join up"

with the panel of a physician where they are visiting, in which case the temporary practitioner gets a half yearly capitation fee for a visit up to three months.

QUALITY OF SERVICE

No one, even the bitterest opponent of the present order or the loudest advocate of change, any change, has indicted the ability of the present-day practitioner. The sole controversy is with the *distribution* of medical care and the *cost* thereof. No one is better qualified to cut the pattern for the plan to fit this admittedly necessary need than is organized medicine. Certainly the political tailors would deliver a misfit.

Paradoxical as it may sound to some, the fates of the *physicians* and of the *recipients* of medical care in the U. S. A. are complementary, and can best be solved by *evolutionary measures instituted by the physicians themselves*. Certainly no agency other than organized medicine knows the problems so well, nor can any other agency develop an unselfish, workable plan, based on centuries of intimate contact with the problem and centuries of unselfish devotion in the Ministry of Medicine. This opportunity-crisis calls for resolute representative leadership.

ADAPTABILITY OF THE SYSTEM TO ENGLAND

In appraising the adaptability of this system to the U. S. A., remember that:

1. In England the candidates to receive the care are 100 per cent British.
2. Chiseling is a little-known art in England.
3. There is agreement that National Health Insurance has been kept out of politics in England.
4. The English low-wage earner does not have a radio, automobile, or washing machine; but he does have a garden of flowers, and lace curtains with colorful overdrapes at the windows of his home.

A Professor of Medicine in London who spent a year working in New Jersey ten years ago, said, "I can not imagine England without National Health Insurance."

THREE DECADES OF HONORABLE SERVICE

By NATHAN B. VAN ETTEN, M.D., New York

Abstract of an Address given at the Annual Banquet of The Medical Society of New Jersey on June 2, 1936, on presenting each of the fourteen living Past Presidents with a Golden Key of Office as an award for distinguished service (see p. 364).

It is indeed a great honor to be asked by your State Medical Society to present distinguished service awards to the men who have made records of devoted achievement in the cause of medicine by tireless, willing and patient and thoughtful pursuit of the prizes of their high calling. These labors are too soon forgotten even by themselves, as is the way of men of science; and these beautiful reminders given by their State Society will serve to keep alive this grateful appreciation. Individual citations might well be given to each one of these distinguished Past Presidents of the Medical Society of the State of New Jersey, but the reading of their names awakens in your visitor from a neighboring state many persistent memories which were only recently refreshed by our mutual friend, the Editor of your Journal.

These men have held the high places in the science and the art of medicine, and in the twenty-nine years covered by their incumbency of the presidential office, have been responsible for many progressive movements which have given distinguished significance to the place of the Medical Society of the State of New Jersey in the leadership of many phases of medical organization in the United States.

In 1907, when Dr. Ill, your senior Past President, took office, you were living in the pleasant companionship of faithful horses who waited for you with endless patience and brought you safely home through difficult roads in stormy nights sometimes more than half asleep in your old-time buggies. You lived through the age of the one-lunged automobile which noisily chugged through your sandy roads and frightened away your horses; and now for a decade you have lived in the age of eight and sixteen-cylinder marvels which now purr so quietly over your unsurpassed State highways.

In 1908 your Camden County Medical Bulletin led the way in county publications which

are now in nation-wide circulation. In 1908 your Journal published an x-ray picture of a fractured bone for the first time. In 1908 New Jersey led the nation by electing seven doctors to seven mayoralties of seven of your cities, showing an appreciation of the possibilities of medical leadership. Your system of *key-men*, who may contact legislators in the interest of the public health and the efficient distribution of medical service, is most stimulating to the necessary thought of these difficult times.

Your State has entertained the American Medical Association so often that every physician knows that he is sure of a cordial welcome. As Dr. Philip Marvel so often said in extending your invitation, "When you don't feel obliged to go elsewhere, you may always come home to Atlantic City."

A review of the activities of these fourteen Past Presidents of the Medical Society of the State of New Jersey inspires consideration of two important fields of medical endeavor,—*post-graduate education*, and *medical citizenship*.

POST-GRADUATE EDUCATION OF THE INTERNE

The education of the physician is never ended; it is only begun when he graduates from the medical school and enters on an internship. In fact, the interne is to be considered as a post-graduate student rather than as a practitioner.

The entire staff of the Morrisania City Hospital, Bronx Borough, New York City, has recently rendered itself into a teaching faculty in order to instruct the internes in the art of applying their science to sick *persons*. Each new interne is instructed in the social functions of a hospital, its place in the community, and its responsibility for its human guests. The meaning and the work of the Social Service Department is carefully explained. Working rules are discussed in detail. The work of dieticians is studied. Then he is taught

ordinary nursing procedures, bed making, how to give the various kinds of enemias, how to bathe patients, the care of the skin, how to use hot water bottles or ice bags, the dangers of burns and their treatment, how to make and apply mustard plasters and other poultices and many other things which are done routinely by nurses, so that he may be able to write an intelligent nursing prescription. He is not permitted to ride an ambulance in his first year, and then only after instruction in all of the known emergencies which he may meet in homes or upon the street.

All of the staff are interested in showing him practical methods of medical and surgical treatment of real patients all the way through his course. Special manuals of treatment are prepared for every service. He is also taken into the dispensaries, as a student, not as a practitioner, and is shown the run of the clinical material that crowds a city hospital with the sort of conditions in real people that he is likely to meet later in his own office. At his own request and largely from his own selection, he is given a practical lecture on forty Wednesday afternoons during each year on the common necessary things that a doctor should know. He says that he likes this experience and so do his teachers who are trying to develop really competent doctors. He is urged to join a County Medical Society as soon as possible in the junior memberships, at half dues, and to become a factor in organized medicine before he has an opportunity to be lured into any sort of irregular practice.

INSTRUCTION OF THE PRACTICING PHYSICIAN

The instruction of the interne does not end when he leaves the hospital, where he has learned to deal with the patient as an individual sick person. He still has to learn how to deal with the *community*,—to arouse the people as a group to do their duty along public health lines. This part of his education the doctor gets in his County Medical Society, which will be a continuation school throughout his life of active practice.

Where does the doctor fail in efficiency? He fails because he fails to be a potent citizen. He fails because less than 30 per cent of the

physicians of this great democracy take the trouble to register as voting citizens. The medical citizen represents the most highly educated group of the community, but he does not usually function, except as an obstructionist, in civic activity. He says with one breath that he is too busy; and with the next that the government is ruining him.

If every physician will register and vote next Fall, and carry with him to the polls all of the members of his family; if he will try to influence his friends and patients to go with him—a very considerable change would be seen in the election statistics of this State. No matter what his political complexion, the doctor is naturally a political influence among the people for whom he works; and they will respect his opinions if he will educate himself sufficiently to be able to explain them. How can the medical profession expect consideration from legislators while the doctor stands aloof from the actual exercise of citizenship? You have heard educators talk about teaching citizenship. Civic history and civic machinery may be formally explained, but the *spirit* of citizenship, which is the worthwhile objective, can only be inspired by a desire for a realization of social ideals, by the agonies of a sick world which has not yet risen above the primitive passions of revengeful wars, or by revolution against wasteful governments which load the people with taxations to support their great armies of bureaucrats.

World experience may well inspire fear on the part of the medical profession of an oppressive domination by bureaus. Perhaps a healthy fear may drive the doctor into civic activity. Self-preservation may furnish the necessary whip even if our boasted altruism fails to keep the torch of progress lighted. Wholesome fear or righteous indignation may serve to orient the doctor.

Perhaps these keys which are presented to you tonight, will not only open doors upon pleasant retrospects, but will stimulate you anew to try to inspire those who will follow the trails which you have so brilliantly blazed with a high courage to lead medicine to a new scientific and a new civic consciousness.

MATERNAL WELFARE—ARTICLE NUMBER FIVE

CESAREAN SECTION, OR THE INDICATIONS FOR CESAREAN SECTION

Cesarean section is an easy operation and is often a comfortable solution of a difficult situation; and so there has arisen the temptation to resort to it too frequently, sometimes without proper justification or even in unsuitable cases. The profession, especially in certain parts of the country, is reproached with doing too many cesarean sections. The protagonist of elective internal podalic version does cesareans on one out of every ten or eleven of his patients. Certain obstetricians and hospitals point proudly to their low percentages of cesareans, while those with higher percentages often keep quiet. By and large, the 10 per cent mortality following cesarean sections is far higher than it should be. In careful hands it can be kept down to 1.5 per cent or 2 per cent.

The indications for the operation have been so much extended from the original indication that one wisely lays great stress on their careful consideration. They may be placed in four groups: 1, obstruction; 2, inertia; 3, hemorrhage; and 4, intercurrent disease.

1. OBSTRUCTION

a. The absolutely small pelvis constitutes the original indication and an absolute one; nothing else can be done with a patient who has a diagonal conjugate of 8 cm. or 7 cm. An elective operation at, or a few days before, term here gives excellent results.

b. In the border-line pelvis in primiparae it is often very hard to determine what to do. A test of labor is usually recommended; this should not be too long, certainly not long enough to anywhere near exhaust the patient. When the membranes rupture, it must then be more quickly determined what shall be done.

An exact number of hours for this test of labor cannot be set down beforehand. All the factors must be considered—presentation, position, size of the baby, degree of engagement, condition of the cervix, etc. Contractions that will exhaust one patient will hardly affect another. X-ray of the head and pelvis near term may help in the determination. Sometimes it will be very difficult to make a decision.

Mistakes have been made by not operating. In another case all preparations have been ordered for a cesarean and in the intervening time such progress takes place that the head is on the perineum. It is a good rule to feel that any primipara near or at term or in beginning labor with a floating head had best be watched very carefully and be a candidate for cesarean, especially if her pelvis is small. A face or a transverse presentation in a primipara makes one suspicious of a contracted pelvis.

We must remember to measure the outlet of the pelvis as well as the inlet. A small outlet, especially with a narrow pubic arch, may spell disaster and occasionally call for cesarean. If the closed fist cannot be drawn through the outlet, we may consider it abnormal.

c. Excessive size of the fetus may present a problem even when the pelvis is normal. If a patient whose husband and ancestors are especially large seems to have really gone way beyond her time, an x-ray should be taken to show the relation of the head to the pelvis.

d. Tumors of the uterus, almost always fibroids, call for cesarean if a tumor obstructs or fills the pelvis or is below the head; also if the fibroids are so numerous or large, and occupy so much of the uterine wall as to seriously interfere with the action of the uterine muscle. An x-ray near term will confirm our opinion as to what we feel in the pelvis—whether head or fibroid. Several cases have had rather normal labors, even with fairly large fibroids.

e. Operations on the cervix may demand cesarean because of the impossibility of dilatation. This would occur only after a high amputation of the cervix, which should not be done during the child-bearing period.

f. Any patient who has had a difficult, prolonged labor, with a difficult forceps delivery, or a version and breech extraction, or a breech presentation, or a shoulder presentation, with a still-birth resulting, may properly be operated on in a second labor if conditions near term or at the onset of labor are not satisfactory as to presentation, position, engage-

ment, condition of cervix, etc.; especially if the pelvis is at all small.

2. UTERINE INERTIA

a. Occasionally uterine inertia is so marked that, in the presence of one or more factors unfavorable to a successful outcome of labor, it might be justifiable to do a cesarean.

b. There are cases of "constitutional inferiority", often of endocrine origin, who simply cannot develop good enough contractions to carry labor through to a successful termination. Usually this state of affairs is diagnosed only during labor. No progress is made, and the patient tires easily. Cornell defines the condition as the "dystocia dystrophica syndrome". These women are often stout and short, the face and cheeks are fat and the neck short; the arms short and fat; the hips may be broad, and the hands and feet are stubby and short. The bones are thicker and appear harder than do those in the average woman. The measurements may seem normal, but the pelvis is well padded with fat. They may look pasty and pale even though they are not anaemic. They suffer pain more than most patients in labor. Some of these patients should have cesarean operations.

c. A cesarean should be done where the uterine wall has been markedly weakened by the removal of large fibroids extending deep into the wall. Inertia or rupture of the uterus are to be feared.

3. HEMORRHAGE

a. Placenta previa centralis, or a placenta that largely fills the os, or placenta previa with a long, hard cervix, may properly be operated on by cesarean. The baby has an infinitely better chance, and the mother is in better condition. Transfusion should not be neglected. There is authority for doing a cesarean in central placenta previa even with a dead fetus.

A lateral or marginal previa with a soft cervix partly dilated can be dealt with by vaginal delivery.

b. In accidental or concealed hemorrhage early cesarean may be indicated. It has been done early enough to save the baby. If the uterus contracts and its surface is glistening

even though dark, it can be left in. Some of the patients can safely have vaginal deliveries.

4. INTERCURRENT DISEASE

a. Toxaemia of pregnancy usually had best be treated by more conservative measures. Rarely should a toxic patient have a cesarean—such as a primipara near term, not improving under rigid eliminative treatment and rest, or improving and then getting worse, especially if she gets worse rapidly, perhaps also with a long hard cervix or a malposition of the fetus. An elderly primipara with these conditions would make one more inclined to operate. The baby has a better chance. But in general, the results of conservative treatment are better for the mother than those following cesarean. Cesarean has been sanctioned in toxaemia with multiple pregnancy,—twins or triplets.

b. In eclampsia itself cesarean should not be considered except in one type, the *fulminating* eclampsia, and then only to save the baby. Postmortem cesarean will save some babies.

c. In heart disease cesarean should rarely be necessary, and only in extreme cases; the chief reason for the operation should be the opportunity to sterilize the patient. The stress of the first stage should be lightened, and the second stage should be terminated by forceps. Cardiac patients take an anaesthesia well when it is skillfully given. But the number of pregnancies allowed should be limited.

d. In a patient with pulmonary tuberculosis, one can consider the advisability of cesarean under spinal or local anaesthesia; in addition to avoiding straining, pulmonary congestion and an exhausting labor, there is presented the opportunity to sterilize by ligation of the Fallopian tubes. Active tuberculosis seen early in pregnancy often should mean termination of the pregnancy.

LACERATIONS

A previous third degree or complete laceration of the perineum has been made an indication for cesarean. Of itself, this seems unjustifiable; a deep medio-lateral episiotomy or even a bilateral episiotomy will save the perineum. Cesarean can be seriously considered where, in addition, there has been a stillbirth in the first delivery.

ELDERLY PRIMIPARAE

Elderly primiparas must be judged individually in each instance, not entirely by the patient's age but more by the age of her tissues. If these are atrophied and not pliable, a cesarean may be chosen. Often an elderly primipara will do very well and not every one needs cesarean. But a primigravida of forty-seven years who had been married twenty years might well have an elective cesarean.

ABNORMALITIES OF THE FETUS

Malpositions of the fetus one should be able to handle by other methods, even a transverse presentation. If malposition occurs in a borderline pelvis, it is a different matter and the test of labor may be dispensed with. Breech presentations and occiput posterior positions in themselves are not indications. Cesarean in a breech with ruptured membranes is especially dangerous from the standpoint of infection. A face, shoulder or transverse presentation in a primigravida makes one suspicious of an inadequate pelvis.

Cesarean need not be done in cases of ancephalus, hydrocephalus, monster, or twins. Hydrocephalus and a monster are not worth saving and can be delivered by craniotomy or some other mutilating operation on the fetus. In the others, labor should not cause special difficulties. Twins are almost always premature and small. Interlocking of the heads may, however, present real difficulty. X-ray should establish the diagnosis of all these conditions. It has been urged that cesarean should always be preceded by an x-ray except in cases of sudden emergency. Almost always, death of the fetus should make a cesarean unnecessary. X-ray will help make the diagnosis of death of the fetus by showing overlapping of the bones of the skull and marked bowing of the fetal spine.

THE OPERATION

Is "Once a cesarean always a cesarean" an invariable rule? It need not be if the uterine wound has been repaired properly with perfect apposition of its edges and if the post-operative period has been afebrile, and of course if the first cesarean was not done be-

cause of a small pelvis. Few ruptures of the uterus occur in the lower segment scar. In a previously cesareanized patient, labor should be watched very carefully, and with the occurrence of full dilatation the case should be delivered by forceps.

There are three types of operation. The classical moderately high incision will suffice for all elective cases or cases quite early in labor with unruptured membranes, and a minimum of or no vaginal examinations. It requires the least time and that is an advantage to the patient, especially in cases of placenta previa, accidental hemorrhage, toxæmia, and heart disease. Sterilization by ligation of the Fallopian tubes can be combined most easily with this operation, and is impossible with the extra-peritoneal operation. The classical cesarean is the most suitable operation in the hands of many who are not real experts.

The low flap operation gives added protection in cases of doubtful nature, potentially infected cases because of having been in labor some time or because of having ruptured membranes, or where the previous handling is doubtful. Peritonitis is less likely to occur than after the classical high incision. These operations require more time. The so-called "marsupialization" operation, practiced by a few, is also safer than the classical operation in doubtful cases.

The Latzko or extra peritoneal cesarean requires considerable skill, but is the operation of choice in frankly infected cases or even in suspicious cases. Unless labor has progressed sufficiently to cause thinning and retraction of the uterine segment, this operation may be very difficult and is usually not indicated.

Finally, the Porro operation, or delivery followed by hysterectomy, is the only safe remedy in certain cases where a cesarean is necessary after much manipulation per vaginam. Someone in every locality should be competent to perform these operations.

Sterilization by ligation of the Fallopian tubes may be suggested to the patient and family after a second cesarean or a third, and may properly be urged after a third or later operation. The existence of a living child is presupposed.

STATE SOCIETY ACTIVITIES

THE 170th ANNUAL MEETING

The 170th Annual Meeting of The Medical Society of New Jersey, held in Haddon Hall, Atlantic City, beginning on June 2, 1936, was the largest in the history of the Society. The registration figures were as follows:

Counties	Delegates	Members	Woman's Auxiliary	Guests
Atlantic	10	75	51	67
Bergen	16	18	10	10
Burlington	4	12	11	8
Camden	11	28	10	7
Cape May	4	5		4
Cumberland	3	10		4
Essex	57	78	25	40
Gloucester	3	8	7	1
Hudson	28	19	5	11
Hunterdon	1			1
Mercer	13	15	8	11
Middlesex	6	14	10	1
Monmouth	9	25	9	3
Morris	5	9	1	1
Ocean	2	8	2	2
Passaic	13	6	1	4
Salem	1	1		
Somerset	3	7	4	6
Sussex	2			
Union	17	30	10	9
Warren	3	3	2	3
	211	371	166	193
Visiting Doctors				36
Exhibitors				91
Delegates				211
Members				371
Woman's Auxiliary				166
Guests				193
Total				1068

The registration of delegates and members in 1936 was 582, or 20 per cent of the official membership; but in 1935 the registration was 465; and in 1934, it was 515. However, one month after the State Society meeting in 1935, a meeting of the American Medical Association was held in Atlantic City, which was attended by 967 physicians from New Jersey.

The total registration of 1068 exceeded by three the previous total record of 1065 attained in 1929; but in that year only 459 physicians were registered, or 77 per cent of their attendance in 1936.

If the merits of the meeting are judged by the number of participants and the interest which they showed, the 170th Annual Meeting was the most successful one that has ever been held. It was the fruition of the activities of

the Society during the past year, and a prophecy of still greater progress that will be made by the new officers and committees.

THE HOUSE OF DELEGATES

The fundamental interest in the Annual Meeting of The Medical Society of New Jersey centers in its legislative body,—the House of Delegates,—which reviews the activities of the past year as outlined in the annual reports of the officers and committees (Jour., May, p. 251-290). It then adopts policies for the future, and elects officers to carry them out. This department of the State Society was the only one which existed during the early days of the Society, when all the members took part in the deliberations which are now carried on by elected delegates numbering one-fifteenth of the membership.

While this year's plans for the Annual Meeting of the House of Delegates have been developing throughout the year in the minds of the officers and committees of the State Society, the participation of the members in the meeting began when they received the May issue of The Journal and read its forty pages of annual reports. To have listened to the reading of these forty pages to the House of Delegates would have required a session lasting three or four hours. The high proportion of attendance of the members at the sessions and their alertness to the proceedings demonstrated that they had come to the meeting well informed regarding the year's work of the Society and were prepared to pass intelligent judgment on the plans of action for the coming year.

The House of Delegates did its work with unusual smoothness and harmony, and a full report of its proceedings will be published as a supplement to an early issue of The Journal—probably that of August.

PRESIDENT'S BANQUET

The Auxiliary had charge of the President's Reception and the President's Banquet and Ball, both of which took place on the evening of Tuesday, June second. Two hundred and twenty-five Auxiliary members and physicians were present. Dr. W. J. Carrington presided as toastmaster, and Mrs. Frederick A. Kinch, President of the Auxiliary, welcomed the guests and outlined the achievements of the Auxiliary during the past year.



Past Presidents who received Golden Keys at the President's Banquet at the Annual Meeting on June 2, 1936. From left to right, those present and also the year of their election. were: Front row—Walt P. Conaway, 1927; Wells P. Eagleton, 1923; Edward J. Ill, 1907; Thomas W. Harvey, 1918; and Andrew F. McBride, 1929. Second row—A. Haines Lippincott, 1932; Peter H. Marvel, M.D., representing his father, Philip Marvel, 1916; Marcus W. Newcomb, 1935; George N. J. Sommer, 1930; Lancelot Ely, 1934; Frederic J. Quigley, 1933; John F. Hagerty, 1931.

A unique feature of the banquet was the presentation of golden keys to the living Past Presidents, thirteen in number, to whose company Dr. Newcomb is now added. The presentation was made by Dr. Nathan B. Van Etten, of New York City, Speaker of the House of Delegates of the American Medical Association, and Past President and Past Editor of the Medical Society of the State of New York. His address appears on page 358 of this Journal.

The Past Presidents in academic caps and gowns were seated in front of the speakers' table, and at the close of Dr. Van Etten's address each one was introduced by Dr. Carrington in a brief eulogy, and Dr. Van Etten presented him with his key with a word of congratulation. The ceremony was impressive and emphasized the importance of the work of the President, and the significance of the appreciation of the members.

President Marcus W. Newcomb gave the annual presidential address, which is printed on page 333 of this Journal.

An address on the subject "The Medical Profession and the Press", was given by Mr.

James Farrell, Editor of the Evening Union of Atlantic City. Mr. Farrell's address mingled wit and humor with common sense regarding publicity of medical news. He was peculiarly well fitted to discuss the subject because the newspapers of Atlantic City have been cordial in their relations with the physicians of the city, and had printed a series of popular articles prepared by the doctors.

The banquet closed with an entertainment by magicians and singers, after which the dining room was cleared for dancing.

THE SCIENTIFIC SESSIONS

Two general scientific sessions were held and seven sessions for the four scientific sections,—Radiology; Gastro-enterology; Eye, Ear, Nose and Throat; and Pediatrics. There were forty-one papers presented before the several sections, and were discussed by thirty-eight additional speakers who were listed on the program. These papers and the discussions constituted a post-graduate course in scientific medicine, and will be published in The Journal throughout the year.

SCIENTIFIC EXHIBITS

A valuable feature of the Annual Meeting was the Scientific Exhibits. A preliminary list of exhibitors was printed on page 287 of the May Journal with the annual report of the Chairman, Dr. Asher Yaguda, of Newark. The exhibits that were actually shown were far more numerous than those which were announced, and filled a large assembly room to overflowing.

Photographs of the exhibits were taken by direction of the Trustees, and will be used in descriptive articles to be published in The Journal as a new feature of the proceedings of the Annual Meeting.

THE WOMAN'S AUXILIARY

The meetings of the Woman's Auxiliary were of unusual interest and practical value, and the proceedings will be published in the Transactions. There were 166 members registered.

THE ART AND HOBBY AND HISTORICAL EXHIBIT

The Woman's Auxiliary sponsored an Art and Hobby Exhibit as it has done in previous years, but in the Hobby Department the Auxiliary emphasized the History of Medicine in New Jersey. The response to the invitations for articles to exhibit was generous, and was a revelation of an abundance of historical material lying unrecognized because there has been no organized effort to record it and make its existence known.

At the Auxiliary tea on Wednesday afternoon a brief address was given by the Editor, Dr. Frank Overton, on the opportunity which the Auxiliary has to follow up the information which is available regarding medical relics and to obtain accurate information regarding their identity and nature, and the places where they may be found. Already a number of leads have been made known that may yield valuable material when they are investigated. The House of Delegates of the State Society approved the plan that an organized effort be made to discover and preserve historical material relating to medicine in New Jersey. The assistance of the Auxiliary will be invaluable in this project.

PUBLICITY

The establishment of a Sub-Committee on Public Relations of the Welfare Committee calls attention to plans for newspaper publicity of the events of the Annual Meeting. Following the precedent of the preceding meeting, a press table was set up. The Editor was as-

signed the special duty of meeting the reporters of the daily press.

Previous to the meeting mimeographed sheets were prepared setting forth the features in which the reporters would be interested, and recognizing them as participants in the Annual Meeting. The metropolitan dailies of Philadelphia and New York gave space to the proceedings, while the newspapers of Atlantic City made the meeting a special feature. This publicity of the activities of the State and County Medical Societies is essential in informing the people of the services which the physicians are willing to render along civic lines.

Equally important is publicity in the local newspapers published in the home towns of the members. A mimeographed sheet was prepared for the benefit of each member in informing his local editor of his attendance at the Annual Meeting and the events which are of local interest to his home people. It is proper news that a physician attended the Annual Meeting of his State Medical Society, for it concerns the entire medical profession of which he is the representative.

The plans for local publicity this year and last were tentative and incomplete; but the activities of the newly formed Sub-Committee on Public Relations will doubtless lead to an efficient system of local publicity of next year's Annual Meeting.

RADIO BROADCASTS

Opportunities for radio broadcasts of the events of the Annual Meeting were offered to the Society, and were accepted to some extent. To prepare for broadcasts at the Annual Meeting of 1937 is a project worthy of careful planning.

THE 1937 MEETING

The offer of the proprietors of Haddon Hall to place more extensive facilities for the Annual Meeting of 1937 was accepted. It is expected that all the features of the meeting will be grouped on the lower floor where they will be easy of access to all the doctors and other participants in the events. This offer is striking evidence of the growing influence which The Medical Society of New Jersey is exerting on the community.

To describe all the features of the Annual Meeting of The Medical Society of New Jersey is well-nigh impossible. One has to attend the meeting and be a part of it in order to appreciate its benefits and share in its inspiration.

CONFERENCE OF SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

A supper conference of the Secretaries and Reporters of the County Medical Societies was held on the evening of June 3, 1936, as a part of the official program of the Annual Meeting. Dr. George T. Tracy, Secretary of the Burlington County Medical Society and President of the Conference, presided and directed the discussion to the subject of The Journal as the means of communication between the members of the State Society and its component units.

Dr. Overton, Editor of The Journal, referred to the importance of the County Societies in the State organization of practicing physicians, and to the value of the reports of their meetings as one of the principal means of ascertaining the attitude of the members toward the State Society projects. The County Societies are schools in which the officers and committeemen of the State Society have gained the experience which fits them for service in the State Society. The reports sent to The Journal by the county Reporters are among the most valuable and reliable sources of information which flows into the Executive Offices of the State Society.

Dr. Wilkes, Executive Officer, amplified the principles stated by the Editor and referred to the chart contained on page 255 of his annual report to the House of Delegates. The executive and editorial offices are at the center of a stream of information which flows back and forth in four stages between, first, State officers and committees; secondly, the Executive Offices; thirdly, the County Societies; and fourthly, the members. The flow of information between the State officers and committees to and from the executive and editorial offices is efficient, as is also the flow of information to the County Societies, but there is a falling off in the return flow of information from the County Societies to the Executive Offices.

Still more deficient is the flow of information to the members, and their return responses. Dr. Wilkes made some extremely practical suggestions regarding the means of increasing the flow of information to and from the members.

Dr. Wilkes described the methods of reporting the studies and suggestions of the State and county officers *to the members*. It was the consensus of opinion of the conferees that the Journal does in fact contain full descrip-

tions and reports of the activities of the State Society; but the very multiplicity of the activities prevents the members from digesting and assimilating them and applying them in their routine activities.

Dr. Wilkes then described a plan which had been authorized by the Trustees of the State Society. This plan consists in the preparation of a letter either quarterly or monthly, calling attention to projects which are described in The Journal; first, of the projects themselves, and second, of the response of the members. The letters will be aids and incentives for the members to refer to particular pages of The Journal for information regarding specific projects which require prompt action. The letters will be brief and will be designed to inform the members of the important items to which they should give particular attention for not only their information, but also for their guidance in taking concerted action throughout the State. In this way the flow of information to the members and of their response will be promoted. The letters will, in fact, be indexes to the more important items only, in which prompt action is required in order to insure the delivery of newer forms of medical service to the people, for it is the members themselves who must make the deliveries to the people.

Dr. Thomas K. Lewis, Chairman of the Subcommittee on Medical Practice and President of the Camden County Medical Society, continued the discussion, and described the system of a *key man* in each county for each project which has been assigned to the four sub-committees of the Welfare Committee. The success of the system of key men in legislation is prophetic of similar success which will follow the adoption of the same system in Public Health, and in Public Relations. This project has the approval of the Welfare Committee and is being promoted by it.

The response of the Secretaries and Reporters to the suggestions of Dr. Wilkes and Dr. Lewis was entirely favorable and was encouraging to the State officers to put the systems into operation as soon as possible.

The Conference chose Dr. R. S. Gamon, Secretary of the Camden County Medical Society, as Chairman of the Conference, and Dr. A. D. Hutcheson, Secretary of the Mercer County Medical Society, as Secretary.

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Read before the House of Delegates of The Medical Society of New Jersey on June 2, 1936, at
the Annual Meeting

The recent convention of the American Medical Association was a pronounced success, although tinged with a note of sadness because of the enforced absence of the President-Elect by serious illness. The uncertainty concerning Dr. Mason's ability to carry on as President was a source of anxiety to the Trustees and House of Delegates, who were never before called upon to consider such a situation. It was happily decided to empower the President, Dr. McLester, to install Dr. Mason as President *in absentia* and thus secure to him and his family the honor and privileges of President of the A. M. A.

At the opening meeting held in the beautiful new auditorium before an audience of nearly twelve thousand people, the installation of Dr. Mason was received with very great pleasure by the large audience. His address was read by the Vice-President, Dr. Kenneth M. Lynch, of South Carolina. The meeting was honored by the presence of the Governor of Missouri, and the Governor of Kansas, both of whom made addresses. The address of Governor Landon, who spoke vigorously against regimentation and socialization of medicine and for the retention of individualism, was especially well received. The presence of Lord Horder, of England, and other eminent foreign guests also added distinction to the meeting.

The sessions of the House of Delegates were well attended, 168 out of a total of 173 delegates being present. The address of the speaker, Dr. Van Etten, was a very emphatic one, reminding the delegates that it was not only their privilege to present the opinions of their County Societies but that it was their duty to do so. "You are the policy makers of this democratic organization," he said, "and not only does the country look to you for constructive action which shall reflect the progressive sentiment of American Medicine, but your constituents in turn look to you for an interpretation of that sentiment." The speaker also urged those introducing resolutions, which might be referred to reference committees or Trustees, to follow up such resolutions and see that proper consideration was given to them.

The Secretary reported the largest number of members ever enrolled—103,241—and a gain also in the number of subscribers to the Journal. In this connection it might be well to mention that our own State Society has

the highest percentage of subscribers—71 per cent—of any State Society. The Secretary also advised that great care be exercised in admitting members to the County Societies.

The report of the Trustees evidenced the great amount of work done by that body, over one hundred pages of the handbook being utilized in its presentation. The work of the Association is growing steadily, necessitating the enlargement this year of the headquarters' building, by the addition of two stories. This involved an expense of \$450,000. There are at present 550 persons employed by the Association. *The Journal* has not only maintained its high standard, but new features of practical value to the general practitioner have been added, and it is a source of revenue to the organization. The publication of *Hygeia* and of special journals, however, is attended by considerable loss. The Trustees feel though in the interest of science and of public health information these publications be continued.

The Trustees also reviewed the work of the *Bureau of Medical Economics* during the past year; recorded its opposition to the establishment of a National Department of Health at this time; answered the request of the Trustees of our State Society for a special session of the House of Delegates for the purpose of discussing medical economics, and answered, also, the resolution pertaining to the Pure Food Bill, and to advertise in the Journal. The Board's explanation of its actions in these matters was a lengthy one and seemed to the delegates of our State Society quite satisfactory.

In reference to the Pure Food Bill, it might be well to quote from the report: "For many years the American Medical Association has been persistently active not only in its efforts to secure effective food and drug legislation, but also in its efforts to secure efficient and effective administration of food and drug laws."

In answer to the complaints about advertisements appearing in the Journal, the Board says: "The Board of Trustees is heartily in sympathy with the attitude of the Medical Society of New Jersey so far as it applies to the advertising of drugs and drug products that should be advertised at the direction of physicians."

The Reference Committee on Legislation and Public Relations had reported as follows:

"Your Committee recognizes the danger inherent in the advertising of drugs and drug products to the laity. It sees difficulty, however, * * * for the refusal * * * of all advertising whatsoever offered by pharmaceutical houses that offend against this principle for publication in the journals controlled by the American Medical Association and its constituent associations."

The address of the President was a clear statement of the impressions gained by his contacts with the profession and the public during his term of office.

"The thing which above all others interests medical men in America today is the preservation, unimpaired, of established methods of practice, methods by which American medicine has reached its present preëminent position. * * * There have been times during the past two years when it appeared that disaster was just ahead, when government, in its effort to extend social reforms, appeared ready to reach out for control of medical practice. * * * But the leadership exercise by you over a united medical profession and its influence on public opinion were wise and effective and no such change was accomplished."

Further, the President, after reviewing many social reforms that had been introduced into European countries, emphasized the fact that all such reforms were followed by an attempt to control the practice of medicine; and where such control had been established it has never been relaxed.

Among other matters brought to the attention of the House were the conclusions of the Judicial Council upon association with cultists. It is a pity this report cannot be read in its entirety. The following extracts are worth repeating:

"The profession of medicine is the custodian of the accumulated knowledge in medicine and should use it for the benefit of humanity. This knowledge, technical in nature and developed by experience, can be interpreted to the body of the people only by persons educated to understand it and trained to apply it. * * * The individual may elect to receive his medical care from himself, his neighbor, osteopathy, chiropractic, naturopathy or Christian science, but he is not entitled, while under the care of such irregulars, to demand that the man educated in scientific medicine furnish opinion and advice to one so far deficient in education that he cannot so understand and apply that opinion and advice as to be able to make satisfactory use of it. The Judicial Council is in receipt of much correspondence attempting to justify, if not advocate, consultations between doctors of medicine and * * * irregular practitioners. The universal argument * * * is to work them gradually into regular medicine. * * * Such specious argument * * *

seems to the Council to lack substance and be unreal. It seems impossible that knowledge gained through years of scientific laboratory work and teaching can be assimilated by those of less preliminary training and use of scientific methods * * * and practice ever to fit them to enter a profession, the dignity and honor of which we are obligated to uphold, exalt and extend for the service the profession can render to humanity."

Other matters considered by the House were as follows:

Insistence that all members of hospital staffs be members of their respective County Societies. This question had been decided before, and while admitting the difficulty of enforcing the rule in all cases, the principle was adhered to and all hospitals were urged to enforce the provision.

Narcotic Act—It was strongly urged that physicians live up to the provisions of the Narcotic Act.

The committee appointed to study methods of determining the parentage of children by blood grouping reported its inability to arrive at a conclusion. It was recommended that a group of specially qualified experts be appointed for further study of the question.

Raising the qualifications for admission to medical schools was endorsed, especial attention being given to the personality and character of the applicant.

The House disapproved of the publication of specialists' names in directories sponsored by the lay press.

The attention of the House was called to the fact that the Social Security Act was now the law of the land, and that County and State Societies should coöperate to secure its proper enforcement or the Federal Government might take over its management. It was suggested that the subject be studied at the meetings of Secretaries and Reporters, and that the results of these studies be relayed to the respective County Societies.

The question of membership in adjoining County Societies was again considered and referred to the Judicial Council. Their conclusion was that, where inconvenient or impossible to be active members of one's own County Society, it was permissible to join another adjacent County Society, even in another state. No physician, however, can be a member of more than one County Society.

It was interesting to learn that the American Federation of Labor was opposed to sickness insurance and contract practice.

The committee appointed one year ago to study the question of birth control and the use and standardization of contraceptives, admitted

its inability to come to definite conclusions because of the many ramifications of the subject. It found no evidence, however, that existing Federal or State laws have interfered with any medical advice which a physician has been called upon to furnish to any of his patients, but said that clarification of the law is desirable. Its recommendation that contraceptives be standardized was opposed by the Reference Committee, and this action was sustained by the House as was also the appeal to the committee to continue its investigations.

Of special interest to our own Society was the presentation of Dr. Wells P. Eagleton's name for President-Elect of the American Medical Association. This is the first time, we believe, that a member of our Society was

ever proposed for this high office. There were unusual circumstances about the election this year (the illness of the incoming President and the importance of the Vice-Presidency) causing a division of the votes among four candidates. Dr. J. H. J. Upham, Dean and Professor of Medicine at the Ohio University Medical College, member of the House of Delegates twenty-five years and recent Chairman of the Board of Trustees, was elected President-Elect.

Atlantic City was decided upon as the meeting place for the next convention.

(Signed) JOHN F. HAGERTY, M.D.
WALT P. CONAWAY, M.D.
E. R. MULFORD, M.D.
HILTON S. READ, M.D.

DARKFIELD FACILITIES IN NEW JERSEY

By A. J. CASSELMAN, M.D., Dr. P.H.,

Consultant, Bureau Venereal Disease Control, N. J. State Department of Health

The following list of darkfield facilities is published in the hope that more physicians will use this microscopical examination in cases of suspected early syphilis, genital sores, or lesions of the lips or other parts which do not heal properly. Syphilis is much more readily cured in the primary stage if the diagnosis is made before the Wassermann becomes positive. One year of thorough, modern treatment will cure it the patient consults a physician as soon as the primary sore develops and the physician makes his diagnosis promptly with the aid of the darkfield examination.

A letter received recently by the State Department of Health from a physician in New Jersey shows the result of neglect of the darkfield examination. Valuable time was lost in beginning treatment. Part of the letter is quoted:

"In reply to your letter of March 18, the above-named patient came to my office February 15, 1936, with a secondary rash and a history of chancre of the prepuce a few weeks before. He gave no history of a darkfield examination or a urethral smear having been taken. He claimed a blood Wassermann was done when the chancre appeared, and was reported to him negative.

"I took a blood Wassermann specimen immediately and sent it to the State Laboratory, which was reported 4 plus. I have given this patient to date four intravenous treatments of neoarsphenamine and the patient is cooperating."

This was one of the all-too-rare instances in which the patient consulted a physician at the appearance of the primary sore. His case was not correctly diagnosed because the physician relied solely upon the Wassermann test, and it was too early in the course of the disease for the blood to give a positive result. Months or perhaps years of additional treatment will be necessary now.

New Jersey has many local facilities for the darkfield examination. The examination is done best by an expert who collects the serum from the patient and makes the examination at once, rather than to have the specimen taken by someone else and forwarded to a central laboratory. Central laboratory facilities for mailed specimens have not been furnished in New Jersey. It is desired rather to encourage the use of facilities that are available in nearby physicians' offices or laboratories. If necessary, it would be to the advantage of the patient to travel even 200 miles to secure an efficient darkfield examination and save a few days' delay in diagnosis.

The physician should consult the darkfield diagnostician to determine the best time for the patient to appear for the examination. The patient should be told to use no antiseptic on the sore for at least twenty-four hours before the examination. No internal anti-syphilitic drug, particularly no intravenous arsphenamine, should be used at any time before the darkfield examination.

The following list of physicians and laboratories equipped to make darkfield examinations has been prepared by the Bureau of Venereal Disease Control of the New Jersey State Department of Health from information secured through local physicians who treat syphilis. It is published for the first time and may be incomplete. Doctors and laboratories which are prepared to make diagnoses of darkfield specimens are requested to inform the State Department of Health.

DARKFIELD FACILITIES

The physicians and hospitals on the list have stated that they have facilities to make the dark-field examination, and will render this service to the physicians of the community on a fee basis; or in the case of most of the hospitals, on a fee basis for private patients, with free service for indigent persons.

Asbury Park:

Dr. C. A. Pons, 501 Grand Ave. (fee)

Atlantic City:

Atlantic City Hospital (fee, except for indigent hospital patients)

Dr. M. H. Axilrod, 2620 Pacific Ave. (fee)

Dr. Chas. L. Bossert, 4021 Atlantic Ave (fee)

Dr. Harold S. Davidson, 101 S. Indiana Ave. (fee)

Dr. Stanley M. McGeehan, 100 S. Maryland Ave. (fee)

Municipal Hospital (free to clinic patients)

Dr. Daniel C. Reyner, 2703 Pacific Ave. (fee)

Audubon:

Dr. W. H. Haines (fee)

Bayonne:

Bayonne Hospital (fee, except for indigent patients)

Bridgeton:

Dr. Anthony Pino, 196 Irving Ave. (fee)

Camden:

Dr. David Bentley, 406 Cooper St. (fee)

Dr. A. J. Casselman, 301 N. Second St. (fee)

Cooper Hospital (for hospital and clinic patients only)

Dr. H. G. Marcarian, 904 Cooper St. (fee)

West Jersey Homeopathic Hospital (for clinic and hospital patients)

East Orange:

Dr. Edwin L. Albano, 144 Harrison St. (fee)

Homeopathic Hospital (fee, free service to indigent clinic patients)

Dr. John S. Kessell, 643 Central Ave. (fee)

Elizabeth:

Dr. A. R. Casilli, 618 Newark Ave. (fee)

Elizabeth General Hospital (fee, except for indigent hospital and clinic patients)

Dr. H. H. Goldstein, 318 W. Jersey St. (fee)

Englewood:

Englewood Hospital (fee, except for indigent clinic patients)

Dr. Herman Halpern, 143 Engle St. (fee)

Hackensack:

Dr. R. Gilady, 205 Union St. (fee)

Hackensack Hospital (fee, except for indigent clinic patients)

Hasbrouck Heights:

Hasbrouck Heights Hospital (fee, except for indigent clinic patients)

Irvington:

Irvington General Hospital (free service)

Jersey City:

Dr. Irwin Markowitz, 2157 Boulevard (fee)

Urological Department, Medical Center (free service)

Medical Center Laboratory (for clinic and hospital patients only)

Margaret Hague Maternity Hospital Laboratory (for hospital patients only)

Kearny:

West Hudson Hospital (for hospital patients)

Lakewood:

Dr. Robert MacHalbach (fee)

Paul Kimball Hospital (fee, except for indigent hospital and ambulatory cases)

Long Branch:

Monmouth Memorial Hospital (fee, except for indigent clinic and ward patients)

Millville:

Millville Hospital (fee)

Montclair:

Mountainside Hospital (fee, except for indigent hospital and clinic patients)

Morristown:

Morristown Memorial Hospital (fee, except for indigent clinic and hospital patients)

Mount Holly:

Burlington County Hospital (fee, except for indigent clinic and ward patients)

Newark:

Beth Israel Hospital (fee, free service to indigent clinic and hospital patients)

Dr. Lewis W. Brown, 160 Roseville Ave. (fee)

Dr. Stephen E. Burke, 212 First Ave. (fee)

The Clinical Laboratory, 33 Lincoln Park (fee)

Dr. Joseph I. Echikson, 845 S. Twelfth St. (fee)

City Dispensary, Plane and William Sts. (for clinic patients)

Newark City Hospital Laboratory (free service to all)

Newark Memorial Hospital (fee, except for indigent hospital patients)

Dr. R. R. Sellers, 19 Chestnut St. (fee)

Dr. A. Yaguda, 88 Clinton Ave. (fee)

New Brunswick:

Middlesex General Hospital (fee, except for indigent clinic and hospital patients)

St. Peter's Hospital (fee, except for clinic patients)

Tri-County Clinical Laboratory, 161 New St. (fee)

Northfield:

Atlantic County Hospital for Mental Diseases (free service)

Ocean City:

Mr. John J. Friel, 1513 Asbury Ave. (fee)

Orange:

Orange Memorial Hospital Laboratory (fee, except for indigent hospital patients)
Orange Memorial Hospital, Venereal Disease Clinic (free services)

Passaic:

Beth Israel Hospital (fee, except for indigent patients)
Dr. Wright Macmillan, 23 Passaic Ave. (fee)
Dr. F. R. Palmer, 249 Lexington Ave. (fee)
Passaic General Hospital (fee, free service to indigent hospital and clinic patients)
St. Mary's Hospital (fee, except for indigent clinic patients)

Paterson:

Barnert Memorial Hospital (fee from private patients; free service to indigent clinic patients)
Dr. Richard J. McDonald, 80 Park Ave. (fee)
Paterson General Hospital (fee; free service to indigent clinic and hospital patients)
St. Joseph's Hospital (fee from private patients; free service to indigent clinic and hospital patients)

Perth Amboy:

Perth Amboy General Hospital (fee; free service to indigents)

Plainfield:

Board of Health Laboratory, City Hall (free service)
Dr. Thomas S. P. Fitch, 916 Park Ave (fee)
Muhlenberg Hospital (fee; charge for hospital and clinic patients according to ability to pay)

Ridgewood:

Bergen Pines (fee, depending upon ability to pay)

Somerville:

Somerset Hospital (fee, except to indigents)

Summit:

Summit Medical Group (fee)

Swedesboro:

Dr. B. A. Livengood (fee)

Teaneck:

Holy Name Hospital (fee, unless physician certifies that the patient is unable to pay)

Trenton:

Mercer Hospital (fee)
Shaffer Laboratories, 208 W. State St. (fee)
Stover Laboratories, Broad and Market Sts. (fee)

Westfield:

Dr. Lorrimer Armstrong and Dr. Charles Oderr, 121 S. Euclid Ave. (fee)

Woodbury:

Underwood Hospital (fee)

**NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE
BIOLOGICALS SINCE JULY 1, 1935**

DIPHTHERIA TOXOID

County	To Apr. 30	Month of May	Total to May 31	Average per Month
Atlantic	296	11	307	27.9
Bergen	1637	403	2040	185.4
Burlington	809	3	812	73.8
Camden	670	6	676	61.4
Cape May	217	10	227	20.6
Cumberland	357	81	438	39.8
Essex	6770	1610	8380	761.8
Gloucester	197	160	357	32.4
Hudson	130	14	144	13.1
Hunterdon	127	148	275	25.
Mercer	109	124	233	21.1
Middlesex	444	126	570	51.8
Monmouth	137	177	314	28.5
Morris	616	135	751	68.2
Ocean	9	0	9	.8
Passaic	2168	603	2771	251.9
Salem	93	68	161	14.6
Somerset	97	6	103	9.3
Sussex	21	80	101	9.1
Union	1227	725	1952	177.4
Warren	122	11	133	12.1
Totals	16253	4501	20754	1886.7

SMALLPOX VACCINE

County	To Apr. 30	Month of May	Total to May 31	Average per Month
Atlantic	175	17	192	17.4
Bergen	992	343	1335	121.5
Burlington	509	8	517	47.
Camden	338	52	390	35.4
Cape May	159	13	172	15.6
Cumberland	373	93	466	42.3
Essex	2895	326	3131	284.6
Gloucester	477	13	490	44.5
Hudson	3	1	4	.3
Hunterdon	16	0	16	1.4
Mercer	80	2	82	7.4
Middlesex	604	40	644	58.5
Monmouth	984	104	1088	98.9
Morris	802	226	1028	93.4
Ocean	14	12	26	2.3
Passaic	1711	475	2186	198.7
Salem	127	0	127	11.4
Somerset	147	6	153	13.9
Sussex	199	0	199	18.1
Union	1922	305	2227	202.4
Warren	219	26	245	22.2
Totals	12656	2067	14718	1338.

LIST OF PHYSICIANS DYING IN NEW JERSEY IN APRIL

Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Edward P. Cooper	88	Apr. 10, 1936	Maplewood	Maplewood	Apoplexy.
Frederick R. Glover	73	Apr. 4, 1936	Mahwah	Same	Chronic heart disease.
Hugh M. Hart	63	Apr. 24, 1936	Newark	Same	Cardio vascular.
Edgar Holden, Jr.	62	Apr. 30, 1936	Newark	Same	Carcinoma lung.
S. LeRoy Morris	71	Apr. 26, 1936	Atlantic C'y Hosp.	Atlantic City	Myocarditis.
John Nevin	72	Apr. 26, 1936	Jersey City	Same	Cerebral thrombosis.
A. L. Stillwell	71	Apr. 16, 1936	Somerville	Somerville	Chronic myocarditis.
Joseph A. Tempesto	45	Apr. 17, 1936	Trenton	Same	Interstitial nephritis.

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

JUNE		JULY	
9 Bergen	17 Middlesex	9 Burlington	21 Warren
10 Mercer	18 Morris	14 Cumberland	28 Hunterdon
11 Burlington	24 Monmouth		
11 Somerset			

ATLANTIC COUNTY

Robert A. Kilduffe, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held May 8th, 1936, at the Hotel Ambassador. Dr. S. L. Salasin presiding. Fifty-three members and guests were present.

PUBLIC HEALTH HOUR

Dr. E. H. Harvey, reporting for the Public Health Committee, stated that during the months of April and May special stress was put upon diphtheria immunization and vaccination and the Public Health Hour in the doctor's office.

Dr. Harvey also read a communication from the Chairman of the Public Health Committee of the State Society requesting the county chairmen to cooperate with public health officers and boards of health in each county in improving the work in these fields. It was emphasized that a great amount of so-called public health work is being carried on by lay organizations, and that it should be brought to the medical profession, and that it was the work of the County Medical Societies to bring this about by qualifying a member or members to work out a program with the health officers and boards of health.

A motion was passed that the Public Health Committee should take care of this problem.

SCIENTIFIC PROGRAM

The Scientific Program was presented by Dr. Thomas K. Lewis, of Camden, N. J., whose paper was entitled "Medical Economics". Dr. Lewis is Chairman of the Sub-committee of the Welfare Committee on Medical Practice. His paper covered a variety of feasible plans for putting the practice of medicine back into the physician's office, and in his opinion the Washington Plan seems the most practical. The paper will be published later in *The Journal of the State Society*.

Dr. H. S. Read, Dr. H. L. Harley, Dr. E. H. Harvey, Dr. A. W. Westney, Dr. C. L. Andrews, Dr. S. Stalberg and Dr. S. L. Salasin discussed the paper.

Dr. Harley's discussion was really a report of the Committee on Medical Economics. He has appointed several sub-committees and they will function accordingly.

COMMITTEE REPORTS

Dr. D. B. Allman, reporting for the Legislative Committee, stated that the bill No. 254, providing

for medical and nursing care as provided under the Lien Law, was not passed.

Dr. H. S. Subin, Chairman of the Entertainment Committee, reported that the Annual Outing would be held June 26th at Dox Folly. Tickets are on sale at \$1.50 and early reservations are urged. There will be an interesting and enjoyable program.

Dr. W. E. Darnall reported for the Medical Advisory Committee that their work would be at an end very shortly as Federal and State E. R. A. funds were exhausted and the work would be carried on by the municipalities from now on.

DATE OF ANNUAL MEETING

Resolutions on the change of the date of the Annual Meeting of this Society—after being corrected to embody this sentence: "These changes take effect as of January 1st, 1937"—were unanimously passed.

INFLUX OF PHYSICIANS IN SUMMER

Considerable discussion took place regarding the influx of physicians to this city during the summer season. Dr. Darnall, a member of the State Board of Medical Examiners, said that as these men do not open offices for the practice of medicine and as a great many of them are licensed in New Jersey, there is no action that can be taken to prevent them from coming here.

ANNOUNCEMENTS

Dr. E. H. Nickman announced that Dr. Maurice McFedrin, whose work on tuberculosis is of great interest, will address the Pine Rest Staff meeting on or about June 11th. All members of this Society are invited to be present.

Dr. D. B. Allman invited the members to attend the Mother's Day services at the Betty Bacharach Home on May 10th, at which time the cornerstone of the new therapeutic pool will be laid.

Dr. V. E. Johnson announced that a luncheon will be held Wednesday, June 3rd, at the Seaside Hotel for the members of the American College of Surgeons. Dr. Frank Lahey will be the guest speaker, and his subject will be hyperthyroidism and hyperparathyroidism. Dr. Davidson is arranging a similar luncheon for the American College of Physicians. Any member of the Atlantic County Medical Society is cordially invited to attend and reservations can be made with either Dr. Johnson or Dr. Davidson.

BERGEN COUNTY

LeRoy W. Black, M.D., Reporter

The Annual Meeting of the *Bergen County Medical Society* was held at the Bergen Pines Hospital on Wednesday, May 20th. This was an outing meeting and had been postponed for a week on account of the storm on May 13. Outdoor sports were held in the afternoon and prizes were awarded to the winners in the athletic events.

COMMUNICATIONS

The following communications were read and action taken as follows:

1. A communication from Mr. B. Lerner, Ph.G., Executive Secretary, Bergen County Pharmaceutical Association, in regard to a law proposing to restrict the sale of contraceptives to druggists. After some discussion, this matter was referred to the Executive Committee for action.

2. Another letter from Mr. Lerner asking the coöperation of the Medical Society in disapproving of the practice of national pharmaceutical manufacturers of marketing new compounds using the common every-day U.S.P. and N.F. drugs. This matter was referred to the Executive Committee.

3. A letter from Dr. E. Z. Hawkes, Chairman, State Medical Relief Advisory Committee to E.R.A., in which he urged each County Society to contact local municipalities for the purpose of setting up a plan for the treatment of sick relief clients, whereby the sick would have a free choice of physician.

The resolution passed by the Essex and Union County Societies on this matter was read. The following resolution was passed by the Bergen County Medical Society:

"The Bergen County Medical Society unanimously expresses its unalterable opposition to the employment of salaried physicians for the treatment of the indigent and unemployed sick, and for the treatment of all others unable to provide medical care for themselves. This plan violates the principles enunciated by the American Medical Association, especially the free choice of physician,—a time-honored and well-known principle. We have again seen demonstrated under the State E.R.A. plan that free choice of physician is best for the welfare of the patient. We therefore endorse the State E.R.A. Medical Plan as heretofore applied in Bergen County and throughout the State. We vigorously advocate the continuation of this plan in the municipalities of Bergen County, pledging our complete coöperation and pledging our influence in order to accomplish the realization of the E.R.A. plan."

4. A letter from Dr. H. S. Read, Chairman of the Welfare Committee, together with stickers for automobile windshields (Editorial p. 331). These are for members of The Medical Society of New Jersey.

NEW MEMBERS

The following were elected to membership:

Regular—

Dr. H. S. Fermaglich, Teaneck

Dr. Frederick R. Kannig, Allendale

The following applications for membership were read:

From Junior to Regular—

Dr. William Charles Knight, Oradell

Junior—

Dr. Ross Magee, Hackensack

ELECTION OF OFFICERS

Dr. David Corn, our President, then read the names of nominees for office by our Nominating Committee as follows:

Officers

President, John H. Irwin

Vice-President, Charles Littwin

Treasurer, L. A. Markley

Secretary, G. M. Knowles

Reporter, LeRoy Black

Delegates—

LeRoy Black (1 year)

1936-37-38

J. R. Morrow

W. Vroom

A. Liva

G. M. Knowles

E. N. Huff

Alternates—

Walter Farr (1 year) elected in 1936

1936-37-38

M. Sarla

V. A. Blenkle

E. T. Seymour

L. Burnham

L. A. Hitzemann

Nominating Committee Representative—

A. Liva

S. Alexander

These nominees were unanimously elected.

WOMAN'S AUXILIARY

Dr. S. T. Snedecor complimented the ladies of the Woman's Auxiliary for their good work during the year, especially for the very successful Supper-Dance.

Dr. George Finke moved that a letter of thanks be sent to the Woman's Auxiliary complimenting them and thanking them for their splendid work. Motion passed.

ANTI-VACCINATION PROPAGANDA

Dr. S. T. Snedecor brought up the matter of a front page letter in the Rutherford Republican Newspaper written by a chiropractor denouncing vaccination and immunization. After some discussion, this matter was referred to the Executive Committee for action.

SCIENTIFIC PROGRAM

Dr. Joseph Morrow, Superintendent of Bergen Pines Hospital, gave a brief resumé of the progress in the treatment of tuberculosis.

Dr. E. N. Huff, School Physician, gave an excellent report on the tuberculosis survey of the Dwight Morrow High School, Englewood.

Dr. A. Bernadini, Assistant Medical Director, discussed an unusual case of "Eventration of the Diaphragm and Carcinoma of the Lung".

Dr. W. Grosfeld gave a report on the "Results

in the Treatment of Pulmonary Tuberculosis at Bergen Pines".

Dr. George Finke gave statistics on thoracic surgery at Bergen Pines and presented one thoracoplasty patient. Dr. R. M. Anderson also presented a case.

Dr. Joseph R. Morrow then demonstrated the technic and interpretation of the Mantoux test for tuberculosis.

The meeting was then adjourned to the Culinary Department of Bergen Pines, where all enjoyed an excellent meal.

CAMDEN COUNTY

William T. Read, M.D., Reporter

The annual meeting of the *Camden County Medical Society* was held May 5th, 1936, in the classroom of the Nurses' Home, West Jersey Homeopathic Hospital, at 9 p. m., with Dr. T. K. Lewis, President, presiding, and eighty-one physicians present.

MEMBERSHIPS

Dr. G. R. Watkins, Warrick Road, Magnolia, N. J., was elected to membership.

Dr. Earl S. Hallinger, practicing at 517 Cooper Street, Camden, N. J., was proposed for membership.

OUTING

Dr. B. F. Buzby, Chairman of the Annual Outing Committee, reported that the outing of the Society this year would be held June 10th at Tavistock Country Club, this outing to be combined with the members of the Physicians' Motor Club, West Jersey Homeopathic Society, and Burlington County Medical Society.

ELECTION

The report of the Nominating Committee was presented by Dr. G. B. German, chairman. The following officers were nominated and unanimously elected:

President, B. F. Buzby, M.D.
Vice-President, J. Lynn Mahaffey, M.D.
Secretary, R. S. Gamon, M.D.
Treasurer, E. C. Shull, M.D.
Reporter, H. D. Barnshaw, M.D.
Historian, H. F. Schrack, M.D.
Censor, T. K. Lewis, M.D.
Trustee, I. E. Deibert, M.D.

Delegates to N. J. Medical Society (to serve three years):

J. E. Roberts, M.D. O. R. Kline, M.D.
J. E. Howard, M.D.

Alternates to N. J. Medical Society:

G. F. West, M.D. C. R. Hutcheson, M.D.
W. G. Mengel, M.D.

Committee on Scientific Work:

H. K. Eynon, M.D., Chr. E. A. Schellenger, M.D.
R. R. Betancourt, M.D.

Delegates to Atlantic County Medical Society:

Leslie Ewing, M.D. H. F. Westcott, M.D.
H. P. Coxson, M.D.

Delegates to Burlington County Medical Society:

P. M. McCray, M.D. R. R. Betancourt, M.D.
V. Del Duca, M.D.

Delegates to Cape May County Medical Society:

C. H. Jackson, M.D. C. F. Hadley, M.D.
E. H. Hemphill, M.D.

Delegates to Cumberland County Medical Society:

A. B. Davis, M.D. A. M. Elwell, M.D.
H. W. Jack, M.D.

Delegates to Gloucester County Medical Society:

H. F. Palm, M.D. E. M. Richardson, M.D.
O. R. Kline, M.D.

Delegates to Salem County Medical Society:

M. L. Hummel, M.D. Lavinia Clement, M.D.
E. G. Hummel, M.D.

Nominating Committee of State Society:

A. H. Lippincott, M.D.

Nominating Committee of Camden County Medical Society:

Benj. Wroblewski, M.D. J. E. Roberts, M.D.
W. T. Read, Jr., M.D.

Managers of Camden City Dispensary:

T. K. Lewis, M.D. D. F. Bentley, M.D.
P. M. McCray, M.D. J. E. Roberts, M.D.
A. H. Lippincott, M.D. J. L. Mahaffey, M.D.
J. E. L. Van Sciver, M.D. T. B. Lee, M.D.
R. L. Sharp, M.D.

Nominating Committee: Dr. D. F. Bentley, Jr., proposed the names of Drs. B. M. Wroblewski, J. E. Roberts, and W. T. Read.

The following clinical program was presented by members of the West Jersey Homeopathic Hospital: "Amyotrophic Lateral Sclerosis", by Penrose Thompson, M.D. The patient was presented for demonstration.

"Primary Carcinoma of Ureter and Renal Pelvis," by Ralph Wright, M.D., and Grant O. Favorite. The paper was illustrated with gross photographs and microphotographs.

"Malignant Teratoma", by Charles F. Hadely, M.D., and Grant O. Favorite, M.D. Both gross pictures and microphotographs were shown.

"Intra-abdominal Foreign Body", by Frank Kennedy, M.D., and Charles R. Hutcheson, M.D. X-ray plates were presented.

"Osteomyelitis of Femur", by Stanley L. Brown, M.D. An x-ray demonstration was given.

"Surgical Treatment of Two Cases of Gastro-Duodenal Ulcer", by H. Wesley Jack, M.D., and Charles R. Hutcheson, M.D. Both patients were presented for demonstration.

"Myopia and the Endocrines", by A. M. K. Maldeis, M.D.

"Purulent Meningitis Complicating Acute Suppurative Pan-Sinusitis", by E. S. Hallinger, M.D.

The papers were all well received and accorded a pleasing demonstration.

INSTALLATION OF OFFICERS

At the conclusion of the program, Dr. T. K. Lewis again assumed the chair and called upon the newly elected officers: Dr. B. F. Buzby, President; Dr. J. Lynn Mahaffey, Vice-President; Dr. R. S. Gamon, Secretary; Dr. E. C. Shull, Treasurer; Dr. H. D. Barnshaw, Reporter, and Dr. Helen F. Schrack, Historian, to take the oath of office. This was duly demonstrated, and Dr. B. F. Buzby assumed the chair.

ESSEX COUNTY

Earl LeRoy Wood, M.D., Reporter

President A. Charles Zehnder presided at a business meeting of the *Essex County Medical Society* Thursday evening, May 14, 1936, at the Academy of Medicine, Newark.

DATE OF ANNUAL MEETING

It was voted to change the Constitution and By-Laws to hold the Annual Meeting of the Society and to transact the usual business thereof as election of officers, etc., on the second Thursday in May instead of the second Thursday in October. Final action must be taken at the next Annual Meeting in October.

QUARANTINE REGULATIONS

Dr. Edward C. Klein, Jr., Chairman of the Public Health Committee, presented the following report:

Through the joint efforts of your committee and the Health Officers Association of Essex County, standardization of quarantine regulations was accomplished throughout the twenty-two municipalities of the county and made effective as May 1st. The essential changes are as follows:

Measles—Reduced from 14 days to 10 days.

German measles—Reduced from 14 days to 7 days.

Pertussis—Reduced from 42 days to 25 days.

Erysipelas—Reduced from 14 days till well.

Chicken Pox and Mumps—Adoption of split quarantine: i.e., in chicken pox, the contacts go to school up till 12th day, and isolated from 12th-21st day; in mumps, contacts go to school up till 15th day and isolated from 15th-21st day. In coöperation with the State Department of Health and effective October 1st, the quarantine period for scarlet fever shall be 21 days.

The real value of these revised regulations can be readily ascertained when one but realizes the benefit to both physician and parent by elimination of conflicting quarantines in bordering communities. Furthermore, the time lost in school under the old regime has been materially reduced and the financial return to the city therefore increased by the added school attendance on the basis of fifty cents per day per child allowance from state funds. Consequently, these new regulations are of benefit to physician, parent, child and taxpayer without jeopardizing the public health. It is ardently hoped that this constructive step initiated by the Essex County Medical Society will be the forerunner of a statewide standardization.

REPORTING OPHTHALMIA NEONATORUM

The problem of ophthalmia neonatorum has been presented to the State Public Health Committee by Dr. Craster, Health Officer of Newark. Hereafter, in this city, all cases of ophthalmia neonatorum, regardless of causative factor, shall be reported. According to the State law and sanitary code, ophthalmia neonatorum is only reportable to the State when it is positive for gonorrhoea. Our Newark Health Officer feels that any discharge from

one or both eyes recurring within two weeks of birth (other than that caused by silver nitrate instillation) shall be reportable.

IMMUNIZATION CLINICS

The present W. P. A. survey has revealed the fact that there are, in the city of Newark, 10,000 pre-school indigent cases for immunization. Two or more visits per child have been made without success in getting them to the doctor's offices. To date, 3500 children have been immunized in 1936 at an expenditure of \$28,000 of Federal funds. To eradicate this great source of potential danger, Dr. Craster has asked permission from this Society to reopen child welfare stations and regularly organized hospital clinics for the purpose of immunizing this 10,000 group, after which no further immunization will be carried out in these clinics. It is, therefore, recommended by your committee that Dr. Craster's request be concurred in and the clinics; i.e., the child welfare stations and the regularly organized clinics, be reopened for the express purpose of immunizing these 10,000 indigent children. These clinics will be closed on completion of this work. No pay cases will be cared for in these clinics.

PHYSICIANS AT BABY-KEEP-WELL HEALTH STATIONS

At the request of the Public Health Committee of the State Medical Society, under the chairmanship of Dr. Stanley Nichols, a list of eligible physicians from the county shall be selected to act as attending physicians at baby health stations to be paid with funds from the Social Security Act. Any doctor of the Society so desiring will notify the Secretary, Dr. Pinneo, and these names will be forwarded to the State Committee. An eligible list of physicians qualified, in whole or in part, in pediatrics will be transmitted by the State Committee to the State Department of Health. These child health stations should not be confused with baby clinics for treatment of disease.

Dr. Klein publicly acknowledged, directed attention to and expressed appreciation of the great assistance lent and the vast amount of energy expended by Dr. Craster, Newark's Health Officer, in accomplishing these agreements.

LAY CONTROL OF HOSPITALS

The Chairman of the Hospital Committee, Dr. E. W. Sprague, presented the following for consideration.

1. There are in New Jersey, hospitals, and so-called hospitals, which are managed exclusively by a board of laymen as to the physical plant and the personnel.

2. This condition has been going on for some time with neither the approval or disapproval of organized medicine. It is time now for The Medical Society of New Jersey to take a stand in this matter.

3. Proper qualifications for appointment to, or promotion in the medical staff is a function of the medical board of that institution. This plan may operate either by recommendations going to the

lay Trustess from the Medical Board, or vice versa. In other words, medical problems should have due consideration by the physician constituting the medical board.

4. The ideal hospital arrangement is:

a. The general supervision of the physical and executive plant should be under the *lay trustees* with medical representation in that group.

b. The professional policies should be formulated by the *medical board* of that institution.

c. That a committee of each of these groups meet in joint conference to consider various important problems of policy, et cetera. This works to the satisfaction of all groups, thereby increasing the efficiency of medical care of the patients coming to that institution.

5. In order to correct the practices of executive-lay-governed hospitals in this State, it will be necessary to develop a resolution with enforcement phases. Therefore, we should consider that it is unethical for a physician to take a position in any hospital where a board of laymen solely directs and controls the medical policies and professional appointments of the personnel to that hospital.

This matter requires careful thought and a carefully drafted set of resolutions.

I would move that the Society place this matter in the hands of the Council at the next meeting, which is on May 25th. If the Council decides to act upon the subject, the Council is to be given full power to prepare a suitable resolution covering the subject, such resolution to be presented directly to the Trustees of the State Medical Society without referring the matter back to the Essex County Medical Society.

This resolution was adopted.

PHYSICIANS FOR THE INDIGENT

The problem of the care of the indigent sick since the end of the E. R. A. activities was considered. The following resolution was endorsed: The Council of the Essex County Medical Society unanimously expresses its unalterable opposition to the employment of salaried physicians for the treatment of the indigent and unemployed sick and for the treatment of all others unable to provide medical care for themselves. This plan violates the principles enunciated by the American Medical Association, especially the free choice of physician, a time-honored and well-known principle. We have again seen demonstrated under the State Medical E. R. A. plan that free choice of physician is best for the welfare of the patient. We, therefore, endorse the State E. R. A. Medical Plan as heretofore applied in Essex County and throughout the State. We vigorously advocate the continuation of this plan in the municipalities of Essex County pledging our complete cooperation and pledging our influence in order to accomplish the realization of the E. R. A. plan. In accordance with this policy, Dr. Sprague explained that a committee has been appointed by this Society to confer with Commissioner Franklin on the question of providing medical care for the indigent and the payment for same. The following principles represent the ideals and standards of good medical practice:

1. The Medical Society's first consideration is that of maintaining the highest achievable quality of medical care for the indigent sick.

2. The basic principle underlying good medical care is the preservation of the free choice of physician on the part of the patient.

3. A growing understanding of adequate medical care for the underprivileged sick and the unfortunate sick is a preliminary necessity.

Having in mind these basic principles and the practical problem before the municipality for solution, Dr. Sprague moved that this committee be given power to confer with the proper authorities and make the best possible arrangements for a three months' period of time.

The motion was passed and the following committee appointed to confer with the Newark authorities: E. Z. Hawkes, Chairman; Henry C. Barkhorn, E. J. Ill, Edgar Ill, H. Roy Van Ness, Edward W. Sprague, George Blackburne, Max Danzis, Richard H. Dieffenbach, Francis R. Haussling, A. Charles Zehnder.

There followed a spirited discussion; Drs. William Areson and Fletcher Carman representing the opinions of the Essex Municipalities outside of Newark. It was agreed that other committees would be appointed to assist the doctors of the other communities to secure from their municipal authorities agreements in accord with the principles expressed.

MEDICAL-DENTAL SERVICE BUREAU

A vigorous discussion and much opposition followed when the question was raised whether to increase the capital fund of the Medical-Dental Service Bureau by assessment. Dr. Satchwell offered the following, which was passed over many dissenting votes.

Whereas: The Essex County Medical Society has organized the first unit of its Medical Economic Security Plan and has brought this unit, the Medical-Dental Service Bureau, to a point where it can be looked upon as a success, and

Whereas: It is now deemed advisable to organize the second unit, the Central Admitting Bureau for hospitals, without delay, and

Whereas: It is vitally necessary to maintain the leadership assumed in this program, and inasmuch as it is necessary to obtain working capital for the intensive carrying out of the activities of the first unit, and also for the successful organization of the second;

Be it resolved that: Each member of the Essex County Medical Society be assessed the sum of ten dollars (\$10.00), provided, however, that each member may have the privilege of paying this sum in cash or the alternate privilege of allowing a deduction up to the total of that sum by the Medical-Dental Service Bureau from money due from the Bureau, this deduction to be made in any manner agreeable to the member.

RATING HOSPITALS

Dr. Sprague reported the following action of his hospital committee: It was regularly moved and carried that the Essex County Medical Society

should examine and rate the hospitals in Essex County according to the standards of the American College of Surgeons. In many of the hospitals the American College of Surgeons has examined and graded the institution, this grading to be accepted. Those which have not been graded should be examined by the County Medical Society and classified. A suitable and dignified placard should be prepared and presented to each hospital which qualified above the minimum standard. This placard should be exhibited by the hospital in a prominent place where the public may see the Essex County Medical Society approves of the institution.

ADDITIONAL DELEGATES TO THE STATE MEETING

The present membership of the Society being \$33, it is entitled to six more delegates to the State Society. The following were elected:

DELEGATES—TILL 1938

Henry C. Barkhorn	Richard H. Dieffenbach
Frank A. Bien	Asher Yaguda
Elbert A. Curtis	Chas. W. Buvinger

ALTERNATES—TILL 1938

Kenneth C. Forsythe	Louis Schneider
Mildred G. Gregory	Lee W. Hughes
Harvey T. Herold	Manfred Kraemer

NEW MEMBERS

Regular—

Joseph E. Higi, S. Bernard Kaplan.

Associate—

Frank A. Franklin, Bella L. Gilbert, Anthony J. Perrone.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

Dr. M. F. Lummis, of Pitman, was elected President of the *Gloucester County Medical Society* at its annual meeting held on May 21 at Woodbury Country Club. He had been serving as Acting President for several months.

The meeting marked the retirement of Dr. Ralph K. Hollinshed, of Westville, as Secretary and Treasurer after he had held both offices for a period of twelve years. Dr. Hollinshed, who asked to be relieved, was honored by the physicians at the dinner which followed the business meeting.

A poem dedicated to Dr. Hollinshed was read by Dr. E. E. Downs, of Woodbury, his successor as Secretary, and he was presented with a handsome traveling bag. Mrs. Hollinshed was presented with twelve beautiful roses by Dr. Chester I. Ulmer, of Gibbstown in behalf of the Society.

Other officers nominated and elected were: Dr. Oran A. Wood, Paulsboro, Vice-President; Dr. Don B. Weems, Wenonah, Treasurer; Dr. William Brewer, Woodbury, Trustees for three years; Drs. I. W. Knight, Pitman; H. W. Wright, Pitman, and Dr. Paul Pegau, Woodbury, Censors; Dr. E. E.

Downs, Woodbury, Delegate to State Society; and Dr. W. W. Pedrick, Glassboro, Alternate.

Dr. H. B. Diverty, who has served as Reporter for more than twenty years, was reelected to that office.

Dr. Hollinshed was elected to the Nominating Committee, and Dr. Ulmer was named as Alternate. The following were elected as Delegates to County Societies:

Atlantic County—Drs. C. A. Bowersox, William G. Harris, J. Harris Underwood, and Ralph Moore.

Burlington County—Drs. Oran A. Wood, Duncan Campbell, and H. B. Diverty.

Camden County—Drs. H. B. Diverty, Fuller G. Sherman, and William E. Crain.

Cape May County—Drs. William Brewer, Duncan Campbell, and H. B. Diverty.

Cumberland County—Drs. W. J. Burkett, I. W. Knight, and M. F. Lummis.

Salem County—Drs. Samuel Ashcraft, A. J. DiMarino, and I. W. Knight.

Mercer County—Drs. H. L. Sinexon and C. C. Sheets.

COMMITTEES APPOINTED

The following committees were appointed by Dr. Lummis:

Public Health—Drs. I. W. Knight, T. M. Gairdner, W. J. Burkett, Louis Ruttenberg, and Alfred G. Gillis. Program—Drs. R. K. Hollinshed, I. N. Patterson, and B. A. Livengood. Public Relations—Drs. E. E. Downs, B. A. Livengood, and W. J. Burkett. Post-Graduate—Drs. H. B. Diverty, C. I. Ulmer, and H. L. Sinexon. Maternal Welfare—Drs. J. Harris Underwood, Dorothy B. Rogers, and C. A. Bowersox.

Dr. Knight presented a comprehensive report on the Baby Keep Well Clinics in the county and the Society unanimously endorsed the project.

The report of Dr. Hollinshed as Treasurer was received and showed a substantial balance available.

Members of the Auxiliary were the guests of the Society at the dinner. The feature of the program presented at that time was the tribute paid to Dr. Hollinshed. During the dinner several numbers were sung by a negro quartet from the Woodbury High School Glee Club.

Those present were: Drs. M. F. Lummis, I. W. Knight, and H. W. Wright, Pitman; S. F. Ashcraft and William G. Harris, Mullica Hill; E. E. Downs, J. Harris Underwood, H. B. Diverty, W. H. Carpenter, Duncan Campbell, William Brewer, C. A. Bowersox, Fuller G. Sherman, Dorothy Rogers, and Paul M. Pegau, Woodbury; Louis Ruttenberg, Mantua; Horace M. Fooder, Williamstown; H. L. Sinexon, Oran A. Wood, and C. C. Sheets, Paulsboro; W. W. Pedrick, A. G. Gillis, and Ralph Venturo, Glassboro; C. I. Ulmer and T. M. Gairdner, Gibbstown; Don Weems, Wenonah; and B. A. Livengood, Sweedsboro. Several visitors and delegates were also guests.

Guests included: Dr. Ristine, Dr. Kline, and Dr. Denbo, Camden County; Dr. Paul Burkett, Woodbury; Dr. Booth and Dr. Hughes, both of Cooper Hospital.

MERCER COUNTY

A. Dunbar Hutchinson, M.D., Reporter

The *Mercer County Medical Society* met at the Trenton Country Club on May 13th, President Stone presiding.

SCIENTIFIC

Dr. Harry H. Satchwell, Newark, gave a most instructive address on the subject, "Medical Economics Survey". He described the Washington Plan, which is followed in Newark and several other cities, drawing particular attention to the possibilities of complete control of all phases of medical service to all classes of patients by the medical profession.

Dr. Satchwell admitted that the entire subject was on trial wherever any "plan" be tried, and that the profession is yet only in the experimental stage of giving sufficient care for every needy patient, yet we must see that no ailing person becomes neglected.

MEMBERSHIP

Louis P. Lapin, M.D., was elected an associate member.

OUTING

The Program Committee was authorized to arrange the Annual Outing, which will take place June 11th at the Trenton Country Club.

MEMORIALS

Memorials were adopted in memory of Dr. Charles R. Sista, died March 12, and Dr. Charles L. Marotte, died March 17, whose obituaries were printed in this Journal of April, page 229.

MIDDLESEX COUNTY

Charles H. Calvin, M.D., Reporter

The regular monthly meeting of the *Middlesex County Medical Society* was held April 15th, 1936, at the Hotel Pines. The meeting was called to order at 9 p. m. by Dr. J. J. Mann, president.

SCIENTIFIC PROGRAM

Dr. Mann introduced Dr. Rubin, Assistant Professor of Pediatrics, University of Pennsylvania, who gave a very interesting and instructive talk on *gastro-intestinal diseases* in infants. He stated the so-called summer diarrhea was more common in the summer because heat and humidity played a large part in its cause.

Some of the other causes of diarrhea are infection of the respiratory tract, paratyphoid, and bacteria traveling upward in the intestinal tract.

The diagnosis of the *paratyphoid type* is almost certain when blood and pus is found in the stools. It requires strict isolation. Usually in severe cases the patient must be treated for shock.

In *summer diarrhea* there is a marked acidosis with dehydration and loss of kidney excretion. This is treated by some form of alkali. He recommended one part of solution of sodium lactate to five parts

distilled water to 60 cc. per kiloweight of patient to restore the body waters. He never transfuses a baby if it is dehydrated. He never uses protein milk as a dietary food, but instead uses water, glucose, and saline in large amounts. He starts with ten calories per pound, and increases slowly, and returns to ten calories per pound if diarrhea reappears.

Dr. Joseph Stokes, Jr., Assistant Professor of Pediatrics, Medical School, University of Pennsylvania, and Associate Physician-in-Chief, Children's Hospital, Philadelphia, our second speaker, talked on "*A Filterable Virus as the Cause of Influenza*". Strains of a filterable virus apparently having an etiologic significance have been recovered from several epidemics in Philadelphia and Puerto Rico. Material from sputum from influenza in Puerto Rico was inoculated intra-nasally in ferrets produced influenza. Material from the mucous membrane of patients suffering from influenza can infect ferrets. As the infective material was passed through a fine porcelain filter, before instillation into the ferret's nostril, the causative organism must be an ultra-microscopic virus. This virus shows close affinity to that which is the cause of the "hog influenza". It has also been found that mice can be infected by intra-nasal inoculation, the illness being of a pneumonic type and generally fatal. Following infection with the virus of influenza, both ferrets and mice develop a state of active immunity to reinfection. The results indicate that the agent producing influenza is a filterable virus.

REPORTS OF COMMITTEES

Dr. Brown, Maternal Welfare Committee, stated a schedule of course of lectures was sent to each member of the Society.

Dr. London, Public Health Committee, read a letter from the State Public Health Committee asking for closer coöperation of every physician in the campaign for diphtheria inoculation.

Dr. E. Klein reported what had been accomplished by the Public Relations Committee. The committee had published articles in seventeen different papers in Middlesex County; had prepared a list of doctors coöperating with diphtheria immunization; and had written to the A.M.A. and the State Medical Society asking for some recent literature on medical economics.

A letter from Dr. LeRoy Wilkes was read announcing Miss Peterson, R.N., had been appointed to investigate cases of infantile paralysis and birth injury paralysis. He urged coöperation of all physicians. The purpose is to get the patients to competent physicians for proper care and treatment.

MEMBERSHIP

Application for membership of Dr. Theo. J. Miller, of Perth Amboy, and application for transfer of Dr. J. B. Massey from Somerset County were read and referred to the proper committee.

A special meeting of the *Middlesex County Medical Society* was held Friday evening, May 1st, 1936, at the Hotel Pines with the President, Dr. J. J. Mann, presiding.

Dr. Mann stated this meeting was for the purpose of proposing a scheme whereby the Middlesex County Medical Society will go on record opposing any individual contract with any municipality to furnish medical service to a group of individuals for a definite sum.

MEDICAL RELIEF TO INDIGENTS

Dr. Fithian, Chairman, E. R. A. Committee, stated the contract with the State Medical Society and the State Relief Association agrees to take care of E. R. A. cases at reduced fees of \$1.00 per office and \$2.00 per house visits, and \$25.00 for obstetrical cases. The E. R. A. patients are to have the free choice of doctors which are selected by the Middlesex County Medical Society. He believes this same plan should be adopted by the municipalities so as not to allow one doctor to have complete control and care of all the E. R. A. patients. This would give each doctor opportunity to get his share of the E. R. A. work.

Dr. Strandberg explained how Carteret was now handling its relief cases. The same plans as formerly were maintained, with the bills being paid by the municipality instead of the State. Carteret was using the appropriation that would normally have been given to the State E. R. A.

CONTROL OF CONTRACT PRACTICE

Dr. Edward Klein, Chairman, Public Relations Committee, in an effort to prevent putting the E. R. A. into the hands of one or two doctors, secured from the Judicial Council of the A. M. A. its definition of *contract practice*, which is as follows:

"*Contract practice* has been defined by the Judicial Council of the A. M. A. to be any type of medical service in which there exists an agreement between one or more physicians as principals or agents, and an individual, a corporation or an organization, to furnish partial or full medical service to a group or class of individuals for a definite sum or a fixed rate per capita, and

"There are now in this country several hundred different groups supplying this type of practice upon which have been engrafted almost every feature of commercialism, the further development of which may convert the oldest and one of the most dignified and altruistic professions into a mere business with mass production methods, and

"There is ample evidence to show that Contract Practice serves to stimulate reactions which threaten the harmony and dignity of our profession:

"A. Through ruinous competition.

"B. Inadequate medical service, the results of insufficient provision of funds.

"C. The control by laymen and the introduction of commercial methods.

"D. The direct or indirect solicitation of patients.

"E. The restriction of a free choice of physicians, thereby interfering with the legitimate competition between physicians on a basis other than medical competency."

Dr. Edward Klein then offered the following resolutions, which were accepted by the Medical Society:

Resolved, that contract practice in every in-

stance where it involves the aforementioned practices is contrary to the code of ethics of the A. M. A. and contrary to the best interests of the public and medical profession, and

Further, be it resolved, that while objection *per se* to contract practice does not exist, nevertheless the prevalence of unethical practices urgently demands that all members of this Society who are now engaged in any type of contract practice, or who are contemplating so engaging, should carefully investigate conditions and details of such service and be guided in their professional conduct by the code of ethics of the A. M. A.

The following resolution was also adopted:

Whereas, we, the members of the Middlesex County Medical Society and taxpayers of Middlesex County, declare that for the protection of the medical profession, and for the adequate serving of a class of indigent sick coming under the E. R. A. classification, are opposed to any group of contract or agreement between one or more physicians and municipality to furnish partial or full medical service to a group or class of individuals for a definite sum or fixed rate per capita, and

Whereas, the welfare of the public is of primary importance and any plan that provides for special selected doctors to the exclusion of a great mass of the profession may prove dangerous and unwise, and

Whereas, the full responsibility for the determination of the professional qualification, ethics and adequacy of medical service must be vested in the medical profession, and

Whereas, physicians are not concerned with the care of indigents for the purpose of gain, but to render needed service in the prevention and treatment of disease, and

Whereas, to limit free choice of physicians is unethical and will demoralize the profession,

Therefore be it resolved, that no member of the Middlesex County Medical Society make any contract or agreement with any municipality where it involves the aforementioned practice contrary to the code of ethics of the A. M. A. and is contrary to the best interest of the public and medical profession, and

Further be it resolved, that members of the Middlesex County Medical Society temporarily accept as a basis for fees for the treatment rendered to the class of the indigent sick coming under the classification of the E. R. A., the same schedule of fee as previously offered in the contract by the State Medical Society with the State Relief Administration. Specifically, the above contract calls for the payment of \$1.00 per office visit, \$2.00 per house visit, and \$25.00 for obstetrical cases, and for the complete freedom of the choice of physician.

Copies of these resolutions were sent to every doctor to be signed and returned.

Dr. Edward Klein stated he has on file literature of *Medical Economics* which any doctor may have on application.

The Washington Plan was tabled until later to see how it was working in the other counties which already have adopted it.

MAY MEETING

The regular monthly meeting of the *Middlesex County Medical Society* was held in "The Pines", Metuchen, on May 20, 1936.

SCIENTIFIC

President Mann introduced the principal speaker of the evening, Dr. Wolff, of the Cornell Medical Center, who spoke on "Migraine".

MEMBERSHIP

Dr. Mark made a motion to elect the following to Associate Membership, which motion was passed:

Gerard Kessler, New Brunswick
Edward Margaretten, Perth Amboy
Theo. Spitzer, New Brunswick
Ben. Mann, Perth Amboy

On motion of Dr. Spencer, the Society accepted as full members the following physicians transferred from Somerset County:

J. B. Massey, New Brunswick
L. R. Panigrosso, Perth Amboy

TUBERCULOSIS SURVEY

Dr. Avery's Plan, which was tabled during March meeting, was read to the Society and favorably passed. It is as follows:

Suggested plan for a Tuberculosis Survey in Middlesex County to be proposed by the Middlesex County Medical Society.

I. Objections to Mass X-Ray Survey.

A. Physically impossible with existing equipment unless the Powers paper plate method is used.

1. This method has been disapproved by the County Society.

B. Even if done once, a proper check-up and proper care of positive cases is impractical.

II. Reasons for using the "Stagger" system.

A. Relatively small group tested each year enabling the present set-up to handle cases easily.

B. Re-rays easily done and cases referred back to family physician for treatment.

C. Only positive cases, as indicated by tuberculin test, are x-rayed.

The Plan

I. Newspaper publicity and general propaganda to fully explain details of the plan to the public.

To be paid for by the Freeholders or the League.

II. Formation of a committee consisting of representatives of the Middlesex County Medical Society, the Board of Freeholders and the League to work out details of actual carrying of the plan.

III. Tuberculin test made of all children in certain groups. (Suggest first group age 12-13 years.)

To be carried out as follows:

1. Those able to pay a fee are to have this test done by their private physician, who will charge \$2.00.

2. Those unable to pay a fee are to have it done at certain appointed clinics by physicians selected by the above-mentioned committee. Time and place to be mentioned in publicity.

3. Private physician to return to the committee form cards bearing name and reaction of all cases tested.

IV. In all cases of positive reactions:

Notice sent to families from central office urging an immediate x-ray examination of the chest and stating the following regulations:

1. Steroscopic x-rays will be taken at special field places. (Drs. Avery, Klein, and Klein.)

2. Prices for x-ray examination to be as follows:

a. Families with yearly income of \$3000 or more, \$10.

b. Families with yearly income of \$2000 or more, \$6.

c. Families with yearly income of \$1500 or more, \$4.

d. Families with yearly income of less \$1500, free. (These free examinations to be paid for by the League or Freeholders at the rate of \$— per case.)

3. Space on card for parents to make affidavit stating to which financial class (a, b, c, d) they belong. This affidavit to serve as a guide in making charges for the x-ray.

4. Statement urging parents to return the child to their private physician for treatment, or in case of indigent cases, to return them to the clinic where test was done.

5. Statement that full reports of the x-ray examination will be sent direct to the private physician who made the tuberculin test.

6. Statement that reexamination by x-ray will be made in six months' time on request of private physician or clinic at the same rates.

In this way cases are not lost to the private physician, nor to the private roentgenologist.

The patient bears the main burden of expense.

The county pays only for indigent patients.

HIGH SCHOOL DEBATE FREE MEDICAL SERVICE

A letter from Dr. Naulty, Commissioner of Education, to Dr. Adrian Urbanski, Secretary, Middlesex County Medical Society, was read as follows:

"The New Jersey State Championship in high school debating was won by the team from the Perth Amboy High School, arguing against state medicine. The success of his team was due to the information and the data that was supplied to him through Dr. Edward Klein, Chairman of the Committee on Public Relations of the Middlesex County Medical Society.

RECOGNITION OF E. R. A.

A letter from P. M. Geronimo, County Director, E. R. A., to President Mann, was read:

"Dear Dr. Mann:

"The termination of relief activities of this administration, effective April 16th, 1936, compels me to address this communication to the Medical Society, through you, to express my appreciation and that of this Administration to the members of the medical profession for the unselfish coöperation rendered this Administration during the period of the emergency.

"In so expressing myself, may I add that the County Medical Advisory Committee, which coöperated with this Administration and devote wholeheartedly their full time and effort to our problems, is not only entitled to the thanks and appreciation of the general public but the medical profession as well. I have addressed a communication to Dr. C. W. Fithian, Chairman of that committee, expressing my appreciation.

"I shall always consider it a privilege to have had the coöperation of the medical group of Middlesex County, and am sure the public must appreciate the humanitarianism evidenced by the coöperation rendered by your profession during the past four and one-half years.

"Very respectfully.

"P. M. GERONIMO,

"County Director, E. R. A."

After adjournment refreshments were served.

WARNING !!

Dr. Alfred F. W. Sferra, of Bound Brook, warns doctors against a man calling himself an agent of the American Diathermy Rubber Co., Ltd., of 329 Walnut Street, Philadelphia, who has taken orders for goods, offering reductions in price for cash. He collects on the checks, but the goods never come, and letters addressed to the alleged company are returned marked "Unclaimed".

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A meeting of the *Morris County Medical Society* was held the evening of May 21 at All Souls Hospital in Morristown and was called to order by President Costello with about fifty members present.

DINNER MEETING

Routine business included a recommendation from the Executive Committee that the June meeting be a Dinner Meeting at the expense of the Society treasury. President Costello explained that it was the thought of the committee that as some meetings are rather poorly attended, perhaps through lack of interest or force of habit, but certainly not because of any defect in the programs, the holding of a dinner meeting might get the men out and stir up a higher degree of interest and the dinner meeting might be made an annual affair. By unanimous action this was referred to the Executive Committee, with power.

PERSONAL CHOICE OF PHYSICIAN

A resolution was offered and unanimously adopted as the consensus of the members present, as follows:

"The Council of the Morris County Medical Society unanimously expresses its unalterable opposition to the employment of salaried physicians for the treatment of the indigent and unemployed sick and for the treatment of all others unable to provide medical care for themselves. This plan violates the principles enunciated by the American Medical Association, especially the free choice of physician, a time-honored and well-known principle. We have again seen demonstrated under the State Medical E. R. A. plan that free choice of physician is best for the welfare of the patient. We, therefore, endorse the State E. R. A. Medical Plan as heretofore applied in Morris County and throughout the State. We vigorously advocate the continuation of this plan in the municipalities of Morris County, pledging our complete coöperation and pledging our influence in order to accomplish the realization of the E. R. A. plan.

LAPSE OF INSURANCE

President Costello reminded that any members in arrears for sixty days, from February 4, are not in good standing and the insurance they may carry through the State Society is void.

SCIENTIFIC

The scientific chapter of the evening was in the form of a clinic arranged by the staff of All Souls Hospital and presided over by Dr. Bernard C. McMahon, Chairman, with the following presentations: "Discussion of Two Cases of Anemia", by Dr. Morris Harris.

1. Leukemia
2. Aplastic Anemia.

These cases were two young girls of sixteen and eighteen years, who were neighbors in a small town, well nourished, didn't work in a factory, didn't look sick, except that they were pale: presenting similar symptoms with different diagnoses, although two cases of disease of the bone marrow. Blackboard laboratorial findings and pictures were shown and the speaker closed by saying that the cases were interesting for the reason that they present fine problems in diagnoses that keyed up the interest of the staff and he was sure they served as a post-mortem clinic in anemia such as is rarely found.

"Clinical Electrocardiography and Its Relation to the Mechanism of the Heartbeat", illustrated with motion pictures, by Dr. George J. Young.

Dr. Young detailed the progressive development of the electrocardiograph and its present place as an integral part of the complete study for diagnosis of cardio-vascular disease; that it does not supplant detailed history of disease of the heart nor does it supplant careful physical examination but it has its place in a complete examination of the condition of the heart; that it does not make a diagnosis but is used as an adjunct for the information it can give and pointing out its value in differentiation. Following the very interesting discourse two films were shown.

"Cesarean Section", illustrated by motion pictures (Latzko's operation), was presented by Dr. Daniel J. Geary.

The presentations were of unusual interest and induced discussions and comments commendable of the efforts of the staff of All Souls Hospital.

The evening closed with refreshments, which were enjoyed in the nurses' dining hall.

PASSAIC COUNTY

Sigurd W. Johnsen, M.D., Reporter

The regular meeting of the *Passaic County Medical Society* was held at the Health Center, Paterson, Thursday, May 14, 1936, at 9 p. m., Dr. Wright MacMillan, President, presiding.

SCIENTIFIC

The scientific program consisted of a very interesting symposium on ophthalmology. The first paper was given by Dr. E. C. Reynolds, of Passaic, entitled "Ophthalmological Diagnosis".

The second paper, entitled "Affections in the Conjunctiva and Problems of Squints", was given by Dr. Thomas A. Sanfacon, of Paterson.

Dr. M. Ben Park, of Paterson, gave the third paper, entitled "Ocular Surgery".

The fourth and last paper of the evening was given by Dr. Thomas Glasgow, of Passaic, entitled "Glaucoma, Its Causes and Treatment".

The papers were discussed by Drs. Marsh, Van Winkle and Willard.

NEW MEMBERS

The following applications for membership having been received and favorably reported on by the Censors, were duly elected to membership:

Dr. Morris David Berk, Pompton Lakes
Dr. Raphael R. Goldenberg, Paterson
Dr. Philip Milton Joffe, Paterson
Dr. James Stokes, Paterson

Dr. Samuel C. Yachnin, Lyndhurst, was transferred from the Bergen County chapter.

The following were admitted to participating membership:

Dr. Ward C. Denison, Ridgewood
Dr. Joseph A. Rube, Ridgewood
Dr. A. Ferrari, East Rutherford

MEDICAL-DENTAL SERVICE BUREAU

Dr. MacMillan introduced Mr. Smiley Kinne, Executive Director of the Medical-Dental Service Bureau of Passaic County. He gave the following report on the activities of the Bureau:

The Bureau was opened December 18, 1935, and has up to April 30, 1936, made agreements with 180 patients for payment of medical, dental, and hospital fees, on a monthly payment basis, to the amount of \$13,512.00. The Bureau was being used by:

54 physicians with 86 cases
24 dentists with 44 cases
8 hospitals with 48 cases.

The number of cases being handled by the Bureau is increasing every month, and more doctors

are using it. Mr. Kinne stated that there is no doubt about the success of the venture, but that this will only occur with the coöperation of the doctors in sending their cases to the Bureau.

A great portion of this \$13,512.00 would never have been received by the doctors. Many of these cases would have been ward patients or charity cases.

DEATH OF DR. L. E. COEN

The Passaic County Medical Society regrets to announce the death of one of its members, Dr. L. E. Coen, 88 Washington Avenue, Clifton, on May 13, 1936.

PAY FOR MEDICAL SERVICES IN HOSPITALS

The following resolution was proposed as an amendment to the By-Laws of the Constitution of the Passaic County Medical Society, by Dr. Willard, and seconded by Dr. Roemer:

Resolved:

1. That no member of the Passaic County Medical Society shall render any medical or surgical service to any Federal, State, county, or municipal institution without receiving therefore adequate compensation.

2. That any patient confined to such an institution, not a charity patient, shall be charged for medical or surgical services rendered by physicians not regular employees of said institutions.

The motion was unanimously carried.

PATIENTS ON RELIEF

A resolution was made by Dr. Willard that the President appoint a committee to study the enforcement of the By-Laws pertaining to contract practice. The motion was seconded by Dr. Roemer, and unanimously adopted.

The following resolution was sent to the local relief authorities:

"Whereas, under Chapter 83, Penal Laws, 1936, the Administration of Relief has been taken from the State E. R. A., and placed in the hands of Municipal Authorities, the Passaic County Medical Society submits the following resolution:

"The plan for supplying and paying for medical relief which was carefully worked out between the Medical Authorities and E. R. A. Authorities, has stood the test of usage, and has been satisfactory for the client, the administration, and the doctor. The Passaic County Medical Society would like to confer with the Municipal Authorities to modify this plan for immediate municipal use.

"Because any of the following plans would result in an inefficient and degraded service, or would do violence to the rights of those involved, the Medical Society is opposed to:

"1. Treatment of the indigent public by salaried physicians.

"2. The refusal to the patient of free choice of physician.

"3. The placing of the burden of the indigent sick on the charity of the physician.

"The coöperation of the present Relief Authorities is hereby solicited."

THE WOMAN'S AUXILIARY

ANNUAL REPORT OF THE STATE PRESIDENT

By MRS. FREDERICK A. KINCH, Westfield, N. J.

This is the occasion when the President gives an account of the work that has been accomplished the past year.

We have continued along the lines of previous years. The Speakers' Bureau is more fully established. It has been used thirty-nine times. More counties are having reciprocity meetings. Two new counties have organized, Middlesex and Warren; and Ocean County has a renewal of interest.

Your President has hoped that every county in the State would be organized by the end of the year, but she finds the Medical Society in its county is responsible for the forming of an Auxiliary.

We have, however, increased our membership, not only by the forming of new Auxiliaries, but also by the membership drives. Our paid-up membership on March first was 712. The following counties reported gains: Atlantic, seven; Burlington, one; Camden, twenty; Essex, ten; Hudson, nineteen; Mercer, one; Middlesex, fifty-three; Monmouth, two; Passaic, one; Union, nine; Warren, twelve.

The reports of the counties you have heard in detail. A few of the outstanding features of the work are—the raising of money for benevolent and philanthropic purposes; the securing of an appropriation of \$3000.00 from

a Board of Freeholders for tuberculosis preventorium care; the discontinuance of a health column from a newspaper, which was edited by a chiropractor; the obtaining of five minutes from the program of twelve lay organizations each month for a talk on medical subjects.

I wish especially to call your attention to Warren County—our baby or youngest County Auxiliary, and an energetic one. They have appointed committees to go from town to town interviewing the doctors' wives and soliciting their membership in the Auxiliary.

It has been my privilege to attend two National Auxiliary Conventions in my year as President, an opportunity not often enjoyed. I have also visited many counties, and it has been my especial pleasure to come in contact with the members.

I take this opportunity to thank the Auxiliary members for the privilege and honor of being your President the past year. I thoroughly appreciate the many acts of kindness and courtesies extended. It has been a pleasure to serve you. I wish you all success now and in the years to come.

Respectfully submitted,

ANNA BELLE KINCH.

Atlantic County

Reported by Mrs. Samuel L. Winn, Atlantic City

The Executive Board meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* met at the home of Mrs. Raymond Williams, Swarthmore and Atlantic Avenues, Ventnor, N. J., on Monday afternoon, May 4th, at 1 p. m. Mrs. Williams served a dessert table prior to the meeting.

Invitations to outstanding social events, such as the Federation of Women's Clubs, Charity Flower Mart and the Horse Show, were extended to members of the Auxiliary.

The Delegates and Alternates were given credentials and told to be as active as possible during the Convention June 2nd, 3rd and 4th.

Mrs. Hilton Read gave her report of the Spring Luncheon held at the Ambassador Hotel, April 29, 1936. It was purely a social event, and much to our pleasure we netted a profit, of which we donated \$5 to the Atlantic County Hospital.

The date for the last meeting was stated to be May 9th at the Ambassador Hotel at 8 p. m.

The *Woman's Auxiliary to the Atlantic County Medical Society* held its last meeting of the season at the Ambassador Hotel on May 9th, 8 p. m. Our President, Mrs. Carl Surran, presided. The new officers were elected at the meeting and are as follows:

Mrs. Daniel Reyner, President
Mrs. Hilton S. Read, First Vice-President
Mrs. Lawrence Wilson, Second Vice-President
Mrs. Anthony Merendino, Recording Secretary
Mrs. James H. Mason, Treasurer.

Dr. H. L. Harley, guest speaker, spoke of Medical Economics and asked support of all the members in that work.

Activities of the State Medical Convention, to be held June 2nd, 3rd and 4th in this city were discussed by Mrs. Samuel Salasin. The coöperation of Mrs. Hilton Read, Mrs. Ily Beir and Mrs. James Mason was asked by all the committee chairmen.

Mrs. Carl Surran, the retiring President, gave a

short address of appreciation for the support given her during her term of office. She will be presented with the Medical Auxiliary Pin.

Reports were given by the following committee chairmen and officers:

Mrs. Lawrence Wilson, Recording Secretary
Mrs. Emanuel Mally, Corresponding Secretary
Mrs. Ruffin Stamps, Public Relations
Mrs. E. G. Shreve, Public Relations
Mrs. Hilton S. Read, Social Committee
Mrs. E. H. Harvey, Courtesy Committee
Mrs. Mildred Sinkinson, Welfare Committee
Mrs. Samuel Winn, Publicity
Mrs. Morton Major, Dramatic Circle
Mrs. Ily Beir, Art and Hobby
Mrs. James Mason, Widows and Orphans

A party followed the business session.

Essex County

Reported by Mrs. Don Epler

The *Woman's Auxiliary to the Essex County Medical Society* contributed to the Newark Centennial Celebration by sponsoring a "Tea in Honor of the Doctors' Mothers".

Twenty-eight mothers accepted, and were given old-fashioned bouquets.

One of the Past Presidents of the State responded to the invitation in this manner, by saying, "I was all thrilled and excited when I received the charming little pink envelope and then the attractive notice within."

What a program I—"In honor of Doctors' Mothers". Could anything be lovelier—a Fashion Revue of yesterday and then a Book Review by our very own dear Mrs. John Nevin.

"What a program—I hand all honors to Essex County."

It was just too bad that Mrs. Hunter could not be with us. She always knows just what to say to make one feel good. Then another great disappointment to us was that, at the last minute, Mrs. Nevin could not be with us due to the sudden passing away of Dr. Nevin.

In a letter from Mrs. Nevin since the meeting, she wrote: "It seems like a weird dream from which I must awaken, that I did not go over that Monday to tell you some of the stories of the Gibson Girls and their bicycle riding and "doin's" of the gay nineties, that made my loved one laugh—what seemed only a few hours before his gentle spirit was called to the Great Beyond."

What beautiful words, only Mrs. Nevin could write such.

One of the outstanding costumes was the wedding gown of our own beloved first President, Mrs. G. A. Rogers.

The costumes were modeled by the following doctors' daughters and wives: Anita Ganot, Betty Lou Snavely, Elvira Ambrose, Eileen McCauley, Marie Van Ness, Mary Jane Ill, Mrs. Anthony Ambrose, Mrs. Michael Weinstock, Mrs. Paul RePass and Mrs. John H. Young.

Mrs. K. C. Forsyth, in a gay ninety costume, President of the Auxiliary, presided with a word of greeting to the mothers and the members of the neighboring counties.

The President introduced Mrs. John Young who, in turn, introduced the girls wearing the costumes as they marched down the aisle to the strains of music in keeping with the spirit of the party.

The affair was well attended by over 200 people.

Mrs. Sidney Keller and her committee deserve much credit for the time and thought they gave to the decorating of the Academy and the Tea Table.

The setting was beautiful and the sandwiches and cakes were a credit to any party.

It was a real thrill to have Dr. and Mrs. LeRoy Wilkes pop in on us for a minute.

Mrs. H. Roy Van Ness and Mrs. Don A. Epler, co-chairmen, had charge of the costumes and invitations. Mrs. Charles Zehnder and Mrs. K. C. Forsyth poured.

An Executive Board meeting is to be held May 18th, 1936, at the Academy of Medicine, making final plans for the Annual Meeting and Luncheon to be held at the Essex House, May 25th, 1936, reported by Mrs. Herman Herold, Chairman of Publicity.

Hudson County

Reported by Mrs. J. A. Murray

The *Auxiliary to the Medical Society of Hudson County* held its regular monthly meeting at the Y. W. C. A. in Jersey City on Monday May 4th at 2 p. m., Mrs. A. E. Jaffin presiding.

Reports were given by the Treasurer, Mrs. Harry Perlberg; the Chairman of our Speakers' Bureau, Mrs. Edward Waters; the Chairman of the Widows and Orphans Fund, Mrs. B. T. D. Schwarz; our Historian, Mrs. Samuel Barbarito; Assistant Editor of "Entre Nous", Mrs. Frank Nicholson; Public Relations Chairman, Mrs. Frank Facciolo, and Mrs. Miles T. Long, Telephone and Membership Chairman.

Mrs. Facciolo reported that she had contacted over seventeen organizations before whom our five-minute health articles will be read each month. One paper has already been read and another will be read this month.

Mrs. Long introduced four new members, making a total of twenty-four new members since October. The new members for May are Mrs. D. A. Introcaso and Mrs. Robert Rubenstein, of Jersey City; Mrs. John J. Federer, of East Weehawken; and Mrs. George F. Piltz, of Guttenberg.

Mrs. Louis Dodson, Chairman of Entertainment, reported on a luncheon and card party to be held at the Ridgewood Country Club on Monday, May 25th, at 12:30. A bus has been chartered by the Auxiliary to convey those who have no other way of getting to the club. Mrs. Dodson is being assisted by Mrs. Peter Maras and the following committee: Mrs. Vincent Butler, Mrs. John Madaras, Mrs. Herman Behrens, Mrs. Edward Waters, Mrs. Joseph Ruvane, Mrs. Samuel Barishaw, Mrs. William Stuart, Mrs. Henry Klaus, Mrs. Ellis Chapman, Mrs. Edward Murphy, Mrs. C. A. Peterson, Mrs. T. J. Schuck, Mrs. Arthur Largay and Mrs. Emmett Connell.

The meeting was adjourned, and tea was served by Mrs. Frank Nicholson and a group of hostesses.

The NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

TRAUMATIC SURGERY

including

General Surgery, Orthopedic Surgery, Physical Therapy, Anatomical Review and Operative Surgery on the Cadaver.

POST-GRADUATE INSTRUCTION

comprising

Medicine, Surgery
and Allied Specialties

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City

THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA

THE ONE HUNDRED AND TWELFTH ANNUAL SESSION BEGINS
SEPTEMBER 21, 1936, AND ENDS JUNE 4, 1937.

FOUNDED 1825. A Chartered University since 1838. Graduates number 16,042, about 6,000 of whom are active in medical work. Graduates in every state and many foreign countries.

FACILITIES: New College Building; Curtis Clinic; Daniel Baugh Institute of Anatomy; Department for Diseases of the Chest; Jefferson Hospital; teaching museums and free libraries; instruction privileges in four other hospitals.

FACULTY: Eminent medical men of national reputation and unusual teaching ability.

ADMISSION: Three years of College work including specified science and language courses. By a method of selective admissions places are awarded only to those who have received a collegiate degree.

APPLICATIONS should be made early.

ROSS V. PATTERSON, M.D., Dean.

1920

Careful Compounding of the Eye Physician's
Prescription for Perfect Glasses

1936



Guildcraft Opticians

At the Centre
Tel. Montclair 2-6128Member of the Guild of Prescription
Opticians of America**Eye Physicians Prescriptions
Exclusively**

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

Member of the Guild of Prescription
Opticians of America**MEDICAL PRACTITIONERS RECOGNIZE US AS
DEPENDABLE OPTICIANS****Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions
MAINTAINING**Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Est. Since

1895

Personal
Supervision
Eugene J.
Anspach**ANSPACH BROS.**Prescription
Opticians**838 BROAD ST., NEWARK**

556 Main St., East Orange, N. J.

382 Springfield Ave., Summit, N. J.

626 Cookman Ave., Asbury Park, N. J.

MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

PASSIVE VASCULAR EXERCISES

Apparatus called pavaex, from the first syllables of the three words of its descriptive title, is listed in the Journal of the American Medical Association of June 6, page 1986, as acceptable to the Council on Physical Therapy, and is described as follows:

"The 'boot' is of heavy 'Pyrex' glass and is fitted with a manometer for measuring both positive and negative pressure and a tube to connect with the motor. Three sizes of rubber cuffs are supplied, which establish a relatively air-tight joint between the patient and the boot. The cuff is joined to the boot by a metal connection about 6 inches long, and the mechanism by which the cuff and the boot are connected is simple and apparently satisfactory.

"This apparatus was investigated in a clinic acceptable to the Council. The investigator reported that the mechanical performance of the unit was satisfactory, that it brings about the alternations of suction and pressure in the boot in the manner claimed, and that it is of therapeutic value in certain cases of vascular disease.

"Some indications for the use of this type of apparatus appear to be acute vascular occlusion, freezing, and vascular diseases with major involvement of the large vessels. Contraindications appear to be thrombophlebitis, cellulitis or lymphangitis (acute or subacute); extensive destruction of the arteriolar or capillary vessels, advanced thrombo-angitis, obliterans with capillary stasis, and advanced arteriolar sclerosis with capillary stasis, and venous thrombosis.

"This apparatus has a very limited field of usefulness and probably therefore does not belong in the armamentarium of the average physician. It belongs more in the realm of hospital equipment, since most of these rare arterial diseases are hospital cases.

"In view of the satisfactory performance of this unit with reference to the treatment of acute vascular occlusion, freezing and vascular diseases with major involvement of the large vessels, the Council on Physical Therapy voted to include the Pavaex Unit (Passive Vascular Exerciser) in its list of accepted devices."

A. M. A. SEAL

The rule for the use of the seal on the labels of the A. M. A. accepted foods is given in the A. M. A. Journal of May 30, as follows:

"The first paragraph of the sections 'Rules Governing Use of the Seal' of the Rules and Regulations, May, 1935, page 10, has been amended by addition of a second sentence, making the paragraph read:

"The Seal may be used on the container label or in connection with any form of advertising effort or display related to the product, after official notification of acceptance by the Secretary of the committee. In all cases the seal shall appear only on label or advertising pieces which prominently identify the accepted article and the responsible manufacturer or distributor."

FIREMEN'S PHARMACY

DEPENDABLE
PRESCRIPTION
SERVICE

NEW JERSEY
FORMULARY
PREPARATIONS

BIOLOGICALS

BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Personal and Dependable Service, Day and Night. Special Attention Given
to Hospital Calls, Train and Express Shipments

PLACE	NAME AND ADDRESS	TELEPHONE
NEWARK	Smith and Smith, 160 Clinton Ave.	Bigelow 3-2123
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
ORANGE	Weatherhead Funeral Home, 126 Main St.	ORange 3-5278-9

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	South Orange 2-0063
NEWARK	Liss, Michael, 794 Mt. Prospect Ave.	HUmboldt 3-4749
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014

EARLE C. SCHREIBER



Artificial
Human
Eyes

Exclusively made to order and from stock

LAURA MAGER SCHREIBER

Market 2-8376

Suite 711-12 Wiss Building
671 Broad St., Newark, New Jersey

SUNSHINE, REST and SPECIAL DIET

For DIABETICS, CONVALESCENTS or
anyone needing a quiet retreat amid beau-
tiful surroundings. TRAINED DIETICIAN.
You can treat your own patients or have
our physician in constant attendance take
care of them.

\$25.00 to \$50.00 PER WEEK.

Mattinson Health Foundation, Inc.

Box 67, POMPTON LAKES, N. J.

Phone: P. L. 1398



THE 1935 RECORD

Received from members\$708 026.00
Received from interest 45 155.00
Received from profits securities sold 835.00

Total Income\$754 016.00
Sick and accident claims paid 535 062.00
Saved and invested 116 090.00

Total used for benefits\$651,142.00

Of the total income from all sources,

86.35% WAS USED FOR BENEFITS

Total expense less than \$2.25 per policy

ASSETS Jan. 1st, 1936 - - \$1,348,578.00

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

400 First National Bank Bldg.
OMAHA - - NEBRASKA



**precise ACCURACY
with Portability**
and these exclusive features:

- Calibration 260 or 300 mm.
- Size 1 1/4" x 3 3/4" x 1 1/4".
- Weight 30 ounces.
- Inflation system self-contained.
- Cast Duralumin Case.
- Manometer encased in metal.
- Nameplate cast in cover.
- Air-Flo Control.
- Individually calibrated Pyrex glass tube.
- Steel reservoir.
- Unobstructed legible scale.
- Lifetime guarantee against glass breakage.
- Perpetual guarantee for accuracy.
- Price \$29.50.

KOMPAK MODEL
SMALLEST
LIGHTEST
HANDIEST

**Lifetime
Baumanometer**
STANDARD FOR BLOODPRESSURE

**A TRUE
MERCURY
GRAVITY
INSTRUMENT**

W. A. BAUM CO. Inc. NEW YORK
SINCE 1916 ORIGINATORS AND MAKERS OF
BLOODPRESSURE APPARATUS EXCLUSIVELY

STANDARDS OF ADVERTISING VITAMINS TO THE PUBLIC

The Journal of the American Medical Association of May 16, page 1732, contains the following standards to which vitamin preparations sold to the public should conform if they are to be acceptable to the Council on Pharmacy and Chemistry:

"1. Cod-liver oil and preparations made by the addition of therapeutically indifferent substances to the untreated oil, such as emulsions and malt preparations, may be advertised to the public if the prescribed daily dose provides at least 6250 units of vitamin A and 625 units of vitamin D. Those are the numbers of units provided by two teaspoonsful of cod-liver oil complying with the N. N. R. standard.

"2. Preparations of vitamins A and D other than those included under 1 may be advertised to the public if the prescribed daily dose provides not more than 10,000 units of vitamin A and not more than 1000 units of vitamin D.

"3. Preparations of vitamin A which do not contain a therapeutically significant quantity of vitamin D and for which no recommendations for vitamin D are made may be advertised to the public if the prescribed daily dose provides not more than 10,000 units of vitamin A.

"4. Preparations of vitamin D which do not contain therapeutically significant quantities of vitamin A and make no representations for vitamin A may be advertised to the public if the prescribed daily dose provides not more than 1000 units of vitamin D."

PRINTERS SINCE 1908

Specializing in

CATALOGUES STATIONERY
COMMERCIAL FORMS BOOKLETS

MEDICAL SOCIETY BULLETINS

ENGRAVED PROFESSIONAL STATIONERY
MODERATELY PRICED

**The Orange
Publishing Company**

12 SOUTH DAY STREET
ORANGE, N. J.

—Printers to the State Medical Society—

COMPLETE PRINTING SERVICE

Belle Mead Sanatorium and Farm BELLE MEAD, NEW JERSEY

Long established and licensed. On the approved hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy. With a separate, attractive department for Convalescents and Elderly Persons. Five attractive buildings for thorough classification.* Physicians are invited to visit and coöperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a four hundred acre stock farm at the foot of the Watchung Mountains. Easily accessible by rail, bus and auto. Scientific treatment and nursing. Hydrotherapy, electrotherapy, suitable diversion. Occupational therapy. Arts and craft shop. RATES VERY REASONABLE for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phone Belle Mead 21. New York City Office, 667 Madison Avenue; hours 3 to 4 Tues., Thurs., Sat. Tel. Regent 4-2160.

ORTHOPEDIC SHOES

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

AN AID FOR THE PREVENTION OF
RINGWORM INFECTION

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed

For Hand and Skin Sterilization

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity

**NON-POISONOUS
NON-IRRITATING**

Write for Literature

BETHLEHEM LABORATORIES

Incorporated

300 Century Building
PITTSBURGH, PENNA.

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO RENT
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, \$1.00

CASH MUST ACCOMPANY ORDER

Forms Close 26th of the Month

FOR RENT OR SALE—House containing well-equipped office rooms. Death of surgeon gives opening. Address V. M. Disbrow, 315 Madison Avenue, Lakewood, N. J.

FOR SALE—Twelve-room house and medical office equipped; located on Main Street, Blairstown, N. J. Ready for immediate occupancy for practicing physician; excellent opportunity. Inquire Mrs. Josephine M. Allen, Blairstown, N. J., Box 216.



HOW CAMP MAKES "INDIVIDUAL" INEXPENSIVE SUPPORTS

IN this matter of supports the profession is interested not alone in garments which are scientifically designed to alleviate or improve the specific conditions for which they are prescribed. Physicians are interested in such garments only if they fit accurately the individual patients for whom they are intended. For, without accurate individual fit, the scientific principles of design have no application whatever.

S. H. Camp & Company have devoted their best efforts in their twenty-seven years in the support field to provide individual garments at a reasonable price. To accomplish this an extensive study of the three basic types of build with their proportionate irregularities has been conducted. Every skill in design has been called forth to type garments and at the same time to accommodate the differences in waist, hip and thigh measurements and in the proportionate irregularities in height of thin, intermediate and stocky types. This extensive study and skill in design has resulted in the manufacture of supports which are in effect individual.

An example of skill in design is the famous and exclusive Camp Patented Adjustment Feature, a block and tackle system of lacers with self-locking buckles, which provides the means for tightening or loosening a garment at will. The lacers are so arranged—they may be placed at the back or on the side and there may be either one or two sets on a garment—that the pull quadruples support and distributes it wherever it is needed or desired by the individual and his or her condition.

Camp typed supports are sold at reasonable prices by authorized Camp support dealers—department stores, corset shops, surgical supply houses and drug stores. These stores are staffed by trained fitters and maintain quite complete stocks of supports, so that most every patient can be fitted accurately without delay. This is all part of the Camp Professional Support Service.

S. H. CAMP & COMPANY, JACKSON, MICH.

Manufacturers

CHICAGO NEW YORK WINDSOR, CANADA LONDON, ENGLAND



CAMP PROFESSIONAL SUPPORT SERVICE

Accepted by the Council on Physical Therapy
of the American Medical Association

NEWARK HEADQUARTERS FOR

CAMP
TRADE MARK

Surgical Supports

Horn's Quality Trusses

Kenalastic Elastic Hosiery

EXPERIENCED MEN AND WOMEN
FITTERS

Robert H. Wuensch
Surgical Appliances

**520 Springfield Ave. (near So. 10th St.)
NEWARK, N. J.**

- ◆ Open Evenings
- ◆ Outside Fittings
by Appointment.

Bigelow 3-7061

Medical Service Co.

INCORPORATED

**370 WEST MARKET STREET
NEWARK, N. J.**

**Physicians'
And Surgical
Equipment
And Supplies**

Rentals of:

**Oxygen Tents
Hospital Beds
Wheel Chairs
Diathermy Apts.
Etc.**

**WE SOLICIT YOUR
KIND PATRONAGE**

Orthopedic Appliances *and* *Artificial Limbs*

Fitted Accurately
Made Perfectly

CORRECTIVE appliances and artificial limbs are skillfully built for the most exacting cases.

• Each is made to the exact measurements of your patient with an intelligent understanding of the results desired.



POMEROY

901 Broad Street
Newark, N. J.

AURORA INSTITUTE

A RESORT FOR HEALTH

Morristown, New Jersey

Telephone: 4-3260

COMPLETELY equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroid, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. NO CONTAGIOUS OR MENTAL CASES.

Write for further information

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

ADOLPH WEIZENHOFFER, M.D., Assoc.

WILLIAM S. COLLENS, M.D., Director of Metabolism

FAIR OAKS

SUMMIT N. J.

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous dis-

eases, exhaustion states and cases requiring rest, hygienic, dietetic and occupational therapy.

Insane and tubercular cases are not accepted.

DR. T. P. PROUT
Summit, N. J.

Telephone 6-0143

Mountain View Rest

Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651-1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism.

Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.



APPROACH



VIEW OF THE GROUNDS

BOOKLET AND TERMS ON REQUEST

Visiting Resident Physician

DR. GEO. DAVIES

15 Fairview Avenue

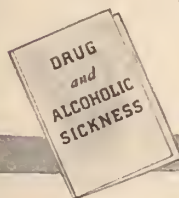
Verona, N. J.

ALWAYS THINKING FIRST OF HIS PATIENT



THIS PHYSICIAN, HELPING A WELL KNOWN MAN TO A MIGHTY PERSONAL VICTORY, WAS LAUDED BY SCORES!

Of course many never knew the terrific struggle through which this man went — before his physician persuaded him to present himself at Charles B. Towns Hospital in New York. But his decided improvement upon his quick return caused many favorable references to the doctor, naturally. First of all the physician had pictured to him the confidence-inspiring methods used here — the consultive rather than compulsory attentions. Doctor — send for "Drug and Alcoholic Sickness" and note that many are returned to respond to the physician's care in from two to four weeks.



293 CENTRAL PARK WEST, NEW YORK, N. Y.

BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY



"Interpines"

GOSHEN, N. Y.

Phone 117

Ethical - Reliable - Scientific

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

Frederick W. Seward, M.D., Director

Frederick T. Seward, M.D., Res. Physician

Clarence A. Potter, M.D., Res. Physician



The Medical Profession Can Rely Upon Us to Render ACCURATE OPTICAL SERVICE

No Glasses Are Supplied Except on Prescription—

WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is the oldest optical house in New Jersey, having been established in 1892. Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

J. C. Reiss
Optician

Hill Street

Is on the West side of

Broad St.

Opposite City Hall

Where parking is possible.

Member of the Guild of Prescription Opticians of America

Behind

MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)



is a background of

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association



A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.

BALTIMORE, MARYLAND

THE SUMMER-TIME USE OF MEAD'S OLEUM PERCOMORPHUM

During the hot weather, when fat tolerance is lowest, many physicians have found it a successful practice to transfer cod-liver oil patients to Mead's Oleum Percomorphum.

Due to its negligible oil content and its small dosage, this product does not upset the digestion, so that even the most squeamish patient can "stomach" it without protest.

There are at least two facts that strongly indicate the reasonableness of the above suggestion: (1) In prematures, to whom cod-liver oil cannot be given in sufficient dosage without serious digestive upset, Mead's Oleum Percomorphum is the antiricketic agent of choice. (2) In Florida, Arizona and New Mexico, where an unusually high percentage of sunshine prevails at all seasons Mead's Oleum Percomorphum continues increasingly in demand, as physicians realize that sunshine alone does not always prevent or cure rickets.

Mead Johnson & Company, Evansville, Indiana, invite you to send for samples of Mead's Oleum Percomorphum for clinical use during the summer months to replace cod-liver oil.—Advt.

AUTOMOBILE PROTECTION

With your car insured under the State Medical Society's
endorsed policy you receive

*Unquestioned Company
Financial Strength*

Sound Future Protection

*Unequalled Service and
Prompt Loss Settlement*

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized
agent on automobile insurance for the State Medical So-
ciety will furnish you with full details.

Way Underwriting Agency

INCORPORATED

**605 BROAD STREET
NEWARK, NEW JERSEY**

Telephone Mitchell 2-0613

Calcreose, Maltbie

THE ORIGINAL BRAND OF CALCIUM CREOSOTATE, U.S.P. XI.

A dependable aid in the treatment of chronic and persistent coughs.

Calcreose is available in these two convenient forms:

COMPOUND SYRUP CALCREOSE

An expectorant cough syrup that tastes good,
is effective and does not nauseate.

Each fluid ounce represents:

Calcreose Solution (N.N.R.)	160 Minims
Alcohol	24 Minims
Chloroform (approximately)	3 Minims
Wild Cherry Bark	20 Grains
Aromatics and Syrup q. s.	

TABLET CALCREOSE 4 GRAINS

Each tablet equivalent to two minims
of pure creosote combined with cal-
cium oxide.

May we send
you complimentary samples
of both?

THE MALTBIÉ CHEMICAL COMPANY
NEWARK, NEW JERSEY

Pure..Wholesome..Refreshing



THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 1930

THE N. J. ACADEMY
OF MEDICINE

JUL 20 1936

VOL. XXXIII, No. 7

JULY, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 385-440

EDITORIALS—

THE PRESIDENCY	Page 385
PROGRESS IN MEDICAL SOCIETY ACTIVITIES	386
PRESCRIPTION FEATURE EVERY OTHER MONTH	387
THE HOSPITAL SURVEY	388
REACTIONS TO THE ANNUAL MEETING	388
A REAL CLINICAL COURSE	388
THE COUNTY SOCIETY DURING THE SUMMER VACATION	389
TRAINING FOR THE GRADE ABOVE	389
CARRYING THROUGH	390
RECORDS OF THE PAST	390

ORIGINAL ARTICLES—

OBSERVATIONS ON BLOOD PRESSURE—By Thayer A. Smith, M.D., Short Hills, N. J.	391
THE TREATMENT OF CHRONIC HEART DISEASE BY TOTAL THYROIDECTOMY—By Joseph E. F. Riseman, M.D., Boston, Mass.	397
CYANOSIS IN CHEMICAL PLANTS—By E. A. Jirouch, M.D., Pennsgrove, N. J.	403
PAYING FOR MEDICAL CARE—By C. Rufus Rorim, Ph. D., Chicago, Illinois	406
THE USE OF BENZEDRINE IN THE EUSTACHIAN TUBE AND MIDDLE EAR WITH APPARATUS FOR APPLICATION—By Earl LeRoy Wood, M.D., Newark, N. J.	410
FUNCTIONS OF THE ACADEMY OF MEDICINE—By Max Danzis, M.D., Newark, N. J.	411
OBJECTIVES OF THE FOUNDERS OF THE ACADEMY—By Edward J. Ill, M.D., Newark, N. J.	412

ORIGINAL ARTICLES—Continued

THE ACADEMY OF MEDICINE AS AN EDUCATIONAL FORCE IN THE COMMUNITY—By Dr. Frank Kingdon, Newark, N. J.	412
POST-OPERATIVE COMPLICATIONS—By Thomas H. Russell, M.D., New York, N. Y.	419
PENETRATING AND NON-PENETRATING INJURIES OF THE THORAX—By V. Earl Johnson, M.D., Atlantic City, N. J.	425
MATERNAL WELFARE—Article Number Six, Maternal Mortality in New Jersey	429

STATE SOCIETY ACTIVITIES—

President's Foreword—By Spencer T. Snedecor, M.D., Hackensack, N. J.	431
Board of Trustees	432
Hospital Survey in New Jersey	433
The Commercial Exhibits at the Annual Meeting	433
Business Men's Appreciation of the A.M.A. Meeting	434

OBITUARIES—

Dr. Charles H. Shivers	435
Dr. J. Finley Bell	435
Dr. Aaron Longstreet Stillwell	436
List of Physicians Dying in New Jersey in May	436

COUNTY SOCIETY REPORTS—

Bergen	437
Cumberland, Middlesex	438
Monmouth, Morris	439
Sussex	440
Immunizations in June	440

Roster of Officers and Committees. Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)
12 South Day Street, Orange, N. J.

Copyright 1936 by
The Medical Society of New Jersey



Entered as second-class matter, Sept. 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

DIARRHEA

“the commonest ailment of infants
in the summer months”

(HOLT AND McINTOSH: HOLT'S DISEASES OF INFANCY AND CHILDHOOD, 1933)

One of the outstanding features of DEXTRI-MALTOSE is that it is almost unanimously preferred as the carbohydrate in the management of infantile diarrhea.

SERIOUSNESS OF DIARRHEA

There is a widespread opinion that, thanks to improved sanitation, infantile diarrhea is no longer of serious aspect. But Holt and McIntosh declare that diarrhea “is still a problem of the foremost importance, producing a number of deaths each year. . . .” Because dehydration is so often an insidious development even in mild cases, prompt and effective treatment is vital. Little states (Canad. Med. A. J. 13: 803, 1923), “There are cases on record where death has taken place within 24 hours of the time of onset of the first symptoms.”

In diarrhea, “The sugar is added gradually. . . . conditions admit, some sugar other than milk sugar or cane sugar being used, preferably dextrin and maltose.”—H. E. Small: *Diarrhoea in bottle-fed infants*, J. Maine M. A. 12:152-158, Jan. 1932.

In diarrhea, “Carbohydrates, in the form of dextrin-maltose, well cooked cereals or rice, usually can be handled without trouble.”—B. B. Jones: *A discussion of some of the commoner types of infantile diarrhea, and the principles of the diets used in their treatment*, Monthly, 65: 411, 1932.

“The most desirable sugar is dextrin-maltose, because of all the sugars maltose is least apt to cause.”—A. L. Blau: *The use of protein milk*, 19: 559, April 2, 1932.

Concerning the treatment of diarrhea, “If the weight remains stationary, it is an indication that loss of substance is occurring through the stools, mostly in the form of alkaline salts. To equalize this loss of substance, the diet must be increased, but in such a way as to avoid causing fermentation. This may be done by adding dextrin-maltose. Preparations of protein to the food, increasing the calories until the infant is taking 160 calories per kilo. of body weight.”—H. L. Kato: *Nutritional disturbances*, Arch. Pediat., 41: 771, Nov., 1924.

“In cases made in the science of feeding, milk or lactic acid mixtures, the use of proteolike protein milk, after only one day on the carbohydrate diet, is apparent. In only one day on the carbohydrate diet, the further addition of a carbohydrate like Dextrin-Maltose, No. 1 or No. 2 to the gradually bring the infant up to its basal level in a short time. When protein milk was added to the carbohydrate additions were advised. . . . the result that many children on the diet of collapse. The suggestion was added to Toronto, Canada, that Dextrin-Maltose, No. 1, was of great periods without adding carbohydrate of the stools, carbohydrate must be added to the milk within a reasonable time to avoid collapse.”—G. J. Feldstein: *Infants and children*, Arch. Pediat., 50: 193, 1933.

In cases of malnutrition and indigestion, diarrhea has been prescribed. By this I refer to the intelligent use of dextrin and maltose. When proper proportions of dextrin and maltose are used, there is a tendency to looseness, I have used the term known as “dextrin-maltose” for the treatment of diarrhea. . . . M. Ladd: *Further studies on the use of dextrin-maltose in the treatment of infantile diarrhea*, J. Maine M. A. 12: 152-158, Jan. 1932.

“After the preliminary short period of starvation, protein milk should be used. . . . When the diarrhea has been sufficiently checked, dextrin-maltose may be added and gradually increased until from 4 to 6 tablespoons are being used.”—W. L. Denney: *Acute nutritional disturbances of infancy*, Univ. West. Ontario M. J. 2: 132-137, April, 1932.

Regarding the treatment of diarrhea, “In our experience, the most satisfactory carbohydrate for routine use is Mead’s dextrin-maltose, No. 1.”—F. R. Taylor: *“Summer Complaints,” Southern Med. & Surg.*, pp. 553-559, August, 1927.

“In cases of diarrhea, “For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextrin-maltose is the carbohydrate of choice.”—H. H. McCann: *Summer diarrheas in infants and young children*, J. M. A. Alabama, 1: 278-282, Jan., 1932.

“In cases of diarrhea, “For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextrin-maltose is the carbohydrate of choice.”—H. H. McCann: *Summer diarrheas in infants and young children*, J. M. A. Alabama, 1: 278-282, Jan., 1932.

“In cases of diarrhea, “For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextrin-maltose is the carbohydrate of choice.”—H. H. McCann: *Summer diarrheas in infants and young children*, J. M. A. Alabama, 1: 278-282, Jan., 1932.

“In cases of diarrhea, “For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextrin-maltose is the carbohydrate of choice.”—H. H. McCann: *Summer diarrheas in infants and young children*, J. M. A. Alabama, 1: 278-282, Jan., 1932.

“In cases of diarrhea, “For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextrin-maltose is the carbohydrate of choice.”—H. H. McCann: *Summer diarrheas in infants and young children*, J. M. A. Alabama, 1: 278-282, Jan., 1932.

“In cases of diarrhea, “For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextrin-maltose is the carbohydrate of choice.”—H. H. McCann: *Summer diarrheas in infants and young children*, J. M. A. Alabama, 1: 278-282, Jan., 1932.

“In cases of diarrhea, “For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextrin-maltose is the carbohydrate of choice.”—H. H. McCann: *Summer diarrheas in infants and young children*, J. M. A. Alabama, 1: 278-282, Jan., 1932.

Just as DEXTRI-MALTOSE is a carbohydrate modifier of choice, so is CASEC (calcium caseinate) an accepted protein modifier. Casec is of special value

for (1) colic and loose green stools in breast-fed infants, (2) fermentative diarrhea in bottle-fed infants, (3) prematures, (4) marasmus, (5) celiac disease.

THE MEDICAL SOCIETY OF NEW JERSEY

FOUNDED JULY 23, 1766

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

<i>President</i> , SPENCER T. SNEDECOR	Hackensack	<i>Second Vice-President</i> , E. ZEH HAWKES.....	Newark
<i>President-Elect</i> , WILLIAM G. HERRMAN	Asbury Park	<i>Secretary</i> , J. BENNETT MORRISON	Newark
<i>First Vice-President</i> , WILLIAM J. CARRINGTON.....	Atlantic City	<i>Treasurer</i> , ELIAS J. MARSH	Paterson

TRUSTEES

FREDERIC J. QUIGLEY, <i>Chairman</i> (1939)	Union City	JOHN MAHER (1939)	Long Branch
H. W. NAFEY, <i>Secretary</i> (1938)	New Brunswick	WATSON B. MORRIS (1938)	Springfield
SPENCER T. SNEDECOR	Hackensack	HARRY R. NORTH (1939)	Trenton
WILLIAM G. HERRMAN	Asbury Park	THOMAS K. LEWIS (1939)	Camden
WILLIAM J. CARRINGTON	Atlantic City	WELLS P. EAGLETON (1937)	Newark
E. ZEH HAWKES	Newark	RALPH K. HOLLINSHEED (1938)	Westville
J. BENNETT MORRISON	Newark	ANDREW F. MCBRIDE (1937)	Paterson
ELIAS J. MARSH	Paterson	BLASE COLE (1938)	Newton
		ALDRICH C. CROWE (1937)	Ocean City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....	CHRISTOPHER C. BELING, Newark (1939)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....	W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....	F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....	JAMES A. FISHER, Asbury Park (1939)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....	CHESTER I. ULMER, Gibbstown (1938)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates	Term expires 1937	Alternate Delegates	Term expires 1937
BLASE COLE, Newton	" " 1937	S. B. ENGLISH, Glen Gardner	" " 1937
E. R. MULFORD, Burlington	" " 1938	ELMER PETER WEIGEL, Plainfield	" " 1938
WALT P. CONAWAY, Atlantic City	" " 1938	LUCIUS F. DONOHUE, Bayonne	" " 1938
JOHN F. HAGERTY, Newark	" " 1938	LANCELOT ELY, Somerville	" " 1938

STANDING COMMITTEES

Scientific Work

CLARENCE L. ANDREWS, <i>Chm.</i> , Atlantic City	Term expires 1939
LOUIS C. LANGE, Weehawken	" " 1937
ROBERT S. GAMON, Camden	" " 1938

Program and Arrangements

WILLIAM J. CARRINGTON, <i>Chm.</i> , Atl. City	Term expires 1938
D. WARD SCANLAN, Atlantic City	" " 1939
JOHN W. GRAY, Newark	" " 1937
SPENCER T. SNEDECOR, Hackensack	Ex-officio
J. BENNETT MORRISON, Newark	Ex-officio

Publication

HENRY C. BARKHORN, <i>Chm.</i> , Newark	Term expires 1939
EDWARD J. ILL, Newark	" " 1937
FRANK J. McLOUGHLIN, Jersey City	" " 1938
SPENCER T. SNEDECOR, Hackensack	Ex-officio
J. BENNETT MORRISON, Newark	Ex-officio

Finance and Budget

HARRY R. NORTH, <i>Chm.</i> , Trenton	Term expires 1939
HERSCHEL PETTIT, Ocean City	" " 1942
WELLS P. EAGLETON, Newark	" " 1937
WILLIAM J. SWEENEY, Weehawken	" " 1938
ALFRED STAHL, Newark	" " 1940
ANDREW F. MCBRIDE, Paterson	" " 1941
ELIAS J. MARSH, Paterson	Ex-officio

Honorary Membership

EPHRAIM R. MULFORD, Burlington	Term expires 1939
FREDERIC J. QUIGLEY, Union City	" " 1937
LANCELOT ELY, Somerville	" " 1938

Hospitals and Medical Education

HARRY H. SATCHWELL, <i>Chairman</i>	Irvington
LOUIS A. PYLE	Jersey City
ARCANGELO LIVA	Rutherford
DAVID B. ALLMAN	Atlantic City
RICHARD D. ANDERSON	Burlington
C. COULTER CHARLTON	Atlantic City
CHARLES B. KELLEY	Jersey City
EARL H. SNAVELY	Newark
THOMAS J. SUMMEY	Mt. Holly
H. H. TYNDALL	Weehawken

Medical Defense

CHRISTOPHER C. BELING, <i>Chairman</i>	Newark
E. REISSMAN	Newark
EDGAR A. ILL	Newark
WILLIAM J. ARLITZ	Hoboken
T. S. THOMAS	Morristown

Insurance

FRANK W. PINNEO, <i>Chairman</i>	Newark
BARCLAY S. FUHRMANN	Flemington
EDMUND N. HUFF	Englewood
A. DUNBAR HUTCHINSON	Trenton
CHESTER I. ULMER	Gibbstown
GEORGE T. TRACY	Beverly

Welfare Committee

HILTON S. READ, <i>Chairman</i>	Atlantic City
SPENCER T. SNEDECOR (ex-officio)	Hackensack
J. BENNETT MORRISON (ex-officio)	Newark
HUGO ALEXANDER	Hoboken
SAMUEL ALEXANDER	Park Ridge
WILLIAM H. ARESON	Montclair
NORMAN BURRITT	Summit
JOHN C. CLAYTON	Freehold
A. H. COLEMAN	Clinton
W. F. COSTELLO	Dover
FRANK W. CURTIS	Stewartsville
GEORGE F. DANDOIS	Wildwood
FRANK L. FIELD	Far Hills
HOWARD S. FORMAN	Jersey City
J. IRVING FORT	Newark
INGLIS F. FROST	Morristown
DAVID W. GREEN	Salem
D. L. HAGGERTY	Trenton
EGENE G. HERBENER	Lakewood
FLORENTINE M. HOFFMAN	New Brunswick
ERNEST G. HUMMEL	Camden
ALLEN G. IRELAND	Trenton
I. W. KNIGHT	Pitman
DAVID A. KRAKER	Newark
THOMAS B. LEE	Camden
JULIUS LEVY	Trenton
THOMAS K. LEWIS	Camden
WRIGHT MACMILLAN	Passaic
CHARLES H. MITCHELL	Trenton
WATSON B. MORRIS	Springfield
STANLEY H. NICHOLS	Long Branch
B. S. POLLAK	Secaucus
LOUIS A. PYLE	Jersey City
HARRY L. ROGERS	Riverton
D. WARD SCANLAN	Atlantic City
MILLARD F. SEWALL	Bridgeton
JAMES H. SPENCER, JR.	Newton
S. EMLIN STOKES	Moorestown
THEODORE TEIMER	Newark
CHESTER I. ULMER	Gibbstown
H. ROY VAN NESS	Newark
H. B. WILSON	Hackensack

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Relations

D. WARD SCANLAN, *Chairman*Atlantic City
 WATSON B. MORRISSpringfield
 S. EMLIN STOKESMoorestown
 FLORENTINE M. HOFFMANNew Brunswick
 WRIGHT MACMILLANPassaic

Legislation

B. S. POLLAK, *Chairman*Secaucus
 SAMUEL ALEXANDERPark Ridge
 WILLIAM H. ARESONUpper Montclair
 CHARLES H. MITCHELLTrenton
 INGLIS F. FROSTMorristown

Public Health

STANLEY NICHOLS, *Chairman*Asbury Park
 THEODORE TEIMERNewark
 JULIUS LEVYTrenton
 HOWARD S. FORMANJersey City
 ALLEN G. IRELANDTrenton
 ERNEST G. HUMMELCamden
 I. W. KNIGHTPitman

Medical Practice

THOMAS K. LEWIS, *Chairman*Camden
 H. B. WILSONHackensack
 J. IRVING FORTNewark
 CHESTER I. ULMERGibbstown
 D. LEO HAGGERTYTrenton

Workmen's Compensation

DAVID A. KRAKER, *Chairman*Newark
 WILLIAM H. ARESONUpper Montclair
 H. ROY VAN NESSNewark
 J. IRVING FORTNewark

To Study Report on the Uniform Medical
Practice Act

SAMUEL ALEXANDER, *Chairman*Park Ridge
 CHARLES B. KELLEYJersey City
 HARRY H. SATCHWELLIrvington
 JAMES I. MCGUIRETrenton
 GEORGE F. DANDOISWildwood
 WELLS P. EAGLETONNewark
 FREDERIC J. QUIGLEYUnion City
 S. EMLIN STOKESMoorestown

SPECIAL COMMITTEES

Constitution and By-Laws

CHARLES J. MURN, *Chairman*Paterson
 I. R. BOOTHBYClinton
 E. J. CHAPMANJersey City
 ROBERT L. MCKIERNANNew Brunswick
 EDWARD W. SPRAGUENewark
 FREDERICK P. WILBUR (Died Sept. 9, 1935).....Franklin

Committee on the Control of Cancer

HENRY B. ORTON, *Chairman*Newark
 J. CARLISLE BROWNAtlantic City
 E. E. DOWNSWoodbury
 ROBERT HALBACKToms River
 GEORGE SOMMERTrenton
 *JOHN W. GRAYNewark
 *EDWARD J. ILLNewark
 *HARRISON S. MARTLANDNewark
 *Advisory members.

Nursing and Nursing Education

HARRY H. SATCHWELL, *Chairman*Irvington
 RICHARD D. ANDERSONBurlington
 JOHN F. CONDONNewark
 GEORGE M. KNOWLESHackensack

Advisory Committee on Tuberculosis

B. S. POLLAK, *Chairman*Secaucus
 R. DOUGLASEnglewood
 SAMUEL ENGLISHGlen Gardner
 MARTIN COLLIERCamden
 JOSEPH MORROWRidgewood

Advisory Committee on Mental Hygiene

DAN S. RENNER, *Chairman*Skillman
 MARCUS CURRYGreystone Park
 J. BERKELEY GORDONMarlboro
 MATTHEW MOLITCHJamesburg
 JAMES S. PLANTNewark
 ROBERT G. STONETrenton

Advisory Committee on Pneumoconiosis and
Silicosis

CLYDE M. FISH, *Chairman*Pleasantville
 JAMES H. MASONAtlantic City
 HENRY H. KESSLERNewark
 SAMUEL B. ENGLISHGlen Gardner
 IRVING M. VANDERHOFFNewark

Advisory Committee to the Woman's Auxiliary

EDWARD W. SPRAGUE, *Chairman*Newark
 B. FRANKLIN BUZBYCamden
 WILLIAM K. CAMPBELLLong Branch

Medical Bills Committee

DAVID A. KRAKER, *Chairman*Newark
 HOMER I. SILVERSVentnor
 SAMUEL SICATrenton
 LOUIS A. PYLEJersey City
 B. FRANKLIN BUZBYCamden

State Medical Advisory Committee to E. R. A.

*E. ZEH HAWKES, *Chairman*Newark
 *CHRISTOPHER C. BELINGNewark
 *GEORGE W. FITHIANPerth Amboy
 *CHARLES H. SCHLICHTERElizabeth
 *BYRON G. SHERMANMorristown
 ALDRICH C. CROWEOcean City
 JAMES A. FISCHERAsbury Park
 WILLIAM J. SWEENEYWeehawken
 FRANK G. SCAMMELLTrenton
 MARCUS W. NEWCOMB (ex-officio)Brown's Mills
 ALSO THE CHAIRMEN OF THE COUNTY E. R. A. COMMITTEES
 *Executive Committee.

Committee on Scientific Exhibits

ASHER YAGUDA, *Chairman*Newark
 ELWOOD E. DOWNSWoodbury
 JOHN W. GRAYNewark
 ROBERT A. KILDUFFEVentnor
 WILLIAM J. MARQUISNewark
 HARRISON S. MARTLANDNewark

Maternal Welfare

ARTHUR W. BINGHAM, *Chairman*East Orange
 MARY BACONBridgeton
 J. CARLISLE BROWNAtlantic City
 P. DUBOIS BUNTINGElizabeth
 SAMUEL A. COSGROVEJersey City
 ALBERT B. DAVISCamden
 F. D. FAHRENBRUCHMt. Holly
 CARL ILLNewark
 R. A. MACKENZIEAsbury Park
 WALTER B. MOUNTMontclair
 T. F. THOMPSONLakewood

Care of Crippled Children

ELMER P. WEIGEL, *Chairman*Plainfield
 B. FRANKLIN BUZBYCamden
 HENRY H. KESSLERNewark
 F. G. DILGERHackensack
 THOMAS K. LEWISCamden

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

CHARLES F. ADAMS, *Chairman*Trenton
D. M. YAZUJIAN, *Secretary*Trenton

Pediatrics

CHESTER R. BROWN, *Chairman*Arlington
KENNETH BLANCHARD, *Secretary*East Orange

Radiology

W. W. MAVER, *Chairman*Jersey City
P. S. AVERY, *Secretary*New Brunswick

Gastro-Enterology

LOUIS L. PERKEL, *Chairman*Jersey City
S. BERNARD KAPLAN, *Secretary*Newark

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

ARTHUR W. BELTING, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	J. Carlisle Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	John H. Irwin, Englewood	George M. Knowles, Hackensack..	LeRoy W. Black, Rutherford
BURLINGTON..	J. Howard Hornberger, Roebling..	George T. Tracy, Beverly	Parry M. Scott, Beverly
CAMDEN	B. F. Buzby, Camden	R. S. Gamon, Camden	Harold D. Barnshaw, Camden
CAPE MAY	John B. Townsend, Ocean City...	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND ..	Burton H. Walker, Vineland....	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	A. Charles Zehnder, Newark....	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER ..	M. F. Lummis, Pitman	E. E. Downs, Woodbury	Henry B. Diverty, Woodbury
HUDSON	Traugott J. Schuck, Hoboken....	Thomas McG. Brennock, Jer. City	John N. Connell, Jersey City
HUNTERDON ..	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner....	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX ..	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH ..	Walter A. Rullman, Red Bank...	Dan'l F. Featherston, Asbury Park	O. R. Holters, Asbury Park
MORRIS	William F. Costello, Dover	Attilio Galasso, Morristown	Marcus A. Curry, Greystone P'k
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Norman N. Dingman, Paterson...	Wayne W. Hall, Paterson	Sigurd W. Johnsen, Passaic
SALEM	C. L. Fleming, Pennsgrove	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	R. F. Hegeman, Somerville	A. F. W. Sferra, Bound Brook...	A. W. Pigott, Skillman
SUSSEX	Warren Smith, Newton	Lco Drake, Franklin	G. H. Groeschel, Sussex
UNION	Thomas J. Walsh, Elizabeth....	Lorrimer B. Armstrong, Westfield.	Russell A. Sbirrefs, Elizabeth
WARREN	William Varney, Washington....	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.



Our system of sanitation

UNDER LABORATORY CONTROL

—begins right on the farm with the production of the milk from which we secure our cream, and continues through every step in the making of our ice cream.

ABBOTTS

That is why you can be sure
of its Purity and Safety.

the **STANDARD** of Fine Quality in **ICE CREAM**



ABBOTTS DAIRIES, Inc.—Phila., Newark, Trenton, Camden, South Jersey, Seabore, Elkton, Allentown, Reading



CARBONATED ALKALINE WATER

NOT A LAXATIVE
UNIFORM STRENGTH—PURITY

KALAK WATER CO. OF NEW YORK, INC.
6 Church Street New York City

Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

for twenty years

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....

ALPHABETIC LIST OF ADVERTISERS

Abbotts Dairies	V
American Can Company	IX
Anspach Bros.	XXV
Aurora Institute	XXVI
Baby's Wash	XX
Bancroft School, The	XXVI
Baum Co., Inc., W. A.	XIX
Belle Mead Sanatorium and Farm	XXIV
Bethlehem Laboratories	XXIII
Carnrick Co., G. W.	XIII
Corn Products Sales Co.	XIV
Deuchler, H. C.	XXV
Fairchild Bros. & Foster	XIII
Fair Oaks	XXVI
Firemen's Pharmacy	XXII
Heinz Co., H. J.	XI
Hynson, Westcott & Dunning	XXIII
Interpines	XXVI
Kalak Water Co.	V
Lederle Laboratories, Inc.	XVII
Lilly and Co., Eli	XVIII
Maltbie Chemical Co.	XXVIII
Marquier's Pharmacy	VII
Marshall, Ralph E.	XXV
Mattinson Health Foundation	XXIV
Mead Johnson & Company	II
Merek & Co., Inc.	VIII
Mountain View Rest	XXVIII
Murdock, Inc., J. T.	XX
N. Y. Polyclinic Med. School & Hospital	XIX
Orange Publishing Company	XXIV
Parke, Davis & Company	X
Philip Morris & Co., Ltd., Inc.	VII
Physicians' Casualty Association	XIX
Pomeroy Company	XXI
Prescription Pharmacists	XXIII
Reiss, J. C.	XXVII
Representative Funeral Directors	XXII
Squibb & Sons, E. R.	XII
Storm, Dr. K. L.	XX
Towns Hospital, Charles B.	XXVII
U. S. Fidelity & Guaranty Co.	VI
Way Underwriting Agency	XVI
Wernet's Powder, Dr.	XV
Wuensch, R. H.	XX

MARQUIER'S PHARMACY

THE REXALL STORE

SANFORD and SO. ORANGE AVENUE

Newark, N. J.

PROOF - NOT CLAIMS

DISTINGUISH PHILIP MORRIS

TESTS were made on men and women with irritation of the nose and throat due to cigarette smoking.

On changing to cigarettes in which diethylene glycol was used as the hygroscopic agent (Philip Morris), the majority of cases cleared completely. All of the others definitely improved.*

No claim is made that Philip Morris cigarettes cure irritation. Glycerine, shown to be a source of irritation generally present in cigarettes, is not present in Philip Morris.**

* *Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154

** *Proc. Soc. Exp. Biol. and Med.*, 1934, 32, 241-245

N. Y. State Jour. Med., Vol. 35, No. 11, 590

Arch. Otolaryngology, March 1936, Vol. 23, No. 3, 306-309

Philip Morris & Co. Ltd. Inc. Fifth Ave., N.Y.



PHILIP MORRIS & CO. LTD. INC.
119 FIFTH AVENUE NEW YORK

Absolutely without charge or obligation of any kind, please mail to me

* Reprint of papers from

N. Y. State Jour. Med. 1935, 35 — ☐
No. 11, 590; *Laryngoscope* 1935 XLV,
149-154. *Proc. Soc. Exp. Biol. and*
Med., 1934, 32, 241-245.

** For my personal use, 2 packages of Philip Morris Cigarettes, English Blend. ☐

SIGNED: _____

ADDRESS _____

CITY _____ STATE _____

TRICHOMONAS VAGINITIS

Its Treatment with

STOVARSOL

(ACETARSONE)

COUNCIL



ACCEPTED

A teaspoonful of the Stovarsol prescription (as given below) is insufflated into the vagina every second or third day

Rx

STOVARSOL

1 drachm (4 Gm.)

KAOLIN

3½ drachm (14 Gm.)

SOD. BICARBONATE

3½ drachm (14 Gm.)



For detailed information relative to the use of Stovarsol in Trichomonas Vaginitis return this coupon to

MERCK & CO. Inc. Manufacturing Chemists RAHWAY, N. J.

Name _____ M.D. Street _____

City _____ State _____

VITAMINS IN CANNED FOODS

I. VITAMIN C

• The history of scurvy is as old as the history of exploration and conquest. Its ravages among early explorers and invaders are recorded in the oldest pages of history, due principally to the fact that during extended sea voyages or treks by land, dependence had necessarily been placed almost entirely on foods preserved by the crude methods of the day.

Scurvy was the first vitamin deficiency disease to be controlled by dietary management. In 1757, Lind recognized the fact that some substance in foods exerted a specific protective action against scurvy (1). As early as 1804, the daily lime juice ration became compulsory in the British Navy (2).

However, it remained for modern biochemical science to establish the chemical identity of this anti-scorbutic factor. Vitamin C is now known to be identical with ascorbic acid (devo-a-corbic acid) and is as yet the only vitamin to be synthesized in the laboratory (3).

There would appear to be no valid reason why scurvy should ever constitute a serious threat to the health of the average American

infant or adult. Development of refrigerated transportation for raw foods and improvements in modern methods of food preservation, specifically canning methods, make available to the consumer during the entire year a large variety of foods possessed of valuable vitamin C contents. In addition, the modern trend towards education of the layman, in regard to the vitamin C requirements of both the infant and the adult, should also assist in complete eradication of infantile and adult scurvy from America.

Many canned foods are to be valued as contributors of vitamin C. Nutritional research has indicated that canned products such as the citrus fruits or citrus fruit juices (4), the more common fruits (5), and vegetables or vegetable juices, are important sources of the anti-scorbutic factor (6). Modern canning procedures afford a good degree of protection to this labile vitamin, with the result that the canned food can be relied upon to supply amounts of vitamin C to the diet consistent with the amounts of the vitamin originally contained in the raw food from which it was prepared.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

(1) Vitamins: A Survey of Present Knowledge. Page 167. Medical Research Council, Special Report 167. 1933. His Majesty's Stationery Office, London.

(2) Vitamins in Theory and Practice. Page 86. L. J. Harris, 1935. Macmillan, New York.

(3) 1933 J. Chem. Soc. 1419.

(4) 1930 J. Home Econ. 22, 588.

(5) 1935 Amer. Jour. Pub. Health, 25, 1340.

(6) 1933 Ind. Eng. Chem. 25, 582.

This is the fourteenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.



M A P H A R S E N

IN THE TREATMENT OF SYPHILIS

The outstanding feature of Mapharsen is its rapidly beneficial effect upon early syphilis. Disappearance of spirochetes occurs promptly. Healing of lesions is rapid and complete. Symptomatic improvement is most satisfactory. Positive Wassermann reactions are reversed in a large percentage of cases.

Over half-a-million injections of Mapharsen have been administered without any serious accident—no death has occurred following its use; serious nitritoid crisis has not been reported. Although mild cases of dermatitis may occur, the incapacitating exfoliative type is very rarely encountered. Reactions observed are usually of a mild nature; a slight reduction in the dose will ordinarily prevent recurrence.

Mapharsen is an efficient antisyphilitic agent—a distinct refinement in arsenical therapy.



Mapharsen (meta-amino-para-hydroxy-phenyl-arsine oxide hydrochloride) has been accepted by the Council on Pharmacy and Chemistry of the American Medical Association.



ONLY THE BEST is good enough for baby

THERE can be no compromise with quality in baby foods. Infant nourishment must be the best procurable—high in nutrients, easily digestible and appetizing. When you prescribe Heinz Strained Foods, you make *doubly* sure that this need for unusual excellence is fulfilled. Here are the facts:

For more than three generations American housewives have accepted the Heinz "57" seal as a dependable guide to outstanding food quality. Today *your* exacting profession accepts the claims of high quality and nutrient values made for Heinz Strained Foods, permitting the use of the coveted Seal of Acceptance of the American Medical Association's important Committee on Foods.

Specify Heinz Strained Foods *by name* for both infants and invalids. You are *doubly* protected in doing so. Write, also, for the new Heinz Book of Nutritional Charts. We believe you will find it interesting. It's free. Address Dept. NJ307, H. J. Heinz Company, Pittsburgh, Pa.

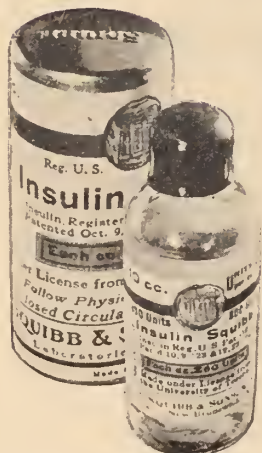
HEINZ STRAINED FOODS



10 KINDS—1. Strained Vegetable Soup. 2. Green Beans.
3. Spinach. 4. Carrots. 5. Beets. 6. Peas. 7. Prunes.
8. Cereal. 9. Apricots and Apple Sauce. 10. Tomatoes.



INSULIN SQUIBB



Manufactured under license from
the University of Toronto



Highly purified

PURIFICATION of Insulin, the separation and elimination of proteinous impurities is dependent upon the precise control of "pH" (hydrogen ion concentration). The continuous automatic recording of pH values permits of far more accurate control than occasional tests. . . . This is just one of the many precautions taken in the manufacture of Insulin Squibb—noted for its uniform potency, purity, stability and marked freedom from proteinous reaction-producing substances. . . . Available in 5-cc. and 10-cc. rubber-capped vials—in usual "strengths."

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

A SQUIBB GLANDULAR PRODUCT

ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.

Dependable Gland Products

2-24 Mt. Pleasant Ave.

Newark, New Jersey

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

"Owing to the fact of their ready secretion by the liver cells bile salts are the most reliable chologogues with which we are acquainted." Starling.

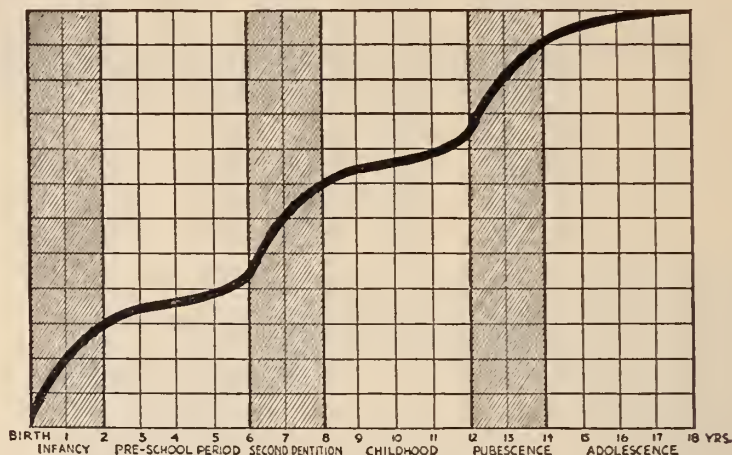
Powder, in $\frac{1}{4}$ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

FAIRCHILD BROS. & FOSTER

NEW YORK

SPEED GROWTH GAINS *with* KARO



CYCLES OF GROWTH FROM BIRTH TO MATURITY

The course of growth from birth to maturity is continuous but rhythmic. This span includes three cycles. The rapid growth in infancy is followed by the slow growth during the pre-school period; the rapid growth during the period of second dentition is followed by the slower growth during childhood; finally, the rapid growth during pubescence is followed by the slower growth during adolescence.

From Kugelmass' "Growing Superior Children", 1935. (Appleton-Century)

HOW MUCH should a child grow or gain from time to time? That is more significant than mere weight and height measurements. *To the parent* the mark on the wall and the reading on the scale reveal the child's growth. But *to the doctor* deviations from the periodic gains offer a sensitive index of dietary or disease disturbances.

The weight curve in infancy furnishes the most delicate index of progress. The birth weight doubles at five months and trebles at a year. Thereafter gains are slower; six pounds during the second year; five during the third; four during the fourth and fifth years. The trend of the first growth cycle is indicated in the chart.

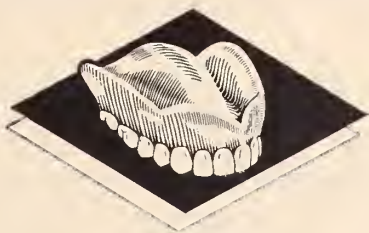
This pattern of growth repeats itself during childhood and adolescence. Once the growth increments have been determined for a child, his assessment becomes individual and accurate.

When the child fails to gain in weight,

high caloric feeding is simplified by re-inforcing food with Karo Syrup. If the total caloric intake exceeds the output, the child will gain weight, provided the diet is adequate and chronic disturbances corrected. Every article of diet can be enriched with calories—Karo provides 60 calories per tablespoon. It is relished added to milk, fruit and fruit juices, vegetables, vegetable waters, cereals, breads and desserts. Karo consists of dextrins, maltose and dextrose (with a small percentage of sucrose added for flavor).

Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. SJ7, 17 Battery Pl., New York City





The Artificial Denture *in relation to* **GASTRIC DYSFUNCTION.**

WITH gastric dysfunction forming a large portion of the ills he is called upon to treat, the physician, whether a gastroenterologist or a general practitioner, has an *especial* and *major* interest in patients wearing artificial teeth.

For one thing, such patients generally are of late middle age or older, when it is not uncommon for the digestive apparatus to begin to show some organic impairment or functional aberration, and hence be more liable to the various ills of gastric dysfunction.

Dentures Must Fit Comfortably

Furthermore, such impairment or aberration is of necessity aggravated in the case of a patient with false teeth. *For the very fact of an artificial replacement presupposes a former edentulous state of some duration, with all its attendant evils:* physical inability to masticate food properly, a habit of bolting food insufficiently prepared for gastric digestion, and a consequent overtaxing or breaking down of the digestive organs.

Thus the patient with false teeth is more likely than not to present symptoms of some gastric disorder, which is certain to grow worse unless the artificial denture is sufficiently stable and efficient to promote com-

fortable and thorough mastication. A wobbly denture, a denture that is maloccluded, or that is irritating to the tender tissues, may not only be the cause of atonic, catarrhal, or fermentative dyspepsia, *but, by keeping a patient under a constant strain and creating nervous tension, it may also reflexly affect the function of the entire alimentary canal.* This is a fact clinically demonstrated, and corroborated by the innumerable dentures that patients allow to repose idly in bureau drawers, as being worse than no denture at all!

An Aid to Greater Denture Comfort

● It is often a problem calling for understanding and co-operation between physician and dentist. At other times, however, nothing more is necessary than a proper aid to help the patient through the trying period of learning to use a denture.

Such, for nearly 30 years, has been the function of DR. WERNET'S Powder for dentures. It forms an elastic, adhesive, and protective cushion between the denture and the tissues. It holds the denture, *mechanically*, more firmly in place, and soothes and protects tissues that are tender. By promoting comfort and greater masticating efficiency, it not only hastens the patient's mastery of a denture, but is instrumental, as well, in arresting and preventing some of the worst ills of gastric dysfunction.

SEND FOR A FREE SUPPLY to try. Simply mail the lower portion of this page with your card or letterhead to WERNET DENTAL MFG. CO., 882 Third Avenue, Brooklyn, N. Y.



DR. WERNET'S Powder

AIDS DIGESTION BY PROMOTING BETTER MASTICATION!

AUTOMOBILE PROTECTION

With your car insured under the State Medical Society's
endorsed policy you receive

*Unquestioned Company
Financial Strength*

Sound Future Protection

*Unequalled Service and
Prompt Loss Settlement*

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized
agent on automobile insurance for the State Medical So-
ciety will furnish you with full details.

Way Underwriting Agency

INCORPORATED

**605 BROAD STREET
NEWARK, NEW JERSEY**

Telephone Mitchell 2-0613

The general practitioner

now treats . . . **HAY FEVER**

Successfully

HAY FEVER, it is estimated, affects at least two per cent. of the white population of this country. This means that five of each 250 patients seen by the General Practitioner in the course of a year suffer from attacks of Hay Fever in the early summer or fall. Four out of five of these distressingly afflicted victims can be given decided relief by means of a standardized series of injections.

Such a series of injections is available when POLLEN ANTIGEN *Lederle* is employed.

Treatment sets comprise fifteen graduated doses which simplify the administration of appropriate amounts of the specific POLLEN ANTIGEN.

LEDERLE LABORATORIES maintain a Department of Allergy supervised by experts who welcome correspondence from physicians on all questions pertaining to Hay Fever in any locality. A condensed practical Manual on Hay Fever will be sent physicians upon request.

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA
NEW YORK, N. Y.



ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products



SOLUTIONS OF LIVER EXTRACT *for the Treatment of Pernicious Anemia*

Prepared according to improved methods which minimize the loss of the antianemic materials originally contained in whole liver. Clinical application abundantly demonstrates the ability of these solutions to produce maximal reticulocyte response when administered at reasonable and convenient intervals.

Solution Liver Extract Concentrated, Lilly, is supplied in 10-cc. rubber-stoppered ampoules and in packages of four 3-cc. rubber-stoppered ampoules.

Solution Liver Extract, Lilly, is supplied in 10-cc. rubber-stoppered ampoules.

Prompt Attention Given to Professional Inquiries

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK OVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 7

JULY, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

The Presidency

Every Medical Society that maintains its gift of eternal youth, as does The Medical Society of New Jersey, is nourished by unfailing springs of power and inspiration arising within its own membership. The medical history of New Jersey, like that of the State in political lines, is largely biography, and always gives special credit to some man who personifies a new movement before the public; but equally worthy of recognition are the "mute, inglorious Miltons" who have wisdom to recognize the high qualities of a colleague, and courage to apply his methods to their own patients. The greatest satisfaction of a medical leader comes when his example is accepted and quoted by his colleagues whom he meets daily.

The Medical Society of New Jersey prepares its members for Statewide leadership by giving them progressive experience in the fundamental branches of its service. It has one thousand members in line for advancement, which begins with service on a committee of the County Medical Society. Each year two hundred of those who demonstrate the qualities of initiative and leadership are promoted to committees in the State Society; and a dozen of the more proficient committeemen

are assigned to high executive positions where they may acquire the special experience which fits them for the Presidency.

The Board of Trustees and the House of Delegates imposed additional responsibility upon the President in 1934 when they adopted the principle that "The Society with all its activities revolves around the President during his year of office" (Transactions, p. 4). This action and the natural growth of Society activities have doubled the amount of work which has been imposed on the President as commander-in-chief of the organized medical forces of the State.

Loyalty to their officers is characteristic of the members of The Medical Society of New Jersey. Dr. Haussling is the first choice of his colleagues for promotion to the office of President, but his recent recovery from illness has led his personal physicians to advise him that his continuance in office would impose on him a burden which the members should not expect him to assume. Dr. Haussling has therefore resigned as President with the approval of the Trustees and their full appreciation of the value of his services in past years. He now has the privilege and honor of wearing the Golden Key of a Fellow of The Medi-



FRANCIS R. HAUSSLING, M.D.

Elected President of The Medical Society of New Jersey June 3, 1936; resigned June 21, 1936.



SPENCER T. SNEDECOR, M.D.

Elected President of The Medical Society of New Jersey June 21, 1936, to serve until the close of the Annual Meeting in 1937.

cal Society of New Jersey, with the best wishes of its entire membership.

Dr. Snedecor's preparation for the Presidency of The Medical Society of New Jersey has been especially along the lines of medical economics,—that essential field of medical practice which all physicians have been forced to enter because of the financial depression, and to cultivate for their own self-protection and for the people's benefit.

The Trustees promoted the other officers who were in the direct line of advancement to the Presidency—Dr. Herrman to President-Elect and Dr. Carrington to First Vice-President; and for Second Vice-President they named Dr. E. Zeh Hawkes, of Newark, who has done excellent service as successor to Dr. Snedecor as Chairman of the State Medical Advisory Committee to the Emergency Relief Administration.

A presidential statement by Dr. Snedecor appears on page 431.

Progress in Medical Society Activities

The preparation of the Transactions of the House of Delegates for publication in The Journal has revealed great progress in the attitude of physicians toward the development of efficiency in the distribution of medical services. Individualism is giving way to concerted action; the rank and file of practitioners are following the leadership of specialists in adopting their scientific standards of practice. Evidence of this progress is the definiteness and clearness of the Annual Reports submitted by the officers and committees to the House of Delegates at its June meeting.

Beginning in 1934, the annual reports were prepared and published in The Journal a month in advance of the meeting of the House of Delegates; and were referred to Reference Committees, whose reports were the basis on which the House took action. Editing and coordinating the reports and the actions taken required about three weeks of intensive work and consultations with the officers, in order to secure definiteness and clarity in the published Transactions.

The method of compiling the Transactions involved paragraphing and numbering the sev-

eral items of the reports, the discussions, and the final action.

It also involved the preparation of cross references so that the reader might follow the steps taken and trace the development of the projects.

The execution of this plan of preparing the reports in 1934 revealed the defects of the system of *individualism*, and the great desirability of harmonious action. The response of the officers, the committees, and the members, was revealed during the Annual Meeting of 1935 by the fact that editing and preparing the Transactions was accomplished in about ten days. The reason for this more rapid preparation was the fact that the annual reports were far more definite and clear than ever before, because the officers and committees had a clear understanding of their fields of activity. Furthermore, the officers and committees had reported their activities from time to time throughout the year with the same care and definiteness that they applied in their annual summaries, and the members came to the An-

nual Meeting well prepared to decide the problems under discussion.

Harmony of action had taken the place of *individualism*.

Striking evidence of the continued growth of efficiency in the activities of the State Society was the fact that the time required for the editing the stenographic reports of the proceedings of the Annual Meeting of 1936 was only three days, instead of three weeks as was the case two years previously. The reports had been scrutinized by the delegates and members more extensively than ever before; and the reports of the Reference Committees showed a careful consideration and judgment which would have been impossible if the material submitted to them had not been logically prepared and presented.

The Transactions will be published as a supplement to the August Journal, and will afford the new officers and committeemen definite starting points for a year of logical development of the activities of the State Society and its component societies.

Prescription Feature Every Other Month

The Committee on Medical Practice plans a new arrangement for the prescription inserts. Instead of presenting this feature in The Journal every month it will now appear every other month.

You will note its absence in this issue, but it will reappear in the August number.

It is the intention of the committee to have the prescriptions seasonable ones, therefore the ones that are published next month will be intestinal antiseptics, etc., while those that are offered in the October Journal will be cough formulas, anticipating the fall and winter season.

Your committee intends to be alert in its endeavor to spot new drugs that are mentioned in scientific articles in medical publications. If

these particular drugs prove dependable therapy, it is our thought to bring them to the attention of the Professional Relations Committee of the Pharmaceutical Association and they in turn could have the N. J. F. produce the formula for the medical profession. This action would bridge the gap until the U. S. P. was issued which, as generally known, is published every decade.

The Committee on Medical Practice is sincerely desirous of making the prescription feature of our Journal increasingly practical and popular. Criticisms are invited from the members of the State Medical Society to improve this service.

CHESTER I. ULMER,

Member of Committee on Medical Practice.

The Hospital Survey

The State Society project of a survey of the general hospitals of New Jersey is designed to apply a set of uniform measurements to each hospital so that its conditions may be accurately compared with those in all the others (page 433). A study of the facts that are revealed will be that of developing standards of organizing the several departments and staffs, and defining the scope and duties of each group.

A difficulty in organizing and managing the medical and surgical departments of hospital work has hitherto been that physicians have approached the subject with preconceived ideas

regarding the basic facts underlying each condition, and an insufficient amount of knowledge of what similar hospitals are doing elsewhere.

The immediate object of the present survey is the discovery of facts; and not until the questionnaires have been filled out and studied can any group of physicians devise a method which will yield a maximum of service with a minimum of effort and friction.

The members of the staff of hospitals which are considering the reorganization of their services will do well to await the reports of the hospital survey before taking action.

Reactions to the Annual Meeting

It is not always true that physicians express their opinions of the Annual Meeting only when they are unfavorable; evidence that physicians also express their appreciation has come to the Executive Offices. One member wrote a letter suggesting the further development of certain features which pleased him. Letters

of appreciation from exhibitors as well as physicians told of the interest and appeal of the commercial exhibits. The members of the Woman's Auxiliary sent glowing accounts of the meetings and their relations to the parent Society. Altogether the appreciative responses received this year set a new record for number and satisfaction.

A Real Clinical Course in Education

Clinical medicine is the only kind of medical practice which interests a sick patient.

A doctor learns the art of diagnosis and treatment only by clinical experience; and he gets his best training when he himself is the patient. Only by actually feeling the pain of a stone descending from his own kidney can the doctor fully realize what renal colic is, and what to do to give relief from its nauseating gripes.

A patient calls a doctor for the purpose of securing treatment, of which the first element is ease from pain. The sooner the doctor begins his *treatment* to allay severe suffering, the better a reputation he will achieve. An accurate *diagnosis* can await the alleviation of pain.

The definition of a diagnosis given by Dr.

Samuel Lambert, of New York, illustrates its relation to treatment. "A diagnosis", says Dr. Lambert, "is a working hypothesis, for the application of therapeutics, and is subject to change without notice on the discovery of further evidence."

The experience of having a renal colic himself will drive a doctor to speed in applying his hypodermic needle within a few brief minutes after he reaches his patient. This is the only treatment that is satisfactory to the patient and the family; and in the rare event that the doctor is wrong in his working hypothesis, his own conscience as well as that of the patient will approve his action, and will spur him on to make a more accurate diagnosis while his patient is at ease.

The County Society During the Summer Vacation

While few County Societies will hold meetings during the summer months, the vacation season will afford the officers and committeemen an opportunity for reflection, and the consideration of plans for the Fall, when they will take up the work with renewed vigor and interest.

Members will gravitate together on golf links and fishing grounds and verandas of summer resorts, and will invariably revert to professional talk. Physicians from other counties and states will join in the conversation with a zest and an interest which will be impossible in a formal meeting. These contacts will be profitable sources of information and inspiration.

The thought that is uppermost in the mind of the President of the County Society, the harassed Secretary, the confused Reporter, and the fatigued Chairman of the Public Health

Committee, is to escape from the monotony of his round of contacts, but he cannot put them out of his mind if he wishes to do so. What he really wants is relief from responsibility while he views his field of work through the eyes of a fellow worker, and sees his own difficulties in their true perspective. No County Society officer has a monopoly of embarrassments. A group of physicians places their problems in a common pool from which each takes delight in drawing the particular form of burden which seems most desirable to him. Troubles fall away and new methods bring inspiration when the doctor discusses his own problems without the worry of the immediate need for their solution. He will return to his County Society with a receptive mind stored with suggestions to be put into action when his group convenes in its Fall meeting, anxious to attack the difficulties which seemed insurmountable in the Spring.

Training for the Grade Above

There are grades of service in a County Medical Society, even that of a small county. Some grades require only the execution of the directions of officers higher up, and others require initiative in planning, and originality in execution. It is the man who finds a way to do the seemingly impossible that advances to higher grades.

A reliable test of efficiency is the ability to perform the duties of an office of a higher grade. An army officer is not considered efficient in his assigned duty unless he soon learns to do the duty of the office one grade higher than his. Few men can secure berths as first mates on ocean steamships unless they have a captain's license, and renew it every five years.

It is an aggravation to have to deal with an officer of a Medical Society when his excuse for inaction is always, "That is not my duty". If he is keen for securing advancement, he will welcome the opportunity to demonstrate his ability to do the work of his superior officer. It is equally aggravating to have to deal with an officer or committeeman whose principal qualification is initiative in starting schemes

without the ability and judgment for carrying them out.

A successful doctor is always resourceful, be it in treating a child with a sore throat, or a parent-teacher association whose president is sore on the doctors. Opposition arouses some doctors to action; but the greatest temptation which they encounter is that of "talking back" to their critics. Anyone can find fault, for there is always an abundance to criticize, but finding fault will not arouse confidence; on the other hand, it will only arouse the one criticized to still more intense opposition. A successful officer or committeeman is noted for his ability to secure the friendly coöperation of those who criticize him.

There are two steps by which an officer or committee can secure action in the face of opposition:

First, develop a constructive plan of action.

Second, go to the opponents of the plan in a *friendly* way, and ask for their support along a single line.

Once the chain of action is established, further progress will be easy.

Carrying Through

When an officer or committeeman of a County Society has done the work that has been assigned to him, his duty is only half done. There still remains the necessity of making a clear report to his County Society.

County Society officers come to conferences in the Executive Offices and listen to explanations of plans made by the State officers or committeemen. They then go back to their County Societies and report what the State officers wish the local societies to do. A common reaction of the members is that they do not see why any one should tell them what to do, for they know local conditions better than any outsider. The officer making the report is not to be criticized, for he has probably never been trained to put his report into an effective form that has a local appeal. A simple suggestion is offered for his consideration.

Every village has a local editor or at least a reporter, whose position depends on his ability to make his news items appeal to the readers of his newspaper. Let the officer go to

that reporter or editor and ask his advice regarding the form of his report. The reporter will always be glad to give his assistance, for the item can also go to the subscribers of his newspaper, and the reporter will give his assistance in return for the news item which he receives.

The opening paragraph of every newspaper item gives clear answers to the four questions,—who? when? where? what? If the reporter were present at a conference of County Society Secretaries, he would answer the first three questions of *who* the speakers were and their qualifications; *when* and *where* the conference was held. What was said that has a *local application* will then occupy his attention and will constitute the greater part of his report. He will point out local conditions in which the suggestions made in the conference can be applied in a practical manner.

Who will be the first local Secretary or committeeman to request the local newspaper reporter to assist him in making an effective report to his County Society?

Records of the Past

Progress in Medical Society activities and their influence is a continuous development of the work done by leaders in previous years.

Memories are short, and there is a rotation of officers of Medical Societies every year, so that in five years or less the greater proportion of leaders are new, and have taken no part in the work of their predecessors. A knowledge of what previous officers have done would enable the new officers to start where the former leaders had left off.

A careful reading of the reports of previous years reveals the fact that there is very little that is entirely original in the proposals of each new set of officers; but it is to their credit that they re-discover and put into operation projects which were dimly foreseen and prophesied years ago by their predecessors.

Medical service, like all other human relations, involves both a capable giver and a grateful receiver. People *seek* the doctor when they

are sick; but the doctor must *persuade* the people to accept his services in preventing diseases and infirmities. It is the people rather than the doctor that are in need of education regarding methods of supplying medical services to their fullest extent.

Medical leaders have always been active in proposing the practice of preventive medicine, and in promoting the participation of physicians generally in public health projects in distinction from the treatment of individual persons after they have become sick; but a consideration of these problems in the public relations of medicine is a new development which is now engaging the major part of the time of the sessions of the House of Delegates.

The Medical Society of New Jersey, throughout the 170 years of its existence, has had leaders who have anticipated the advanced projects of the present time; and its records reveal the clearness of their vision.

ORIGINAL ARTICLES

SOME OBSERVATIONS ON BLOOD PRESSURE

By THAYER A. SMITH, M.D., Short Hills, N. J.

Read before the Orange Mountain Medical Society, March 15, 1935.

The end object of the circulatory apparatus is the maintenance of the life of the cell by the transportation of oxygen and food and the removal of carbon dioxide and chemical waste. This process is directly handled by the smallest units of the system, the capillaries, whose permeability is regulated by the pressure within the capillaries and the osmotic pressure of the blood itself. The capillary pressure remains between 10 and 25 mm. Hg. and within these limits may alter entirely independently of the blood pressure of the rest of the system, as the capillaries are equipped with muscular tissue which contracts or dilates according to the physiological needs. This end of the system almost never goes wrong, for when arterial hypertension supervenes, it is not the capillary end which breaks down, but rather the cardiac, or resultant effects on the larger vessels of the brain or the kidneys. In fact, the regulating mechanism governing capillary pressure is so wonderful that there is ordinarily only 2 or 3 mm. Hg. difference in the capillary pressure of a man whose radial pressure is 100-60 and another with a radial pressure of 300-180. The arterioles, the tiny vessels between the small arteries and the capillaries, perform this function of regulation and act as a stop-cock for the enormous reservoir of blood pressure which is residual in the circulation above this point. Between the arterioles and the aorta the pressure changes are comparatively slight—10 mm. less in the digital artery than in the radial, and 10 mm. less in the radial than in the aorta. The heart, then, is the driving pump which throws forcibly 100 to 200 cc. of blood at each beat into the arterial system; the aorta with its huge mass of elastic fibers takes up the shock and maintains a steady push out through the smaller arteries to the arterioles, where the stop-cock is encountered.

The maintenance of the pressure of blood within the arteries is dependent on a number

of factors,—blood volume, blood viscosity, cardiac energy, arterial elasticity and tone, and peripheral resistance (by which is meant the stop-cock action of the arterioles). The first two are relatively constant, and are extraordinarily compensated on variations. A transfusion of 500 cc. of blood will cause only a very fleeting rise of pressure, and a venesection usually only a temporary fall. In polycythemia there may be a slightly increased tension, but anemia is often compensated for by an increase rather than a decrease in tension. Increase in minute volume by a doubling of the heart rate is extraordinarily compensated so that there is only a slight rise. The important variables, then, in considering fluctuations of blood pressure are the peripheral resistance, the energy of the heart muscle, and the elasticity and tone of the arteries.

WHAT IS NORMAL BLOOD PRESSURE?

What is normal blood pressure? Most of us have certain figures in mind as we make a reading which mark what we consider the range of normality;—some of us more liberal, some more conservative. The laity have a popular idea that the normal systolic figure is 100 plus your age; but we know that this is a very rough and somewhat misleading estimate. In referring to blood pressure, it is better to speak of *average* figures than of *normal* figures, for there is a fairly wide range of normality, both in the systolic and the diastolic readings.

The systolic figures start well under 100 in early childhood and gradually go up as old age approaches. The more I see of blood pressure readings, however, the more I am convinced that 150 or over, except in very rare instances, represents an abnormality at any age. In a very limited personal experience of checking on persons of 90 years of age or over, who present no evidences of impairment, I have invariably found the blood pressure to

be under 150 systolic, and under 100 diastolic. It is generally agreed, I believe, that 100 represents the deadline on the diastolic normality, and the experience of insurance companies, to which I shall refer more at length in dealing with prognosis, leads one to believe that even this may be too liberal a figure.

The lower limits of normality cause us less concern, for there is no clinical counterpart to hypertension on the lower side of the scale. Almost all cases of so-called hypotension are secondary to a general let-down condition from other causes. Many individuals, particularly women, have constant systolic blood pressures between 90 and 100, and still maintain excellent health, and apparently without heading for any serious consequences. I recall one man, who came under my observation for a short time, with a systolic pressure of 70 and apparently in perfect health. This, however, is very exceptional, and it is, of course, reasonable to assume that exceptions may occur also at the other end of the scale, so that very occasionally blood pressures as high as 170 or 180 systolic may indicate no abnormality for that particular individual. The only justification for calling such a pressure normal, however, would be a prolonged observation over a number of years with no material variation and no evidence accumulating of damage in heart, kidney, or brain.

ERRORS OF EXAMINATION

There are a number of pitfalls into which many stumble in the actual technic of reading blood pressure which make for inaccuracy. Variations of 5 to 10 points in the systolic pressure, and one to five in the diastolic, are usually not of much importance, but greater errors not infrequently occur, particularly when a single reading only is made.

The auscultatory technic with the stethoscope over the point where the brachial artery divides in the notch of the elbow is now universally used, but often times on account of poor application of the cuff, or of unusual anatomical relations in the patient, such as a very deep or a very small brachial artery, sounds are far from clear and are appreciated by the listener at a level considerably below where

they actually begin. This difficulty can be overcome by using palpation of the radial artery at the same time as a check. The relation of the true systolic reading to the palpation reading is so constant—5 to 10 points higher—that auscultation would hardly be essential were it not for the determination of the diastolic level.

There often seems to be some confusion as to when the diastolic reading should be made. After the cuff is inflated and the air is being let out, the first sounds that one hears, which represent the systolic level, are a series of sharp light clicks which are probably produced by a water hammer action in the sudden release from the artery above the constriction into the practically emptied portion below. As this fills, there is a swirling about of fluid, producing the second sound—a hissing murmur. As the released blood comes up against the peripheral resistance of the arterioles, the third phase—a series of sharp thuds—is heard, and as the pressure becomes entirely equalized all along the artery the thuds give way to dull muffled sounds and then silence. The diastolic reading should be made at the end of the third phase, where the sharp thuds suddenly give way to dull muffled sounds.

A source of error which is very often made is the improper adjustment of the cuff. It is particularly easy when the examiner's position is at the side of the patient rather than directly in front of him, to so place the cuff that the ballooning portion covers the outside of the arm rather than the area beneath which the artery runs.

Again the ballooning portion may be correctly placed at the start but on account of too loose binding with the rest of the cuff, may slip over past the artery region when the cuff is being inflated. One can readily understand that if the brachial artery misses the ballooning portion, the examiner will perhaps hear no sounds at all, or, at best, such sounds as will give a faulty reading.

Still another source of error occurs when the valve is so adjusted that the column descends too rapidly, or inflation is so violent that the column continues to ascend after pressure is finished. A rapidly ascending column will

obliterate the sound before the true level is reached, and with a rapidly descending column, the sound disappears before the true level is reached.

One of the commonest mistakes made in reading a blood pressure is to fail to make allowances for the reflex nervous reaction of the patient at the time of the reading. Many, perhaps a majority of patients, have a psychic reaction which is akin to fear when their blood pressure is being taken, especially if the physician is a stranger to them, or if they have reason to think that a somewhat elevated blood pressure may be found. The patient may be outwardly calm, even apparently phlegmatic, and with a pulse not at all accelerated by the experience, and yet have a psychic stimulation which pushes the pressure well above his usual level. I recall taking a blood pressure on a man in the twenties which on first reading was 176-100, but before the end of his call of half an hour's duration, after he had become acclimated to his surroundings, registered 136-88. Sometimes several readings on different days are necessary before one is justified in concluding that he is dealing with a constantly elevated pressure.

Again during the actual reading of the pressure, the patient's nervous system may play tricks on the examiner, especially if the performance is too long. I have one patient who regularly steps up her blood pressure with me; that is, when the bag is first inflated, the tactile pulse disappears and the sounds reappear at, say, 148; in order to try again to confirm my reading, I reinflate to a higher level and this time it is 155; again I repeat the performance and the reading appears at 165. I have concluded in her case that the first reading is the best one for accuracy. Keeping the cuff inflated too long may give rise to a reflex elevation of the pressure for the purpose of overcoming the mechanical resistance, so that in repeated readings it is usually better to deflate the cuff entirely and begin over again.

ESSENTIAL HYPERTENSION

The term "essential hypertension" has been applied to the cases of permanently elevated blood pressure without any of the known im-

pairments which in themselves give rise to a hypertensive condition, such as chronic nephritis or hyperthyroidism. The initiating factor in essential hypertension is as yet unknown. It is quite possible that any one of a number of factors, toxic, metabolic, or constitutional, may be able to set the ball rolling. It is probable from the pathogenesis of hypertension that the elevation of pressure may at the start be an effort on nature's part to compensate for an injury, and that the permanent state represents an established overcompensation. It is far from being identical to arterial aging, for arterio-sclerons may be very extensive without material changes in blood pressure and when a change does occur with an atheromatous aorta and arterial system, the systolic is elevated with often little or no change in the diastolic.

The pathological point in essential hypertension seems to be in the walls of the arterioles, whether it is initiated there or in reflex response to an initiated elevation in the rest of the arterial system. Here a vicious circle is set up. The initiating factor causes an increased tonus and contraction of the arteriolar muscle. This first hypertrophies, and then, as the stimulus persists, fatigues, and in turn becomes hyperirritable, so that the process is pyramided. Finally exhaustion occurs, with degeneration of the muscle fibre and its replacement by a nonyielding collagenous substance; so that finally we have a condition of arteriolar sclerosis.

Undoubtedly heredity is one of the most important factors, for the incidence of essential hypertension is many times as great in families of hypertensive parents as in controls. Ayman, of Boston, in a recent study, finds hypertension in only 3 per cent of children (14-39) of non-hypertensive parents; in 28 per cent where one parent is hypertensive; and in 45 per cent where both are hypertensive.

Racial pressure averages tend to confirm this thesis: The Chinese average pressure is 20 points *lower* than that of Americans, though Americans born and living in China with the same environment show average American

pressures. Hypertension is rare among the Chinese, although chronic nephritis is common. Hypertension is common among the Egyptians,—rare among the Esquimaux, in spite of the fact that cold weather presumably elevates blood pressure and warm weather tends to lower it. It seems almost certain that psychic and neurogenic factors contribute in the causation of essential hypertension; a considerably larger portion of those who have emotional flights of blood pressure become permanent hypertension than of a control group. No doubt, long continued infections play a part, as well as toxic products of disordered metabolism. Imbalance of endocrine glands may well contribute—witness the not infrequent hypertension of menopause—though the adrenal gland itself cannot bear the brunt of the blame, for it has been shown that under certain conditions adrenal substance may actually lower blood pressure, and furthermore the presence of a pressor substance in the circulating blood of hypertensive subjects has not been satisfactorily proven. Alcohol, coffee, tea, salt, nicotine,—all have been accused, but no impartial juries have been able to convict any one of these substances beyond the shadow of a doubt.

PROGNOSIS

What I particularly wish to bring to your attention in this paper is the subject of prognosis. The average physician has comparatively few patients that he sees either in office or clinic over a very long period,—say twenty years and up. He sees a man in his office with a blood pressure of 160-95 and notes this slight increase in his reading. For five years the man drops in occasionally for trifling ailments—is never really ill—and perhaps his blood pressure never goes much higher during this time. He then moves on to another town and the physician loses sight of him. His impression of the elevated blood pressure is that it is a mere incidental, creating no symptoms or incapacity, and hardly worthy of regard. An accumulation of instances such as this—and they occur in every physician's practice—leaves the general impression that slight ele-

vations of blood pressure, even though constant, have no serious import.

When, however, a patient presents himself with a pressure of 220-130, an enlarged heart, with evidences of early circulatory failure, or evidence of renal insufficiency, we say to ourselves, "Here is a serious situation; we may be able to ward off the inevitable for awhile, but it probably won't be very long." Yet the first condition is the forerunner of the second, and in regarding it with no concern, we have been caught napping.

Life insurance companies, in contrast to physicians, see most of their cases right through to the finish, and with this opportunity, plus the fact that their cases run into very large numbers, are able to furnish statistics with regard to ultimate prognosis which are of the greatest value. By the very nature of their business they are able, especially when dealing with unrated insurance, to individualize on applicants only within very narrow limits, and must establish rather hard and fast lines of acceptance or rejection on the basis of their combined experience. The tendency now is to be more conservative, even, than they were some ten years ago. It is only very exceptionally in the case of a man over sixty years of age that a blood pressure of 150 systolic is acceptable at standard rates, and at no age is an applicant accepted with a diastolic of 100 or over, most companies feeling that the deadline should be nearer 95. As a matter of fact, a recent study by one of the New England companies of all applicants accepted since 1920 with a diastolic reading between 90 and 95, and no other impairment, revealed a death rate of 150 per cent of the expected mortality; a figure which is inadmissible for standard insurance.

Of course life insurance medical examinations are fraught with errors from the scientific point of view—examiners with all sorts of experience and training,—examinations made under all sorts of unfavorable conditions, etc., and yet the enormous mass of cases observed tends in itself to equalize the errors and bring out conclusions which are probably substantially correct. We may feel quite sure, then, that no matter how robust an individual

may appear at the time we detect a slight increase in blood pressure, if that blood pressure does not prove to be a transitory phase, we are dealing with one who will in all probability fail to live out a normal life expectancy unless we are able to do something about it in the meantime. Of course the danger to life is not the hypertension itself, but what it leads to—60 per cent dying of cardiac failure (including coronary thrombosis); 20 per cent of cerebral accidents; and 10 per cent of renal failure.

When it comes to time prognostications in individual cases, we are completely at sea. A systolic blood pressure of 200 or over is compatible with several decades of life provided the diastolic pressure is not unduly elevated. When the diastolic creeps up to a constant level of 130 or over, it is generally agreed that the situation is very grave, and 55 per cent of such patients live less than two years. From two to five years is the average duration of life when manifest evidence of congestive or anginal failure arises in hypertensive heart disease.

MANAGEMENT OF HYPERTENSION

What can we do then with this insidious condition which starts in such an innocent way without symptoms, and which leads to almost certain disaster sooner or later; and which, moreover, is so prevalent that it is responsible for one out of every four deaths over fifty years of age? We are obviously seriously handicapped in treatment by our ignorance of the initiating factor or factors; and those with a nihilistic attitude toward medical treatment will find further support in the very important rôle which it seems certain that heredity plays. It may be that in the case of the hypertensive "once you are born you are doomed". Certainly drugs play very little part in the treatment of this ailment, and so far the very few attempts at surgery, although somewhat promising, have not brought convincing results. But there are certain secondary factors which there is good evidence to believe have an important bearing on the progress of hypertension, and it is here that the resourceful physician will find his points of attack. Much individualizing will have to be done, but *this should* be the

method of treatment of every wise physician.

In many cases the neurogenic factor seems to be of prime importance, and must certainly be borne in mind and controlled to the very limits of the physician's intelligence and tact. An interesting experiment was performed by a physician in one of the Boston dispensaries who was skeptical of the new drugs which are constantly appearing as effectual pressure reducers. He made loud announcement to all the hypertensive cases in the clinic that he had a new treatment for hypertension which was sure to be of benefit. He then proceeded to administer five drops of dilute hydrochloric acid three times a day to each of his patients, suspending all other forms of treatment. At the end of two months, he compiled his statistics and found that they compared very favorably in percentage of cases improved and amount of reduction obtained with those of the optimistic promoters of other new forms of treatment. This we must of course attribute to a neurogenic factor.

How much we shall tell our hypertensive patient concerning his blood pressure readings is a moot question. Sir Humphrey Rolleston quotes one of his colleagues as wittily saying, "The great danger of chronic nephritis is that some one will find it out and try to treat it." There is a certain measure of truth in this which applies also to hypertension. We are between the two horns of a dilemma—on the one side making the patient aware of his condition so that we can regulate his life—and on the other, doing our best to quiet his fears which in themselves are damaging to his condition. On the ground that the unknown is more dreaded than the known, I usually give the patient a fairly definite idea of the blood pressure level, using, however, the expedient of a slight deviation from veracity if the particular occasion especially demands an avoidance of alarm. Many of these patients get into a stew over petty worries, groundless anxieties, and unnecessary business pressure, and if the medical adviser lives up to the possibilities of his rôle, he can do a great deal toward revising his patient's scale of values, and thereby producing a less turbulent existence. Contact with the patient must be fairly

frequent to accomplish this, but reasonably close observation—at least three or four times a year—should constitute one of the main features in handling this situation.

There is conflicting evidence as to whether *obesity* in itself has any direct etiological relationship to hypertension; but at all events in many overweight cases, a reduction will produce a fall in blood pressure. Furthermore, with heart trouble on the horizon, every reasonable attempt should be made to keep down an overweight tendency. It is possible that obesity is often associated with hypertension on account of stagnation. A study of a large group of obese individuals reveals the fact that those who are quite active show a much lower percentage of hypertensives than those who are sedentary. One of the paradoxes of treating hypertension is that, although any given exercise raises the blood pressure, a moderate amount of exercise is distinctly more beneficial to the condition as a whole than complete rest.

Alcohol and tobacco in moderation cannot be proven to be harmful over a large series of cases, but it is not infrequently found in individual cases that cessation of indulgence by an habitual user of either of these substances is followed by a reduction of pressure, and so it is worth trying.

Salt has been considered by some as having a direct effect on blood pressure, but this theory seems to have been pretty well disproven except when there is an associated chronic nephritis or myocarditis. It is probably well, however, to discourage the use of the salt shaker at the table.

There seems to be no basis whatever for discouraging the use of protein substances; in fact, if these are discouraged, there is a tendency to make up on the weight producing fats and carbohydrates. In short, a temperate but well-balanced diet, is the best for hypertensive cases as well as in most chronic conditions.

Guanidine, a chemical found in the intestine, is definitely a pressor substance, and some have held the theory that this accumulated by constipation, and that therefore constipation had a direct rôle in causing hypertension; but Alvarez has pretty well exploded this theory by

studying a large series of constipated cases in which he found the blood pressure was lower rather than higher than the average.

Presumably cold temperature increases blood pressure, and warm temperature tends to lower it. I have found, however, that the very hot days with sun exposure are the most trying, and apparently the most menacing to my hypertensive cases.

The use of drugs in hypertensive cases should be secondary to other forms of treatment. Vaso-dilators are rarely necessary, and even when they seem to produce some permanent lowering of the pressure are of dubious value owing to the mechanism involved. They may be very useful, however, in checking a sudden elevation. Nitroglycerine is probably the best all-around drug of this group, though I have found erythrol tetranitrate very effective. For use over a long period of time small doses of bismuth subnitrate are advocated.

When a person is keyed up and having broken sleep, the mild sedatives—chloral, barbiturates, bromides—should be used without hesitation. Potassium iodide is often used on the theory of its lytic action on sclerosing tissue—but the possibility of this being an actually harmful effect in maintaining the integrity of the smaller arteries must be borne in mind. There is no question that absorption of toxin from foci of infection may at times play a significant rôle in the production of hypertension, and a careful search for such foci should always be made, and removal advocated when found, without, however, promising too much to the patient.

We have, then, a problem in combating hypertension which is baffling, intricate, and often discouraging. It involves a thorough study on the part of the physician of the character, habits, and environment of each individual case, and functioning more as a confidential friend and adviser than as a dispenser. It leads us, furthermore, into the necessity of exercising those finer shades of judgment and sympathy in deciding how far, by limitations and regulations, we can trespass on our patient's happiness, in our well-meant efforts to prolong his years.

THE TREATMENT OF CHRONIC HEART DISEASE BY TOTAL THYROIDECTOMY

By JOSEPH E. F. RISEMAN, M.D., Boston, Mass.

Read before the General Scientific Session at the Annual Meeting of The Medical Society of New Jersey in Atlantic City, May 1, 1935. From the Medical Research Department of the Beth Israel Hospital and the Department of Medicine, Harvard Medical School. This investigation was aided by a grant from the William W. Wellington Memorial Research Fund.

The treatment of chronic heart disease by total ablation of the thyroid gland has been carried on now for two and a half years.^{1,2} During this period there have been approximately one hundred patients treated by this method at the Beth Israel Hospital in Boston. This morning, I would like to present the results obtained in these one hundred cases, and discuss some aspects of the present status of this method of therapy.

There are, at the present time, three ques-

tions of importance regarding total thyroidectomy. First, what is the benefit to be derived from this procedure? Second, what steps must be taken in order to assure the maximum benefit? Third, how serious is postoperative myxedema; and by what means can we prevent the undesirable effects of this condition?

RESULTS

The value of the procedure is best illustrated by the results obtained in the first seventy-five patients who were operated upon. The early results in this group of patients were presented last year at the meeting of the American Medical Association.³ The present presentation represent the medical follow-up one to two and one-half years after operation.*

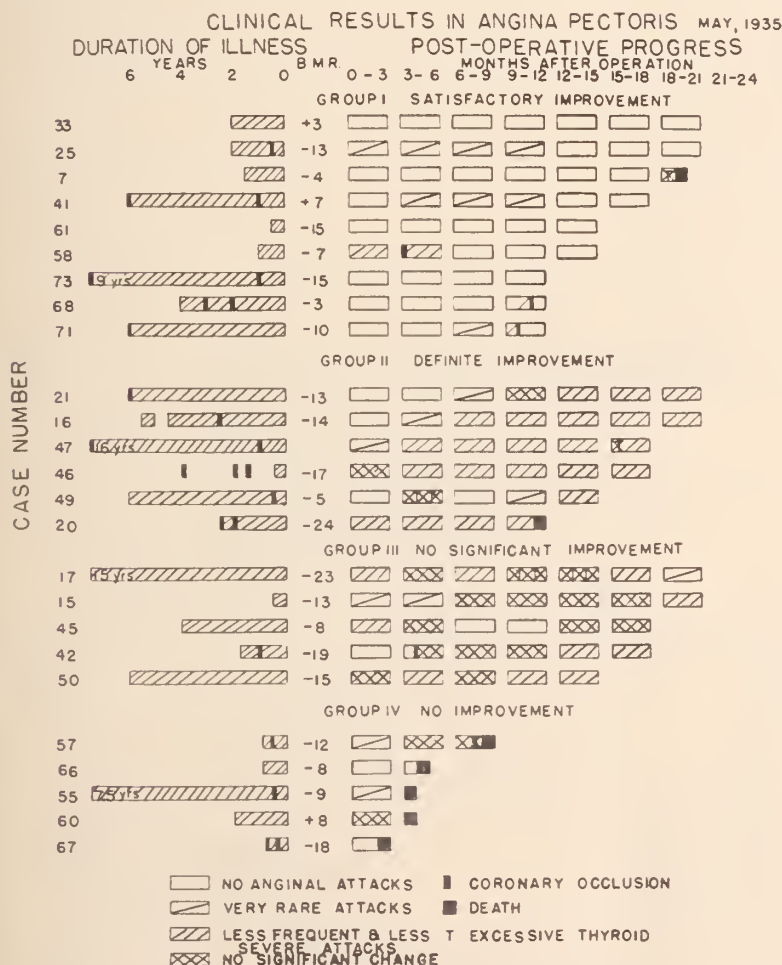


Figure 1.—Results of Total Ablation of the Thyroid Gland One to Two and a Half Years after Operation in Patients with Angina Pectoris and No Other Cardiac Condition

ANGINA PECTORIS

Twenty-five of the seventy-five patients had angina pectoris uncomplicated by any other form of heart disease (fig. 1). All of these patients experienced cardiac pain on exertion; many had attack on emotion; and several had pain which came on at rest and even during sleep.

These patients had been treated by the usual medical measures for fairly long periods of time, and had

*During the year which has elapsed since the presentation of this paper, the clinical results have shown little significant change.

failed to respond satisfactorily to treatment. In most instances the illness was at least one and one-half years in duration; in two cases the symptoms had been present for as long as fifteen and sixteen years; and in two instances the disease was only of six months' duration. Fifteen patients had suffered at least one episode of coronary occlusion (fig. 1). All but one of these people were unable to work because of their symptoms, and several were bed-ridden.

All patients were observed during typical attacks in order to be sure that they had angina pectoris. In many instances it was necessary to induce attacks by exercise under standardized conditions.⁴ After operation these patients were tested under the same conditions in order to evaluate the result.

Of these twenty-five patients, who had suffered attacks daily before operation, eight have not had a single attack during the one to two and one-half years which have elapsed since thyroidectomy. One has had very rare and mild attacks on excessive exertion or emotion. This group of nine patients shows as much benefit as can be expected from any procedure, and far more than we were able to bestow by any other form of therapy.

There is a second group of six patients in whom the results are not quite so good, but who, nevertheless, show definite improvement (fig. 1). These patients have attacks which are much less severe, and much less frequent than before operation although they undertake more exertion than was possible prior to operation.

Finally, there is a group of ten patients who show little or no improvement.

Eleven other patients had angina pectoris in addition to congestive failure or cardiac asthma (fig. 2). Nine of these patients have not had a single attack of angina since operation; the remaining two have been unrelieved by thyroidectomy.

The reasons for the better results in this group are probably two: First, the preoperative metabolism of these patients was essentially normal as compared with the frequent finding of low basal metabolic rates in the patients with uncomplicated angina pectoris.^{5,6} As will be shown later, patients with low basal metabolism frequently fail to benefit by thyroidectomy.

Second, the activity of these individuals is frequently limited by the underlying cardiac condition.

CONGESTIVE FAILURE

There were thirty-two with congestive failure who were operated upon at least a year ago. The duration of congestive failure in these patients was usually two to twelve years; three patients had had symptoms for at least twenty-four years; while one had had symptoms for less than two years. All patients were bed-ridden despite months of medical supervision and treatment (fig. 3).

Following total thyroidectomy, twelve were able to get out and remain out of bed, free from congestive failure; several of these patients were able to return to work. Five of these twelve showed transient episodes of congestive failure when they undertook too great exertion; these episodes were readily controlled. Ten additional patients showed defi-

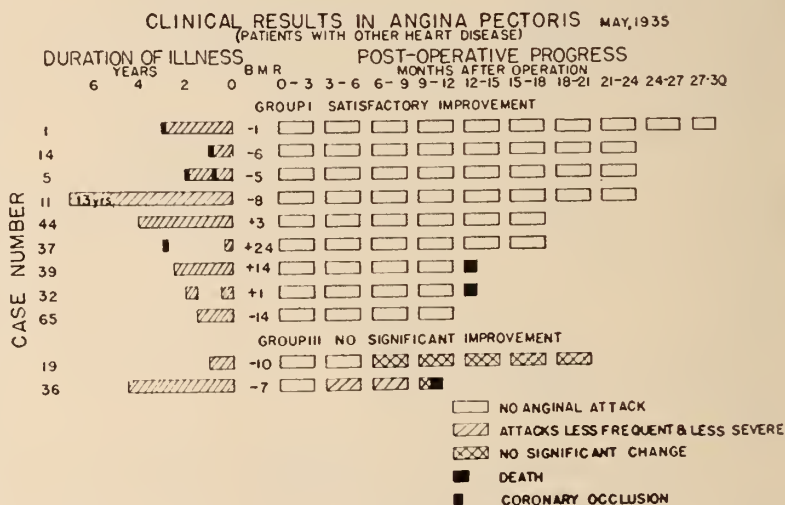


Figure 2.—Results of Total Ablation of the Thyroid Gland One to Two and a Half Years after Operation in Patients with Angina Pectoris and in Addition Either Congestive Failure, Cardiac Asthma or Paroxysmal Heart Action

nite improvement after operation, though not as marked as in the first group. The operation in these two groups, twenty-two out of thirty-two patients, can be said to have been worthwhile. The remaining ten patients showed little or no improvement.

CARDIAC ASTHMA

There were twenty-three patients with cardiac asthma (fig. 4). The preoperative duration of symptoms in only one of these patients was more than two years. This is in accord with the poor prognosis of patients with paroxysmal nocturnal dyspnea. Twelve of these twenty-three patients have had no cardiac asthma for the twelve to twenty-four months since operation. Five patients have been relieved for shorter periods of time. One of these individuals was a woman seventy years of age, with daily attacks of cardiac asthma and angina pectoris for approximately six months; life was absolute misery for her. Following operation she was entirely free from cardiac asthma and chest pain for three months,

but developed an attack of coronary occlusion and died. In such a patient, especially in view of her age, there was definite improvement; nevertheless, we feel that the result was not sufficiently prolonged to justify the operation.

The remaining six patients showed no significant improvement.

These are the results obtained at the Beth Israel Hospital in Boston. The efficacy of any procedure depends not upon results obtained in a single special clinic, but upon the results obtained by the medical profession at large. Dr. Carnes Weeks, of New York, has sent a questionnaire to various clinics in the United States, and has kindly allowed us to use his results.⁷ Two hundred and fifty operations have been performed in twenty-six clinics with a mortality of about 7 per cent. This is probably higher than it will be with greater experience in the selection of cases and improvement in the surgical technic. It does show, however, that these very sick patients withstand the operation quite well.

There were one hundred and fifty patients

with congestive failure. According to the evaluation of these different clinics, there was marked improvement (no recurrence of congestive failure) in about 40 per cent. Another 40 per cent showed moderate improvement, while the remaining 20 per cent showed no definite improvement. The average follow-up period was one year. Congestive failure patients do not withstand the operation as well as angina patients and practically all the deaths occurred in this group.

There were one hundred patients with angina pectoris. Marked improvement was shown in 61 per cent, moderate improvement in 40 per cent, and no improvement in about 9 per

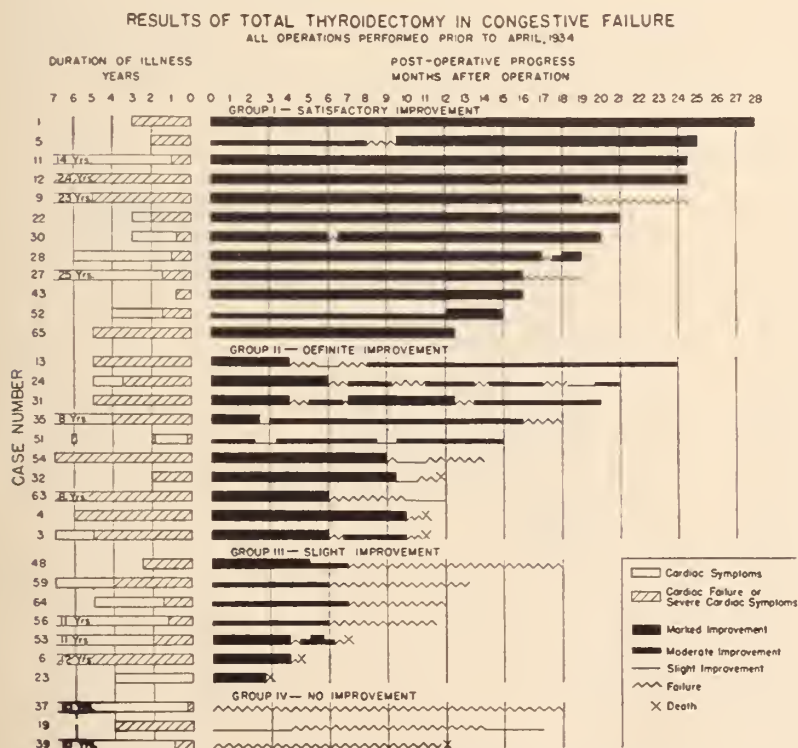


Figure 3.—Results of Total Ablation of the Thyroid Gland One to Two and a Half Years after Operation in Patients with Congestive Failure

cent. The operative mortality was 3 per cent.

QUESTION ONE—BENEFITS TO BE EXPECTED

The answer to the first question—What is the benefit to be derived from this procedure?—is obvious. The operation is of distinct value in many instances; about half the patients who had nothing further to expect from continued medical therapy were made considerably more comfortable and frequently more active. The procedure, however, is not a cure-all and is not applicable to all individuals. Observation of the cases treated at the Beth Israel Hospital has demonstrated several important points in the selection of cases which should aid in increasing the frequency of beneficial results.

QUESTION TWO—PRECAUTIONS NECESSARY FOR SECURING THE MAXIMUM BENEFIT

The factors of importance in the selection of cases for operation are three:

1. The rate of progression of the disease.
2. The preoperative basal metabolic rate.
3. The control of edema.

PROGRESSION OF THE DISEASE

The operation, of course, does not affect the underlying condition, for the damaged valve or the calibre of the coronary vessels are unchanged. All we can hope to do is turn the hands of the clock backward. The condition of the patient is improved by the operation, but if the disease is progressing rapidly, sooner or later the patient will again develop symptoms and go down hill. If, however the condition is relatively stationary, then the improvement they derive is maintained for fairly long periods of time.

PREOPERATIVE METABOLIC RATE

The second important factor is the preoperative basal metabolic rate. We have

found, and it has been the experience in other clinics, that the uncomfortable symptoms of myxedema do not appear until the metabolism drops to a level of about minus 25 to minus 35 per cent, regardless of the preoperative basal metabolism.⁸ The symptoms which develop are similar to those experienced in spontaneous myxedema and require treatment. When the preoperative metabolism is lower than minus 15, improvement is less likely to occur for symptoms of myxedema requiring treatment will be evident after a lowering of the basal metabolism of only 10 to 20 per cent. Such a change may not be adequate to afford worthwhile relief.

EDEMA CONTROL

The third criterion in the proper selection of patients is the ability to render the patient edema free. If the patient cannot be freed of edema by rest in bed and proper medical therapy, it is probable that the pathology is far advanced and the cardiac reserve is low. Such patients will probably benefit from thyroidectomy but will not be able to lead an active life. It must be remembered that it takes an average of three to four weeks for the basal metabolism to fall and for improvement to be

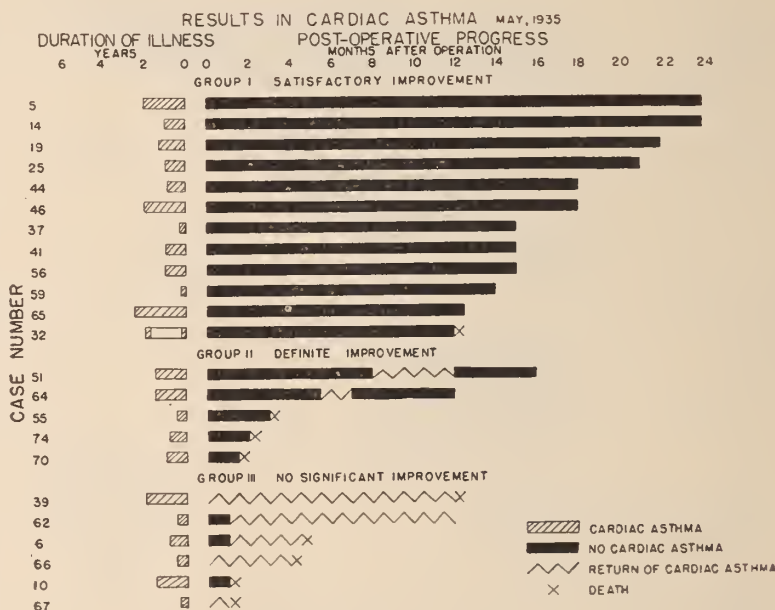


Figure 4.—Results of Total Ablation of the Thyroid Gland One to Two and a Half Years after Operation in Patients with Cardiac Asthma

manifest. For this reason the operation should not be performed on moribund or water-logged patients, for such individuals probably will not live long enough to develop a low basal metabolic rate, and may even succumb to the operative procedure.

SURGICAL CONSIDERATIONS

The operative mortality and the postoperative complications are of considerable interest. In the first seventy-five patients treated at the Beth Israel Hospital there were six operative deaths, all of which occurred in the first forty-five patients and all occurred in patients with congestive failure.

The deaths were due to our lack of adequate knowledge as to selection of cases, preoperative preparation and operative technic. Proper selection of cases and adequate preoperative medical care, taking months if necessary to render the patient edema free will aid in keeping the mortality at a minimum.

Minimum preoperative sedation is advisable. The operation is best performed under local anesthesia with the patient awake but comfortable. Under such conditions the patient is conscious and coöperative immediately after the operation and is able to take fluids by mouth and raise accumulated bronchial secretions. This decreases the possibility of postoperative pneumonia. Since following these simple precautions, we have not had a single operative death.

Experience has shown that when even a small portion of the thyroid is left behind, the basal metabolism soon returns to the preoperative level and no benefit is obtained.¹ It is necessary therefore to remove every vestige of thyroid tissue, and at the same time preserve the parathyroid glandules and avoid injury to the recurrent laryngeal nerves.^{9, 10}

The preservation of the parathyroid glands does not offer any serious problem. They usually can be identified readily and can be preserved with their blood supply intact. Symptoms of mild parathyroid insufficiency, such as a sensation of numbness and tingling, or a positive Chvostek or Trousseau sign, are seen in approximately 14 per cent of the patients after operation.¹¹ These symptoms are, how-

ever, of short duration and are readily controlled by oral calcium chloride solution. No patient has had convulsions or serious discomfort. The laryngeal nerves offer the most serious operative hazard, for they frequently are in intimate contact with the gland substance.¹⁰ The procedure of examining the vocal cords by direct laryngoscopy after one-half of the thyroid has been removed has been a definite help in avoiding bilateral nerve injury and subsequent bilateral vocal cord paralysis.¹² If the vocal cord on the operated side is found to be paralyzed, the operation is stopped at that time and the nerve is given an opportunity to recover. The second half of the gland can be removed at a later date.

POSTOPERATIVE MEDICAL SUPERVISION

The third question for discussion is the problem of postoperative hypothyroidism. Is the treatment worse than the disease?

The usual result following thyroidectomy is a lowering of the metabolism and improvement in the patient's condition to approximately minus 25 to minus 30 per cent. When the basal metabolism falls to this level, the patient may complain of sensitivity to cold, show a tendency to gain weight, develop a slight drop in the red blood cell count, and may show a yellowish pallor of the skin. The sensitivity to cold is the most troublesome of these symptoms, but is readily relieved by wearing heavier clothing. This discomfort in winter is compensated in warm weather by a degree of comfort which is denied to most people. The patients agree that these symptoms are not severe, and are a small price to pay for the increased comfort.

When the basal metabolism falls still lower, uncomfortable symptoms of myxedema become evident. These consist of drowsiness, irritability, puffiness of the face and extremities, and a general slowing down of activity. These symptoms are definitely uncomfortable and require treatment. Such individuals are given small doses of thyroid, about 1/10 to 1/4 grains daily. The dosage is sufficient to correct the uncomfortable symptoms of hypothyroidism without appreciably increasing the basal metabolic rate.¹³ Large doses of thyroid are dangerous. It is usually a relatively simple matter

to adjust the thyroid dosage so as to keep the patient at a metabolic level sufficiently high to prevent uncomfortable symptoms of hypothyroidism and still sufficiently low to afford relief from cardiac symptoms.

It is important to point out that careful and frequent postoperative medical supervision is necessary in order to prevent the onset of uncomfortable myxedema and to ascertain the optimum thyroid requirements. It is of utmost importance in caring for these patients to remember they still have cardiac pathology and frequent careful medical supervision is necessary.

The appearance of these patients after operation has been greatly improved. Close observation shows definite signs of hypothyroidism, but little of the lethargy or facial changes seen in advanced untreated myxedema. The appearance of these patients is to be compared with the more drawn facies observed in chronic cardiac invalids prior to operation, and it is to be remembered that these patients with their low basal metabolic rates are up and about, enjoying activity which had been denied them for years. The increased activity is

not despite the hypothyroidism, but because of the low metabolism. It is to be remembered that with the advent of thyroid therapy, cachexia strumipriva is a thing of the past. It is also important to remember that individuals with basal metabolic rates of minus 20 per cent or lower are frequently observed in medical practice. These individuals have few serious symptoms or complications, and their condition is certainly preferable to the symptoms of heart disease.

In summary, it appears that the operation confers benefit on a group of cardiac patients who have not been helped by any other method known at the present time. It is not applicable to all patients; but if the patients are carefully chosen with respect to preoperative basal metabolism and progress of their disease, we can expect a satisfactory high percentage of good results. In order to keep mortality down, and insure a maximum number of good results, the cases must be carefully prepared for operation and the operative technic must be faultless. Finally, the postoperative care of these patients during the months and years they have to live is an extremely important matter and requires careful supervision.

BIBLIOGRAPHY

1. Blumgart, H. L.; Levine, S. A., and Berlin, D. D.: Congestive Heart Failure and Angina Pectoris: The Therapeutic Effect of Thyroidectomy on Patients Without Clinical or Pathologic Evidence of Thyroid Toxicity, *Arch. Int. Med.*, 51, 866, 1933.
2. Blumgart, H. L.; Riseman, J. E. F.; Davis, D., and Berlin, D. D.: Therapeutic Effect of Total Ablation of Normal Thyroid on Congestive Heart Failure and Angina Pectoris: III. Early Results in Various Types of Cardiovascular Disease and Coincident Pathologic States Without Clinical or Pathologic Evidence of Thyroid Toxicity, *Arch. Int. Med.*, 52, 165, 1933.
3. Blumgart, H. L.; Berlin, D. D.; Davis, D.; Riseman, J. E. F., and Weinstein, A. A.: Total Ablation of Thyroid in Angina Pectoris and Congestive Failure: XI. Summary of Results in Treating Seventy-five Patients During the Last Eighteen Months, *Jour. Am. Med. Assn.*, 104, 17, 1935.
4. Riseman, J. E. F., and Stern, B.: A Standardized Exercise Tolerance Test for Patients with Angina Pectoris on Exertion, *Am. Jour. Med. Sci.*, 188, 646, 1934.
5. E. Lihman. Personal communication.
6. Gilligan, D. R.; Volk, M. C.; Davis, D., and Blumgart, H. L.: Therapeutic Effect of Total Ablation of Normal Thyroid on Congestive Heart Failure and Angina Pectoris: VIII. Relationship Between Serum Cholesterol Values, Basal Metabolic Rate and Clinical Aspects of Hypothyroidism, *Arch. Int. Med.*, 54, 746, 1934.
7. C. Weeks. Personal communication.
8. Means, J. H., and Lerman, J.: The Symptomatology of Myxedema, Its Relation to Metabolic Levels, Time Intervals and Ration of Thyroid. *Trans. A. Am. Physicians*, 49, 214, 1934.
9. Berlin, D. D.: Therapeutic Effect of Complete Thyroidectomy on Congestive Heart Failure and Angina Pectoris: III. Early Results in Various Types of Cardiovascular Disease and Coincident Pathologic States Without Clinical or Pathologic Evidence of Thyroid Toxicity, *Arch. Int. Med.*, 52, 165, 1933.
10. Berlin, D. D.: The Recurrent Laryngeal Nerves in Total Ablation of the Normal Thyroid Gland. *An Anatomical and Surgical Study*, *Surg., Gynec. and Obst.*, 60, 19, 1935.
11. Gilligan, D. R.; Berlin, D. D.; Volk, M. C.; Stern, B., and Blumgart, H. L.: Therapeutic Effect of Total Ablation of Normal Thyroid on Congestive Heart Failure and Angina Pectoris: IX. Postoperative Parathyroid Function. Clinical Observations and Serum Calcium and Phosphorus Studies, *Jour. Clin. Invest.*, 13, 789, 1934.
12. Freedman, L. M.: Treatment of Angina Pectoris and Congestive Heart Failure by Total Ablation of the Thyroid: V. Importance of Laryngoscopic Examination as a Means of Preventing Bilateral Paralysis of the Vocal Cords, *Arch. Otolaryngol.*, 19, 383, 1934.
13. Blumgart, H. L., and Davis, D.: Hypothyroidism Induced by Complete Removal of the Normal Thyroid Gland in the Treatment of Chronic Heart Disease. *Endocrinology*, 18, 693, 1934.

CYANOSIS IN CHEMICAL PLANTS

By E. A. JIROUCH, M.D., Pennsgrove, N. J.

From the Medical Staff of the Dye Works Hospital

Read before the Salem County Medical Society, December 13, 1935

Cyanosis is described as a bluish discoloration of the skin from deficient oxidation of the blood. It is important as a symptom to the industrial physician who is in contact with workers in the manufacture of the aniline dyes. These comprise but a few of the many compounds derived from benzol, and, chemically, are the intro and amido compounds of it.

BENZOL TOXICITY

Benzol is probably one of the most interesting, as well as dangerous, of the industrial solvents. It was first brought to the attention of physicians by Santesson, a Swedish toxicologist, who, in 1897, read a paper before the Medical Congress in Moscow, wherein he described some nine cases of *purpura hemorrhagica* in girls using benzol rubber cement. In 1910, Selling, of Johns Hopkins, reported three similar cases in girls using benzol rubber seal for tin cans. He also made extensive animal experiments and was the first to assert that the essential characteristic of benzol poisoning was not *purpura hemorrhagica*, but an extreme *leucopenia* caused by an aplasia of bone marrow, affecting especially the granular leucocytes, and to some lesser extent the mononuclears and lymphadenoid tissues. This work attracted widespread attention and led to the advocacy by Koranyi, of Hungary, of the therapeutic use of benzol in the treatment of leucemia.

In industry, the most important derivatives of benzol are the nitro, amido, diamino, and chlor compounds. These are the intermediates used in the production of coal tar dyes, drugs, perfumes, etc. The dangers accompanying their use depend not only on the chemical structure and toxicity, but also on their physical structure,—solids generally being less dangerous to handle than fluids; and those volitalizing readily generally being attended with more danger than those which do not. The amount of actual handling which the various compounds require is also more important than their innate tox-

icity. The relation of chemical structure to physiological action may be summed up as follows: The introduction of a nitroso radical (NO) into the benzol ring increases toxicity always. The nitro group (NO_2) has the same effect. Reduction of the nitro compounds ($\text{NO}_2\text{—NH}_2$) produces the amido compounds. This reduction in general reduces toxicity of the product. Chlorine entering the benzol ring changes it very little, at any rate it does not increase toxicity, for chlorbenzine, as an example, is much less toxic than benzol. The sulphonic group entering the benzol ring removes its toxicity (SO_2) as in the sulphonation of phenol; COOH seems to have the same effect.

As noted above, when a nitro compound is reduced, an amido compound results. Thus, when nitro benzene is reduced, we have aniline. From the foregoing discussion, we also understand that the anilines are intermediate in toxicity. Clinically, however, aniline absorption at times produces an almost terrifying picture. Severe cases of poisoning produce cyanosis of a severe degree, the patient at times becoming a deadly purple or almost black color. If properly handled, however, even very severe aniline cases almost never end fatally.

The cyanosis produced by the nitro benzenes is less striking, at times hardly noticable, but the devastating action of the compounds is much more severe. Usually an acute attack of aniline poisoning passes off fairly rapidly; the nitro compounds, on the other hand, produce more serious symptoms with a much slower recovery. Amido compounds apparently act only as blood poisons, while the nitro compounds in addition have a direct effect on the nervous system.

PATHOLOGICAL EFFECTS

When a nitro or amido compound is introduced into the body, after absorption into the blood stream, methemoglobin is formed very early in the course of intoxication. Coincident with it is probably the destruction of red cells

and a fall in the haemoglobin. The blood becomes thick and chocolate colored, and clots very easily. By the time cyanosis has fully developed, the methemoglobin has apparently disappeared from the blood. The haemoglobin released by cell destruction is picked up, in part, by the liver and transformed into bile pigments. Some of it is also excreted by the kidneys. The destruction of blood cells is followed, in a few days after intoxication, by active regeneration, as is evidenced by the immature, stippled, and nucleated forms found in the blood.

As to kidney damage produced, there is some difference of opinion. Most observers believe there is little if any permanent damage produced. The urinary findings are variable. The color may be anything from normal to a dark brown or smoky red color. This is due to the excretion of methemoglobin, haemoglobin, bile pigments, and unconverted aniline. The specific gravity varies generally from 1.005 to 1.030. Albumin is usually not found, although at times there may be a trace. Some substance may be produced in the process of intoxication which reduces Fehling's solution. This at times gives a false sugar test. Microscopic examination of the urine, except for an occasional cast, usually reveals little or no evidence of kidney tubule damage.

CLASSES AND DEGREES OF POISONING

To the industrial physician, it is important to know in a general way which classes of aniline dyes are most dangerous, and which are only exceptionally serious in their effects. Dr. Alice Hamilton in her book "Industrial Poisons in the United States" has made such a classification. This takes into consideration different processes, so that a physician, after examining an applicant for work, can fairly well decide on the basis of his findings in what department the workman can safely be placed.

There are three classes of processes.

Class I. This includes operations and processes in which nitro and amido compounds are used, and which, experience has shown, involve risk of poisoning to the workmen. In the classification come the following departments: naphthionic crudes, dinitro benzene, the diamines,

the so-called aniline dyes (rosaniline, magenta, fuchsin, aniline blue, alkalie blue), phenyl glycin drying, anthraquinone, pyridin, and indanthrene yellow.

Class II. This includes all processes involving the handling of nitro and amido compounds, but which are attended with less risk, either because the poisoning set up is less severe, or because the equipment is so arranged that there is no contact with the poisonous substances. Into this class come paranitraniline purification, aniline reduction, benzidine manufacture, aurimine, and benzanthrene.

Class III. This includes operations which do not involve handling of nitro or amido compounds, or in which such compounds are present, but no ill effects have thus far resulted from such work. This class is large and includes the ortho and paratoluidine departments, sulphonating processes of all kinds, low pressure auto clave work, naphthionic purification, picramic acid, benzoic acid, chloracetic acid, salicylic acid, chlorine, hydrochloric acid, chlorobenzene, benzaldehyde, sodium sulphide, nitranisol, eosin, victory green, sulphur black, and indigo.

Records from different dye manufacturers having experience with aniline dyes show that the workmen who come in contact with raw material, intermediates, and colors have a decidedly higher sickness rate than have workmen in the same plants who do not have the same exposure.

The plant physician, after examining the applicant for work, must be careful to exclude from aniline dye exposure any man who has any degree of anemia, organic heart disease, lung pathology, or any organic or physical defect which might cause difficulty with blood circulation or proper functioning of the respiratory organs. Users of alcohol in any degree should also be barred, since it is known that even relatively small doses tend to facilitate absorption and hasten the symptoms of poisoning after exposure.

The physician must also understand the symptomatology of aniline poisoning so that if beginning poisoning should manifest itself, the individual concerned could be properly

treated and removed from further exposure to the toxic agents.

SYMPTOMS OF POISONING

There are two types of poisoning from aniline dyes, namely, acute and chronic.

Mild acute cases may show nothing more than slight blueness of the skin and mucous membranes, with no subjective symptoms. Exposure may be made known only after some fellow worker has noticed the patient's color. On the other hand, the patient may suffer with considerable dizziness, nausea, a sense of inebriation, or labored speech.

In severe cases of poisoning there is a dark blue and swarthy cyanosis of the skin, a slow bounding pulse, with booming heart sounds on oscultation, symptoms of air hunger, and sometimes nausea and vomiting. The blood pressure may remain normal, but generally it is a little lower than the average carried by the individual.

In the most serious of acute cases, sudden prostration, with cold pale skin, blue lips, nose and ears are noted. There is almost complete absence of sensibility, the pulse is weak, blood pressure subnormal and death may occur after a comatose period. At times the patient may suffer with convulsions. It is said that with intelligent treatment, if the patient does not develop coma within the first hour, the prognosis may almost always be considered favorable.

Chronic poisoning is characterized by anemia, slow pulse, disorders of digestion such as loss of appetite, vomiting and diarrhea; nervous symptoms, frequent headaches, ringing in the ears, dizziness, restless sleep, disturbances in sensibility, and spasmodic muscular pains. Fortunately, chronic poisoning is relatively rare.

The absorption of aniline and related compounds takes place primarily through the skin, either by direct contact such as splashes, or from dye soaked clothing. There is also some absorption through the digestive system and, when there is considerable aniline dust-laden air, through the respiratory system.

There is no set period of exposure through which it is necessary to go before symptoms of poisoning may develop. The time may vary

from minutes to hours after exposure before the cyanosis begins to develop. An empty stomach may hasten development of symptoms or bring out, so to speak, a latent case. Working in overheated buildings or in hot, humid temperatures always hastens symptoms. On many occasions, during the colder months, workers have been known to go home apparently symptom free; and then after being in a warm room, or sitting before a fire, suddenly begin to show signs of cyanosis.

TREATMENT

Any patient reporting to the plant physician with symptoms of aniline poisoning should, after direct questioning as to possible source, be immediately disrobed, and, if poisoning through the skin is suspected, sponged with a 5 per cent acetic acid solution, followed by a luke-warm shower bath. The acetic acid renders water soluble any dye present on the skin surface, and so facilitates its removal with the shower. A hot bath is to be definitely avoided, as this promotes peripheral circulation and would obviously enhance more rapid absorption of any dye already in the skin. After his bath, the patient should be put to bed, and his heart action and circulation should be checked and watched closely, especially if there is any evidence or suggestion of cardiac debility. Headache, if it is present, should be treated with cold packs. Coal tar analgesics are to be avoided. Air hunger is best treated with oxygen inhalations at 15 or 20 minute intervals. Severe cases of poisoning may be supported with 10 per cent glucose solution intravenously and therapeutic doses of camphor intramuscularly.

Metheline blue, intravenously, is contraindicated. There is no rationale for its use in cyanosis, and it is known that injected into the blood stream, it produces methemoglobin. The aniline poisoning has already produced enough blood destruction without introducing remedies which are also known to cause it.

Milk, in large quantities, has been given to aniline cases routinely at almost all plant hospitals. If it has any therapeutic value, its action is not known. In some cases it produces nausea and vomiting to add to the discomfort of the

patient. The calcium content of milk is believed to have some value in treatment.

As a substitute calcium lactate has been given. Its mechanism of action, if it has any value, is not known. At any rate, it will not hurt the patient. Dosages of five to ten grains every two or three hours are recommended. A saline cathartic on admission, diuretics, copious fluid intake, and liquid diet are instituted as routine procedures. Blood work and routine urine analysis should be done on all cases. Frequent checks are to be encouraged on severe cases and especially on those due to poisoning by the aromatic nitro compounds.

The patient should be kept in bed till all objective and subjective symptoms have disappeared. Nitro poisoning cases are slow in recovery, convalescence often lasting from days to two or three weeks.

PREVENTION

The ideal way to combat cyanosis is to prevent it by proper prophylactic methods. General preventive measures may be summarized as follows:

1. Distillation processes and the purifica-

tion and cooling of distillation products should be carried on in properly constructed stills, the apparatus and vessels being provided with facilities for the removal of injurious gases. All leaky or defective apparatus should be properly repaired and maintained.

2. Many processes involve exposure to chlorine, acids, sulphureted hydrogen gas, and other chemical agents, which should be guarded by enclosed apparatus and mechanical suction ventilation for the removal of toxic fumes and dust.

3. General ventilation of the establishment should be properly supervised and maintained.

4. Sweeping and cleaning should be done if possible by a vacuum system.

5. General and personal cleanliness of the workers is very essential. Frequent washing of the hands, especially before meals, and a bath with complete change of clothing on cessation of work should be insisted upon.

6. Proper, clean, and protective clothing should be provided for employees. They should be schooled in such measures as immediate change of clothing when it has been splashed with aniline.

PAYING FOR MEDICAL CARE

By C. RUFUS ROREM, Ph.D., C.P.A.,

Associate Director for Medical Services, Julius Rosenwald Fund, Chicago, Ill.

Abstract of an address before the Hudson County Medical Society in Jersey City, January 7, 1936.

The layman's interest in medical care arises from two facts: First, he is the man who receives all medical services; second, he is the man who pays for them.

As the recipient of medical services, the layman has a natural and fundamental interest in their being of high quality. The appraisal and control of quality must rest with medical practitioners and professionally trained persons. Suggestions or actions on the part of the layman or general public are unwise if they tend to lower the quality of medical care to individuals or groups or interfere unduly with practitioners or institutions providing the service.

As purchasers or financial supporters of medical care, the layman and general public have an interest in receiving the maximum in professional services for their money. They desire, on the one hand, to see professional services provided economically and efficiently, and on the other hand, to organize their own resources in the most effective manner.

COSTS OF MEDICAL CARE

The total costs of medical care are not too high. Probably they are not high enough when one considers the low average income of physicians, dentists, and nurses, or the high average expenditures for cosmetics, sweets, chewing

gum, tobacco, or pleasure automobiles. The average annual per capita expenditures in the United States for medical care, \$25.00 or \$30.00, are only 4 per cent of the average per capita income, and they are less than the average expenditures for many items less essential to health and life than medical services.

On the average, people of all economic groups have about the same amount of recorded sickness, except that illness undoubtedly occurs more frequently among families with incomes below a reasonable subsistence level.

On the average, people with the higher incomes receive more medical care, whether expressed in terms of doctors' calls, dental care, operations, hospital admissions, or private nursing. A great deal of medical service is distributed among the people according to their *incomes*, instead of according to their *needs*. The discrepancy is less with regard to physicians' services than other types of medical care; but well-to-do people receive, on the average, nearly three times as many doctors' "visits" as the wageearners, even when free services by doctors and clinics are included in the estimates.

On the average, the incomes of physicians, dentists, and nurses have not been too high. Even in 1929, scarcely half the doctors of medicine received net incomes exceeding \$300 per month. Doctors were idle during one-third of their potential working time, and there were greater amounts of unused time among nurses, dentists, and hospital facilities. At the same time, many people went without necessary medical, dental, nursing or hospital care. Moreover, the people in all economic groups were spending \$360,000,000 for secret formulas and medicines for self-medication, an amount equal to \$3,000 per year for each of the 120,000 physicians in private practice.

If people would budget their medical needs with the same willingness and adequacy as they budget payments for food, clothes, shelter, automobiles, radios, tobacco, cosmetics, or candy, there would be very little complaint about the costs of medical service.

Why don't the people budget their medical bills more generally?

BUDGETING FOR SICKNESS

The answer lies in the economic aspects of sickness costs, which make them different from the expenditures for ordinary economic commodities. Medical care has been traditionally regarded as an inherent right of every individual. Sickness costs are compulsory in nature, unpredictable as to time and amount, and they are not limited by the patient's intention or ability to pay. Moreover, medical care is a personal service, concerning which the buyer has no sound judgment, and which has no immediate exchange value to the recipient. These factors explain the difficulties in individual budgeting and the tendency to regard sickness costs as necessary evils rather than voluntary payments.

No one can tell when he will be sick or what his sickness will cost him (or someone else). Consequently, he cannot budget his sickness costs with reasonable accuracy for any one month, year, or even a life term. Some people escape with very low costs. Others face expenditures which may deplete or even greatly exceed a lifetime of savings.

A budgetable expenditure must be predictable. Average sickness costs can be predicted for a group of persons, but not for individual members of the group. If sickness costs are to be budgeted, this must be done by groups and not individuals. This means, of course, an application of the principle of insurance to the payment of the costs of medical services.

HEALTH INSURANCE

Health insurance is not a method of practicing medicine. It is a method of paying for medical care. There is nothing about the principle of group-budgeting for medical care that need interfere with free choice of doctor, high standards of medical service, or the efficient use of hospitals and medical facilities.

There are many practical experiments and demonstrations in health insurance in the United States. The King County Medical Society, Seattle, Washington, has enrolled more than 25,000 employed persons as subscribers to a health insurance plan with free choice among 300 physicians, including the President-Elect of the American Medical Association. A

private group of doctors in Los Angeles has enrolled 15,000 families for complete medical service by the year.

BUDGETING FOR HOSPITAL CARE

One of the most significant trends in group budgeting has been the rapid growth of hospital care insurance projects in upwards of sixty cities. This movement, which has been officially sponsored by the American Hospital Association and endorsed by the American College of Surgeons, deals only with the budgeting of hospital bills. The A. H. A., in establishing desirable principles for "group hospitalization", recommended emphasis on public welfare, non-profit sponsorship, dignified promotion and administration, and economic and actuarial soundness. The hospital bill is particularly suitable for the group budgeting principle, because it is relatively large, is attended by loss of income and other sickness costs, and comes at the end of sickness when a patient's resources may have been exhausted. Upwards of 300,000 subscribers have been enrolled at annual rates ranging from \$5.00 to \$12.00 per person. The New York City plan has reached 45,000 members; Cleveland has 18,000; Rochester, N. Y., 15,000; Dallas, 20,000; Washington, D. C., 16,000; Minneapolis and St. Paul, 12,000; New Orleans, 12,000. These figures do not include the partial coverage offered to the dependents of subscribers.

A person cannot budget an income unless he has it. Consequently, the health insurance principle is not applicable to the unemployed and indigent population. These people must receive medical care provided from public funds or private charity.

The doctor has always given freely of his services to people who could not pay. But the doctor's bill is less than one-third the total costs of medical care. The other medical practitioners and the institutions have not been able to render free services to the needy through application of the principle of the "sliding scale" of fees, except to slide it downwards, which, incidentally, is the only way it is applied by many physicians.

Strictly speaking, there is no better reason, except tradition, why the physician should pro-

vide his medical services than why grocers or landlords should provide his food and shelter. The responsibility for the care of the indigent rests with the community as a whole, and should be accepted.

COMMUNITY RESPONSIBILITY

America probably has the best trained professional personnel, and the most adequate medical facilities of any country in the world. The responsibility for maintaining high standards rests with the professional groups who reasonably expect that the patients and general public provide, in some way, adequate support for a good quality of medical services. The problem is not so much to *reduce* the costs of medical care, but to *pay the costs of good medical service*. The responsibility for paying the costs of medical care rests with the people. The costs should be met in whatever way gives the greatest certainty of adequate support to the professions, and the most adequate service to the people.

DISCUSSION

Joseph A. Visconti, M.D., LL.B., Hoboken, N. J.: The grumblings within our profession, the organized rumblings outside the profession, the many plans offered, and the innumerable experiments tried, are proof positive that there exists an urgent need for the equitable revision of the benefits and burdens connected with adequate medical care.

You have just listened to an outstanding summation of the medical economic facts and issues of today by one of the most competent representatives of a lay organization. As Dr. Rorem has indicated, the problem is not so much to reduce the cost of medical care, but to pay for the cost of good medical services.

It is admitted that the present system of medical practice is grade A, efficient, and above reproach as to quality.

The problem is not concerned with the *availability* of adequate medical service, for there is scarcely a person in these United States that cannot obtain adequate medical care, whether that person pays for it or not.

And so we have taken inventory and found that our chief fault lies in the *debit and credit*

system of medicine. It, therefore, logically follows that any remedy that may be suggested must necessarily be confined to this feature only.

Principle A of the A. M. A. enunciated principles states that no third party should be permitted to come between the doctor and patient in any medical relation. The Rosenwald Fund is apparently one such party within the meaning of this section. While it may be an interested party, it is neither the necessary nor the proper party in any medical relation.

But aside from this A. M. A. objection, nevertheless, judging Dr. Rorem's plan on the merits, fair comment compels me to say that it is fundamentally sound in principle and practice. It is adequate as far as it goes, but in my opinion it does not go far enough.

It trims the branches, but leaves the roots untouched. True, it does succeed in bringing adequate medical care within the reach of those who are willing to pay in accordance with their means; but it still leaves immune from payment the group that acts in bad faith, and won't pay as long as they can get free service,—the so-called chiselers. It is important for us to be able to put our finger on them and embarrass them into paying for their share of the medical benefits.

Gentlemen, group budgeting or group insurance is not new to us. Most plans offered today are based upon it. And strange as it may seem, the lodge practice system is a specific example of group insurance used in the past. For a predetermined sum of money, the lodge doctor provides services when and if the lodge member elects to call him.

INSURANCE BY MEDICAL SOCIETIES

If the insurance principle is applied by individual doctors, and by groups of doctors, why cannot it be applied by the State and County Medical Society as a joint undertaking. And that is precisely what I advocate.

Let the State Medical Society of New Jersey go boldly into the insurance business for the purpose of writing one line,—payment of medical services. Call it if you wish *The Mutual Insurance Company of The Medical Society of the State of New Jersey*, that other

states may copy. It is to be a non-profit company operating on the Group Insurance idea, similar to the one suggested by Dr. Rorem. It shall issue policy certificates at a minimum, reasonable rate, commensurate with the policyholder's means, or his guarantor. It shall typify the charitable spirit of the profession in making a great concession in fees in order to preserve the present high quality of medical practice.

Doctors will be enrolled as stockholders, and assessed for a maintenance fee. Their names shall be listed to the general panel, from which the policyholder may exercise his free choice of physician.

The maintenance fees shall be used for administration, and the equipment, and payment of a Social Service Bureau,—the real key to success of the plan.

The social workers of the Society shall be sent free of charge to every clinic dedicated to the care of indigents. It shall be their duty to investigate and weed out non-indigents, beside selling policies. Non-indigents will be shunted off to private practice where they belong.

Let us take a concrete case: John Doe comes to the office of Dr. Roe, if he is a policyholder; the name and number is taken, the patient treated and the bill rendered to the Medical Fund of the Society, and it is paid at the current established fee. If he is able to pay full fees, then by all means charge and collect it, even to the part of legal enforcement.

If he can pay a minimum fee, but is in good faith, invite him to be a policyholder, and refer him to our social service department.

If he is of the bad faith, chiseler group, that does not believe in paying as long as he can get away with it, then refer him to the social service for further investigation, and possible enrollment as a policyholder.

THE INDIGENTS

A word or two about the indigent care. The moment you speak of transferring the care of indigents from the shoulder of the medical profession to the State, you are opening the door to state medicine. Under the plan out-

lined, we can afford to underwrite and care for the indigents.

Of course, if indigent care swells up to the point that the insurance fund of the Medical Society becomes insolvent, then it is time for State Medicine anyway, whether we like it or not.

In conclusion, may I take this opportunity to say this, from a standpoint of a doctor practicing ten years, a member of the New Jersey Bar, and a former assistant to the Superintendent of Accident and Health Underwriting Department of a large insurance company. I attended the hearings on the physicians' lien law; I also was present when the

Governor of this State signed the bill in the presence of the representatives of the Bar Association, and the Medical Society. As you know, the lawyers spoke against the bill, and the doctors for it. As a relatively young practitioner who has learned to appreciate and respect the counsels of my older peers, I was very much impressed by the leadership qualities of the present state medical representatives. I was proud of them, and I am sure, if you were there, you would be proud too. I am perfectly willing to stake my medical future in the hands of these worthy trustees. Give to this type of men the opportunity, and New Jersey will write another page in the history of medical progress.

THE USE OF BENZEDRINE IN THE EUSTACHIAN TUBE AND MIDDLE EAR WITH APPARATUS FOR APPLICATION

By EARL LEROY WOOD, M.D., M.Sc. (Med.), F.A.C.S., Newark, N. J.

Presented before the Eye, Ear, Nose and Throat Section of the Annual Meeting of The Medical Society of New Jersey on May 2, 1935, in Atlantic City

Otologists have long recognized the necessity and desirability of treating the eustachian tube in varied conditions. The majority of such treatments have been mechanical, although numerous medicaments have been applied locally. This has been accomplished directly by means of applicators or by blowing liquids into the tube through an eustachian catheter.

Solutions, due to many obvious disadvantages, have not continued in wide use and have been abandoned in favor of vapors which are blown into the eustachian tube to inflate both it and the middle ear. Vapors of iodine, ether, chloroform, menthol, camphor, etc., have been used sometimes in heated air. The actions of these vapors on the living mucosa have been, for the most part, to increase the vascularity of the part treated.

Until recently no vapor was available which was capable of decreasing the congestion of the lining of the eustachian tube and middle ear. The vapor of benzyl methyl carbinamine (benzedrine N. N. R.) has been shown to have a shrinking and decongesting action on the

nasal mucosa. The same action might reasonably be expected in the lining of the eustachian tube.

With this in mind, adaptors were made to fit the benzedrine inhaler on to a standard eustachian catheter so that the vapor could be easily introduced into the eustachian tube.

Using these attachments, a clinical trial of benzedrine vapor in the eustachian tube and middle ear was made with a large number of patients. It was found that the presence of benzedrine vapor caused no discomfort and increased and augmented the distending action of air alone. Benzedrine vapor, therefore, is suggested as a therapeutic adjunct for those cases where inflation by means of an eustachian catheter is indicated to increase or maintain the patency of the eustachian tube.

For general office use in common nasal conditions, the inhaler can be used with the air supply attachment for blowing benzedrine vapor into the nostril.

172 Roseville Avenue

FUNCTIONS OF THE ACADEMY OF MEDICINE

By MAX DANZIS, M.D.

President of the Academy of Medicine of Northern New Jersey, and presiding at the 25th Anniversary of its founding.

There seems to be some confusion in the minds of the lay public as to the functions of the Academy of Medicine of Northern New Jersey. The Academy was not organized for the purpose of advancing the economic interest of the doctors. It has no political aspirations. It does not foster special group interest. It does not represent any limited or privileged medical specialty.

The Academy is purely an educational institution whose main object is the advancement of the art and science of medicine. It is not an exclusive organization. It makes no attempt to establish an aristocracy of learning. On the contrary, it exerts all its efforts toward a diffusion of medical knowledge among the medical profession. Every ethical practitioner who is a true devotee to the healing art may come and enjoy all the educational advantages which the Academy has to offer. Membership is not a necessary requirement for the admittance to the lectures or the library. Our doors are wide open to every practitioner of medicine, and to medical students and allied professions.

Through its section meetings, clinical demonstrations, and our stated monthly meetings, which are usually addressed by our foremost medical men, the profession is kept in touch with all local hospital activities and the general medical progress. Our Academy is similar to other educational institutions which are established for the purpose of disseminating specialized and higher learning.

Rapid change is a normal condition in the life of modern society. Institutions continue to undergo adaptations to new environment. Medicine, one of the most progressive professions, must keep pace with this rapid progress. A static medical group deprived of the stimulating advances made in the large medical educational centers without the advantages of a

continuous post-graduate medical education is no asset to any community.

An institution for the advancement of medical knowledge contributes in a very large measure to the welfare of a community. The knowledge that the physicians gain from being affiliated with such an institution is not stored up within themselves as a personal accomplishment, but it is given in return to the public in terms of more efficient medical service, so that in the last analysis the public is the gainer.

With this point in mind, a little over twenty-five years ago, a group of physicians, realizing the importance of such an institution to the profession and the community, devoted themselves toward its development. It had a very humble beginning. Some were even skeptical of its ultimate attainment. Only through the enthusiastic efforts of the early sponsors of this undertaking and the subsequent response of the general profession and a few friendly laymen, the Academy attained its present position in the community.

Time does not permit to enumerate the names of all who were very active in the development of the Academy. We are fortunate in still having with us most of these men who have served either as Presidents or members of the Board of Trustees, to whom the profession should be very grateful for their efforts.

We are particularly grateful in having with us a man who served as our first President and whose activities on behalf of the Academy extend over a period of twenty-five years. His contributions to the Academy consisted not only in the numerous scientific addresses and case presentations, but also in many other benefactions. He will tell you something about the early history of the Academy.

It is with profound feeling of reverence and pleasure that I introduce to you, Dr. Edward J. Ill.

OBJECTIVES OF THE FOUNDERS OF THE ACADEMY

By EDWARD J. ILL, M.D., Newark, N. J.

First President of the Academy of Medicine of Northern New Jersey

An Address at the Twenty-fifth Anniversary Meeting of the Academy

Having been the first President of the Academy, I am glad to be here on this twenty-fifth anniversary of our existence. We have gone through times both good and hard, always with courage, enthusiasm, and progress.

It may interest you to know what the interests of the Society were and what was in our minds at the time of its founding. It was to be an educational institution for all who had anything medical to say. It was to be an institution of mutual instructions. It was organized on the basis of a democratic spirit. Every physician of good standing was invited and urged to become a fellow; every fellow was received on an equal basis; and only men of superiority and fidelity in the institution were to be awarded special honors. Every fellow had a right to say, "I am here, because of my rightful professional standing." Thus, every member may be proud of his fellowship with the other four hundred. We have fifteen thousand volumes in our library, and more constantly coming in; and last but not least is the efficient manner in which this library of ours is managed. May I say right here, that those who are using the library are ever increasing in number. May I also say that we

soon hope to make such an arrangement that the library will go not only to the fellows but to the general public.

The history of medicine affords much of interest, for it is the history of our race. It is just one hundred years ago that eleven men in Essex County, members of our profession, gathered in Newark to organize the Medical Society of Essex County. They came together for mutual education. They understood that they sought to improve and promote the welfare of the profession; but more than that it was their purpose to educate the public in the prevention of disease and the preservation of health. We still stand for all that. During the twenty-five years of its life, the Academy has been honored by the most prominent men of our profession in the country. Not only did we learn much from that source, but they were accorded respect and loyalty at their addresses. I trust that I have made myself clear to you. Let me repeat that the aims of the Academy are entirely organized for the common good and that we have not spared any sacrifice. As the oldest President of the Academy, I want to thank you for coming this evening, and I want to extend a welcome to all of you.

THE ACADEMY OF MEDICINE AS AN EDUCATIONAL FORCE IN THE COMMUNITY

By DR. FRANK KINGDON,

President of the University of Newark

An Address delivered at the Twenty-fifth Anniversary of the Academy of Medicine of Northern New Jersey, March 19th, 1936. A transcript of the stenotype notes of the address.

It is, I suppose, natural that a man should stand with some diffidence before an audience of this kind to discuss matters closely related to the profession of the people whom he is addressing; and yet, I wonder whether all of us do not profit from an interpretation of our own work by somebody who is not as closely identified with that work as we are ourselves.

Medicine has made its own place in the

community. It has a long and honorable history, as Dr. Ill has suggested; and yet, I suppose, it has never stood higher in the mind of the community than it stands at the time in which we are now living. And so, realizing that I am addressing a profession that has established itself in the total structure of the community life, and that I have no expert advice of interpretation to bring to you, I still

do want to talk to you about some of the aspects of your professional life particularly centered in the Academy.

OBLIGATIONS OF A PROFESSION

As I see it, it is an extraordinarily embarrassing thing to belong to a profession. One can have a trade of the ordinary kind of work that goes on in the community without that position entailing any particular obligations either upon the individual or in the eyes of the community; but the minute that one enters one of the recognized professions, there is an extra obligation laid upon him.

As I see it, every man who belongs to what is known specifically as a profession finds himself in a three-fold relationship to it: he is a practitioner, he is also a learner, and he is also an educator. Of necessity, a man practicing a profession must face those three aspects of his relationship to it. It is quite possible that some men within the profession may specialize in some one of these attitudes—a doctor, for example, may be primarily a practitioner; he may be primarily a learner, primarily a research man; or he may be primarily a teacher. But he won't succeed adequately in any one of these specialized aspects of the profession unless he is at least conscious of the other two aspects. So that, I should say, that a well-rounded man in any profession must include the three aspects in his own experience.

I suppose that the practitioner is the man who applies acquired skill to the specific case which he is treating. The man who devotes most of his time to meeting particular instances of physical affliction, in one way or another, is a practitioner; and yet, even while he is practicing, he is learning.

Surely there is no field in which more complex and more comprehensive strides are being made than in your profession; and, if a man is going to be an effective practitioner, he certainly must belong to the great group of those who are still learning. It would be rather disastrous, no matter how limited a man's resources might be, if he should go through his whole career as a practitioner without keeping in touch with the newer trends and newer

interpretations. It isn't easy to be a learner. There is a certain flexibility that is involved in learning that I think very few people really achieve. Most of us are apt to read a good deal; but we read critically rather than humbly. It may be that, out of our critical reading, there are some ideas that manage to get through; but, on the whole, I think we come to most of our reading with the attitude of criticism rather than the attitude of assimilation, and to our work in much the same sort of way; and yet the very attitude that becomes simply critical is necessarily an attitude that limits our own usefulness.

Just as a man cannot practice without learning, he can't practice without educating; for, every time he meets a patient, that patient gathers some information from him. The patient will learn to know himself better or know the kind of conditions he has to face better. Whether a doctor is conscious of it or not, he is imparting information, a deeper understanding, to the people whom he is serving, even though he be one of those silent doctors who do not say very much. The mere attitude of the doctor, even in silence, can have certain impressions, as there is the normal influence that comes from the impact of any human personality upon another personality; but that is heightened when there comes the person particularly skilled to meet a crisis. That person leaves a deposit in the mind and experience of the person to whom he is talking; so that the practitioner is an educator and a learner as well.

SCIENCE IS COSMOPOLITAN

We have rather an inadequate view of our own professional existence. This business of learning and educating can not possibly be carried to its fullest extent without the community; and that is why I think a profession needs very definitely to develop that double sense of the community—the sense of interest of the profession, and the sense of the whole community of which the profession is itself a part. In a world that has grown up and found a good many divisions and magnified divisions, in a world that is now thinking of that division and in terms of racial divisions

that are being heightened to an extraordinary degree, it is beginning to be realized that there is one approach to human experience that has never bowed before the tendency to divide men into professional groups, and that is the scientific attitude.

A scientific truth belongs to all men everywhere. The minute any scientist has discovered anything which throws more light upon the nature of the universe, he doesn't say that he has discovered a British truth, an American truth, or a French truth, or a Russian truth. He has discovered a truth; and that truth, by its very nature, belongs to all mankind. There is a kingdom of the mind, so to speak, that is as wide as our human brotherhood; and the minute that a mind finds new sparks of interest and points of light, those new points belong to the whole family of mankind, since, by its very nature, it cannot be provincial. And I think those who are interpreting life in the scientific attitude cannot hope to come to their own major insights save they become a part, very definitely, of the community,—the community of their own profession and the community in which the profession is doing its work. And that is why it is essential to have an organization like the Academy of Medicine, where men who are interested in one approach to human experience may come together and share in the learning—the insights which they have attained.

I sometimes think that there is a four-fold way to truth that each of us, no matter what our profession may be, must work, if we are going to come to the fullest possible truth for ourselves. You can't get through without action. After all, man began by pitting his strength against the world; and it was out of doing, that learning came; and at the very basis of learning, even now, with all the intellectual machinery we have been able to build, at the basis of learning, still there is action. No man really knows the world who has not come to grips with the world, who has not understood the resistance of the world and adjusted himself to it in some way to gain a clearer insight into his relationship with the world. He must meet and master action; and action must be supplemented by education.

VALUE OF REFLECTION

The quiet thinking a man does in his own spirit, I suppose, is one of the heritages of the human race. There has been a time when men have been able to walk alone—till the fields alone—the great moments of solitariness. These have been moments when men in spirit have grown. Out of these moments of solitariness have come the great hypotheses, the great formulae, the great poems, which have become such a rich part of the heritage of the race. And yet, those minds have to be supplemented by books—the impact of great minds as they have become incorporated into books. I don't think any man lives, in these days, the kind of comprehensive life he should be living, unless he knows how to take great books, how to make the thoughts of the ages his own thoughts. Unless a man has learned how to make the voice of the ages speak, there is something lacking in his experience.

INFLUENCE OF CONVERSATION

But beyond all this, in addition to all this, there is still a further road to learning; and that is the way of conversation. I don't think it is true to say that a man can come to the highest insight into experience through action and through meditation, and through reading alone, unless there is a certain vivid play of mind on mind that comes out of personal contact, out of direct conversation—a certain balancing of opinions, sharpening of opinions, that comes out of the direct exchange of thoughts. The direct striking of steel on steel is the thing that produces the spark; and the striking of mind upon mind is the thing that quickens the whole mental outlook. Men need not only the fellowship of good books but the fellowship of their own fellow practitioners—where the fellowship of learning becomes a fraternity of those who are still learning and who, in that learning process, share one another's thoughts and find one another inspired with spirit upon spirit and mind upon mind. Within any profession, as far as it is possible, any member of the profession is better fitted to do the kind of work he has to do if he has learned how to give and take in the exchange and reception of information concerning his

work; and that profession, by the very ferment of the play of mind upon mind, does become an educational force in the community. It may be intangible in its community effects; and yet the mere fact that there is a ferment of opinion being created within a given profession is bound to communicate itself by the subtle processes of the mind until it becomes a part of the community thinking.

THE ACADEMY OF PLATO

I am very happy to know that you are using the word "academy". There is no word that seems to me to lie closer to the kind of intellectual spirit than the word "academy". In old Athens, when Athens was just alive with the intellectual awakening of the fifth century B. C., there was founded the Academy of Plato. Now, there it was in the city, alive with political interest, aesthetic interest, artistic interest of all kinds. Here in the center of the city of Athens was established the academy. What was the academy? Just a place where the mature and fine spirit of Plato might catch into the mysteries of his own charged inspiration the spirit of like-minded boys who came to the city to sit at his feet and think of the great problems that were facing the world at the time. Here was an academy in the middle of Athens; but it was an academy that was filtrating its sparks throughout Athens so that there was not a speck of Athenian life that was not touched by the intellectual excitement created at the academy.

We cannot do the kind of thing that Plato did. Our field of knowledge has become too wide. We can't get up in the morning in one place and say, "Here all men who have intellectual interests shall come together." That can't be done. The field of knowledge is too widely dispersed in these days when we have accumulated so much information concerning our world. And, therefore, the little academy, like that of Athens, must be established within each profession. Instead of being an academy for the total community in the Athenian sense—that can no longer be—it may become an academy for the group, the professional community having its academy—and that academy

will become a total part of the community life as the academy of Plato was able to communicate itself in intellectual terms to the community of which it was a part.

PERENNIAL INTEREST

A profession is itself a life with its own interest; and that interest, necessarily communicating itself to the community, bound even though intangibly, to make it work, is a vital force in the community; and it will keep the whole profession from being ossified in its own dogmas. There is always a danger of that. You have certain great principles laid down. If you are not careful, life becomes routine; practice becomes routine. You are taking a rule and working by it, until that rule has become a fixed and set old dogma in your mind; and your practice becomes nothing more than the habitual application of that particular dogma.

Nothing worse can happen to any profession. If there is going to be a veritable vitality in the kind of work we do, arising out of a true interest in the inner nature of anything we are doing, that must come out of this free exchange of opinion—this free play of mind on mind—the sense of the total community that lifts the whole thought of any group out of the level of the routine, and gives it a setting of vitality that makes it an electric force in the community life.

INTER-RELATIONS OF THE MENTAL AND THE PHYSICAL

"Well," you say, "what is there when you get this kind of a background—what do we have to tell the community?" There is some very definite thing. I think that, in the first place, somebody does have to stand up in the community to insist upon the meaning of health itself. We know a great deal about health in a general way; but there is a closer connection of physical health to the total well-being that I think has not yet become a part of the common thinking of our people. There can be no question, in anyone's mind, that intellectual interest is to a very large extent conditioned upon one's physical well-being. The precisions of the mind and the spirit are conditioned to

a very great extent upon the physical vitality that stands back of them.

I know you will immediately say that that is not always true. You think of a man like Stevenson, who, out of great physical difficulties, had been able to do remarkable pieces of work. It sometimes works that way, as a sense of compensation against a physical handicap; but, seeing life at a normal level—not at the abnormal—it is definitely true, I think, that physical vitality radiates into, and warms and enlightens the total ability of the whole personality; and the person who is in a position to see that more clearly than any other, is the doctor.

RADIATION OF HEALTH

There is a new interpretation of this whole idea of the radiation of health itself, which, I think, still needs to be proclaimed in an expert way, until the public has come to realize it and it has become a part of the common thinking of our people. There are also the many fields of public health. We have created many of them in the community. We have the public health wards and clinics and public health officials. But the whole meaning of public health, the sense of a great, vibrant, healthy community, in which there is a definite thought, is still incomplete; and the definite wooing, the definite creating of a community in which health shall prosper, has not yet become a great inspiring part of our community idealism. And it seems to me that the men who understand best the relationship between public welfare and general good health should be the men who, in new ways—continuously new ways—should be interpreting this whole field of public health to the community.

BREADTH OF THE HOSPITAL'S INFLUENCE

Then there is a matter in which I am personally interested because of my interest in welfare work itself—and that is in the whole field of hospitalization. Our communities have no conception—as you get down to the rank and file—no conception of the meaning of a hospital. To them it is merely a place to which people go when they are ill, a place to which some may go and get charitable care. They

think of health in terms of sickness or as some clinical establishment; and, at that point, the hospital ceases in the public mind.

The hospital is a great experimental station. It is a place where human needs are analyzed, and devices are perfected for those who need it. The hospital is a great leverage of an experimental approach to human experience that has not at all become a part of the community thinking. When we get into places where we have to talk to members of the community about the hospital, we still have to talk to them in terms of the free work that the hospital does. We haven't aroused the public mind to the point where it can see the hospital in this larger scientific setting which, it seems to me, after all, is the longer view of human needs and welfare. This is the chief glory of the hospital. The hospital is great, not because it does good here and there, although that is all valuable work, but it is supremely great because, in the doing of the good, it is finding new approaches, a new understanding of the ills that trouble mankind; so that, out of that new understanding, there will come the newer devices that will alleviate those ills—and possibly prevent them—in the days that are ahead; and I think that out of that same kind of fellowship there can come a greater confidence of the community for the profession itself.

MEDICINE IN COMMUNITY PROBLEMS

Basically, your welfare rests upon the confidence of the community in you as a profession. It isn't enough that they may have confidence in you as doctors. It seems to me that the academy represents a fellowship of professional people that has the opportunity to help create in the community a wise and well-buttressed confidence on the part of the community in the profession as a whole. I think those are very specific things; and so I want to indicate to you, from an outsider's point of view, some of the emphases I feel the community needs from men who have the particular skill and point of view you have.

Now, there are other fields about which I should like to talk to you for a moment that have arisen out of your own work and that ought to be changing some of your thought.

I know it is difficult for men who are busily involved to take the time to think about some of the social philosophies, of the philosophies of all kinds that lie in the background of their own work; and yet I don't think we get a full rounded picture, unless we do have some of these great and piercing questions moving in the background of our thinking. I should like to suggest to you some of the problems which you, as medical men, should think about. Because you have so very successfully benefited the community, you ought to continue to help the community to solve many problems because of your particular understanding of the basic interests that underlie these problems. For example, there is the problem of old age in the United States of America.

THE PROBLEMS OF OLD AGE

It is a curious fact that we have been priding ourselves on the fact that we have been able to prolong life. The age limit of the average American has been jumping high by leaps and bounds; and that is a very great achievement; and we have been priding ourselves on it. But we have reached the point where we now, because we have made that possible, have more old people in proportion to our population than we have ever had before. We have a vast army of old people—precisely at the time when the industrial processes have no use for old people—when industry can not use old people. In other words, out of the scientific triumph in prolonging human life, combined with the speeding up of production itself, these two have worked to create a problem of old people and they are here.

What are we going to do about them? It is primarily your problem. It has come out of the very skills you have developed; and those skills are praiseworthy in terms of the prolonging of human life. You have done a piece of work that is simply beyond praise. Nevertheless out of that very fine approach to experience, there has been created this problem; and I think that we should look to you—and to all men who pride themselves upon their intellectual training and upon their understanding of our society—to solve this very great prob-

lem which is going to be more and more important. I feel that it is a part of the responsibility of your profession, as a part of the great fraternity of intelligent men across the country, to help solve the problem.

THE PROBLEM OF SOCIAL CONDITIONS

And then, I think there is a very definite problem, even more difficult than that problem of old age, and that is the problem of the social conditions. I suppose you do not need to be told at all that a great deal of the ills that come to men come to them because of facts in their environment that make those ills almost directly possible, forces in play about them—bad housing and insanitary conditions, inadequate clothing, malnutrition, and all that sort of thing—result in all kinds of disease that an individual has to face; and I think that we have to beat them in the best way we can possibly beat them. I am not suggesting that the medical profession should turn itself into a great corps of social reformers; but I am suggesting that, because here is a whole body of facts that by their very nature you know and can interpret in an expert scientific and skilled way to the community better than any other group, because these facts are here, this is an area in which the fulfillment of your own approach to human life should be carried; and it should be an area in which you should find some sense of a definite contribution to the community thinking.

THE PROBLEM OF HUMANITY

Now, to get off to another kind of problem that I think is stirring a good deal in the minds of men—not only in the minds of those easily swayed, but in the minds of those thinking about the very nature of humanity itself: All of you, I am sure, have discovered and have made it a part of your own practice to include the fact that mental attitude has a good deal to do with the healing results of the particular method you employ, and that a patient who has the right kind of mental mood is aided more than the patient in a bad mental mood; and the attitude of the mind of the patient is almost decisive in the curing of certain cases. This is a dangerous realm and there are a

great many people being misled in this field by people who either for religious or other reasons are willing to bring that fact to the point where it may become the major fact in the situation. In that realm there lies a whole new understanding of some of the basic forces in human experience. I am sure that most of you have read Dr. Carrell's book, "Man, the Unknown". After all, that was the problem with which he was struggling. He has recognized by the very contact he has had with human beings, in their moments of stress and strain, that there is another force resident in human nature that plays into human experience side by side with the more critical one. If we enlist the resources of these other aspects, then the healer is doubly reinforced. Not only has he his own skill, but he has this extra resource of the personality.

I don't pretend to know where that is going to lead us. I do believe, very definitely, that it is a suggestion of human experience that we have not yet begun to touch in an adequate way. I think man is a good deal more than we have ever allowed him to be, or than we have ever conceived him to be in our own thinking. Every once in a while, these latent resources of the personality give us a hint of their existence. We have never been quite willing to follow those hints right through. I am not asking you to become mystics or followers of black magic; but I am suggesting that, in the normal processes of your practice, there is a real area of research which may have in it—nobody knows, I am not asserting that it has—but which may have boundless possibilities in the ultimate emancipation of man from some of the tyrannies and some of the weaknesses which have, until now, beset him; and I should like to tell those in the medical profession of the insights these experiences may bring.

INCREASING IMPORTANCE OF THE PHYSICIAN

Now, the only other thing I want to say is that sometimes we think that, as medicine progresses, the doctor will become himself progressively less important in society; that he will wipe out the necessity of his own existence, as the medical profession becomes more

and more skilled in the creating of conditions of life; meeting each trouble of life, it will free life from the threats of health and will become less and less necessary to men. At first flush, I think that has rather a plausible sound; but it isn't true, because I think it is a fact that we have not fully realized that the extra complexities of our civilization have made it hard for the human animal to adjust himself to this world. We are living in a world for which, in terms biological, we are entirely unfitted; and, only comparatively a few generations ago, we were living in an entirely different environment. Our organisms were developed to meet an entirely different environment. We have gotten into an age of speed and noise. We have moved into an age of cramped quarters, into an age of impure air that is too foreign to our biological heritage; so that, as civilization becomes more and more complex, the human organism has great difficulty in adjusting itself to these extra complexities; and, instead of disease becoming less and less, it really becomes more and more, because of the difficulties of the organism adjustment. I think that is all I am going to say to you on that subject. There will be an extra need for healers who will be able to adjust the mentally maladjusted and adjust the physically maladjusted in the various aspects of experience.

Your profession is not likely to be less necessary as civilization goes on. It is likely to be more important than it has been and I should like to make a plea for a flexibility in your approach to your work which will save you from dogmatisms, that will make tyrannies the servants of your fingers; and that flexibility will itself be served as you keep alive a vital fellowship among yourselves, which means a free exchange of opinion, the play upon play of spirit on spirit, that comes from close contact, which will do much toward enlarging the borders of interest and toward wider and more comprehensive definitions of the work you have to do.

It has been a very great pleasure to share in this twenty-fifth anniversary and I only hope that Dr. Ill and I will both be here when you celebrate your fiftieth anniversary.

POST-OPERATIVE COMPLICATIONS

By THOMAS H. RUSSELL, M.D., F.A.C.S., New York City

Read before the Bergen County Medical Society, November 12, 1935

To three comparatively recent advances in **medicine we are** indebted for a marked diminution in post-operative complications. These are:

1. Blood Chemistry—What can be learned from a careful chemical analysis of the blood.
2. Newly-discovered Anesthetics — A greater variety of anesthetics from which to select the most appropriate one for a given operation.
3. Transfusion—The use of whole blood before or immediately following operation.

BLOOD CHEMISTRY

Only very recently have we learned the value of studying blood chemistry. It aids us especially in learning the non-protein nitrogen (the N.P.N.) content of the blood, the amount of blood sugar, and the chloride content.

In normal blood the non-protein nitrogen is about 35 mg. to 100 cc. of blood. When this is markedly increased, as is frequently seen in patients who are dehydrated and who have been vomiting for several days, a major operation becomes a very serious matter unless the N.P.N. is reduced by giving large amounts of fluids containing chlorides, such as are found in saline solution, with the addition of glucose, either by hypodermoclysis or intravenously. If the patient's condition does not require an immediate operation, naturally it should be postponed until the N.P.N. can be brought within a reasonable margin of safety.

It is surprising what a marked improvement in such cases can be obtained in 24 hours by giving 1500 cc. of 3 per cent glucose in saline by hypodermoclysis night and morning.

Satisfactory results can be accomplished by giving the same treatment to a patient whose chlorides are substantially reduced.

Where there is a high blood sugar saline with the addition of sufficient dosage of insulin frequently brings the hopeless diabetic within the margin of safety.

ANESTHETICS

Twenty-five years ago, ether, rarely chloroform, was generally used for anesthesia in all major operations. Today, we use a comparatively small amount of ether and practically no chloroform. Instead, we have nitrous oxide gas combined with oxygen, ethylene, and cyclo propane for inhalation anesthesia to be used with or without small amounts of ether. Avertin to be administered by the rectum, and novocain to be used by infiltration, or intraspinaly, commonly called spinal anesthesia. The latter, namely spinal anesthesia, is rapidly becoming popular with surgeons who have become experienced in the technic of administering it. There is no question in my mind that spinal anesthesia, in the hands of one experienced in its use, makes the post-operative recovery much smoother than many of the other means of anesthesia. This is especially true of operations in the upper abdomen.

From one of these, an anesthetic can be selected to be used alone, or combined with some other to be used with safety, whereas others may prove to be very dangerous. Therefore the choice of an anesthetic for a given case is a very important question to decide.

It is interesting to note the number of operations, such as incarcerated or strangulated herniae, and operations upon the thyroid gland, that can be and are being performed with simple infiltration of novocain in one per cent and two per cent solution with absolute comfort to the patient and ease for the surgeon. A small dose of Morphine one-sixth to one-fourth grain, with 1/150 grain of scopolamine, given forty-five minutes before the operation, is of great service.

BLOOD TRANSFUSION

Blood transfusion, the third and by no means the least advancement, has perhaps lessened the incidence of post-operative complications more than either of the former.

It is not in the scope of this paper to dis-

cuss the value of transfusion in preparing patients for operation, where its value cannot be over-estimated, but rather to emphasize the value of giving transfusions immediately after operations to avoid shock, haemorrhage, and numerous other complications which are likely to arise in a patient whose resistance is so low that complications cannot be avoided. I have special reference to anemia, seen in women who have been bleeding excessively from tumors of the uterus. I make it a rule to give a transfusion of blood to all cases who require hysterectomy and whose hemoglobin is below 60 per cent.

NERVOUS CONDITIONS

In addition to careful consideration of the above factors, it stands to reason that a routine physical examination, with particular attention to the circulatory, respiratory, and nervous systems, must always be made. I need not detain you in stressing the importance of a careful examination of the heart, lungs, and kidneys, but I would like to explain why I mention examination of the nervous system. I have noticed, particularly during the past few years, times when no one seems to be free from the financial burden brought about by great losses and mental strain produced by trying to keep intact what little is left, that most unusual complications, heretofore not sufficiently emphasized, arise. These symptoms are nervousness, sleeplessness, and excessive mental and physical fatigue, chiefly mental, associated with mild gastro-intestinal symptoms,—all of which the patient attributes to the physical condition which demands operation, but which we know is not dependent upon the disease.

Time does not permit me to go further into detail in describing the symptoms except to call your attention to the fact that in these cases, frequently two to four weeks' vacation for those who can afford it, before undergoing an operation, is well worth while.

In spite of all that can be done from a prophylactic standpoint,—no matter how careful one can be in checking up before advising an operation, certain complications will arise.

My object in addressing you tonight is to

refresh your memory with the more common post-operative complications and to suggest appropriate treatment.

PULMONARY COMPLICATIONS

Atelectasis—"Mastics has expressed the belief that atelectasis, or partial collapse of the lung, comprises approximately 70 per cent of all the post-operative pulmonary complications." This figure seems high, but no doubt if careful physical examinations by competent medical men were made in all cases presenting pulmonary symptoms, the percentage would be much higher than generally thought to be. If all cases were studied radiologically, it would also show many cases otherwise unrecognized. It must be remembered that this condition usually arises during the first twelve hours following an operation, hence the inadvisability of suggesting x-ray examination in all cases. Fortunately most hospitals are equipped with portable machines which permits x-ray studies to be made with little or no risk to the patient. Gray states that atelectasis occurs three times as frequently in men as in women. The symptoms may be mild or severe, depending upon the amount of lung involved. Pain likewise may be absent or severe, but there is usually a sensation of tightness in the chest, dyspnea, some cyanosis with sudden elevation of pulse, temperature and respiration. There is usually associated cough which is at first non-productive, and which gradually becomes very productive. X-ray does not show the affected lung to be pulled away from the chest wall as one would suppose. It usually shows displacement of the mediastinal structures towards the affected side, with some immobility of the diaphragm and increase in density of the lung. No doubt, many such cases are diagnosed as pneumonia, which condition may later develop as a complication of atelectasis.

Dr. John F. Erdmann has in a recent paper on this subject called attention to the frequency of "bronchorhea of a purulent type". I wonder if this is not a mild atelectasis. It is characterized by the same early symptoms, with temperature from 102 to 105 lasting two or three days and terminating with expectora-

tion of large quantities of thick, yellow tenacious sputum.

The treatment consists, when recognized early, of placing the patient on the unaffected side and suddenly giving a sharp slap on the side of the affected lung. This is done with the idea of dislodging a plug of mucus from the bronchus which is thought to be the cause of the collapse. I have never seen any result from this other than upsetting a very ill patient. Administration of carbon dioxide is also advised to promote deep breathing with the idea of dislodging the mucus plugs. I have always feared this might cause the patient to pull the mucus plugs in deeper. I usually encourage the patient to breathe deeply, lying on the unaffected side, and if pneumonia does not develop, recovery always takes place. Bronchoscopy with aspiration of the mucus plugs may be tried as a last resort, although I have never found it necessary. The usual picture of pneumonia is entirely different.

Pulmonary embolism and infarction are fortunately rare complications. When they occur, they usually appear in patients who have made most uneventful post-operative recoveries until about the sixth to eighth day. The patient suddenly goes into collapse, becomes cyanosed and pulseless, and dies before anything can be done.

GASTRO-INTESTINAL

Dilatation—Post-operative gastric dilatation is perhaps the most frequent gastro-intestinal symptom seen. Two to three days after the operation, the patient begins to act as though the stomach were overflowing. Mouthfuls of green or blackish material are expectorated. If appropriate treatment is not begun immediately, large amounts of the same material are vomited. The facies become pinched, the eyes sunken, pulse rate increased, and distention of the upper abdomen becomes marked. The stomach is enlarged and tympanitic as revealed by percussion and auscultation. Great thirst is present.

Treatment consists in gastric lavage by means of the Levine or Jutte tube passed through the nose. The patient should be sitting in an almost erect position, supported by

elevation of the head of the bed. The tube is passed easily if a small amount 2 per cent cocain solution is previously sprayed in the nostril and water is allowed to be swallowed by means of a glass tube extending from the mouth to a container while the tube is being passed.

The tube may be left in, if necessary, for days until the stomach contents become normal. Fluids may be administered by mouth as long as the tube is kept open, and, as there is improvement, the tube may be pinched for increasing intervals to allow some absorption of the fluids taken.

Tympanites—Post-operative gas pains are treated similarly with the addition of enemata or saline colonic irrigations. At St. Francis Hospital, I have learned from the nuns the value of ice packs, applied by means of four large ice bags, two on each side of the abdomen, extending from the ribs to the pelvis. The abdomen and ice bags are surrounded by a cloth to hold the ice bags in position. These are used especially in patients who have been operated upon for peritonitis. These patients appear much more comfortable, do not have as high temperatures, and require less morphine. I believe the mortality rate is also reduced by this treatment.

Ileus is a complication which is always a serious one. There are two types which must be differentiated early.

The paralytic type, which manifests itself by abdominal distention, absence of peristalsis, constant pain which usually is mild in degree, nausea and vomiting, and inability to expel gas and feces by rectum without enemata or irrigations. The temperature usually is slightly elevated and pulse rate increased. Auscultation of the abdomen reveals the absence of normal peristalsis, and if the ear is placed on one side of the abdomen and the other side tapped with the hand, a succussion splash is heard which is typical of obstruction. The sound thus produced is due to an excessive amount of gas and fluid in distended loops of the intestine. As the condition progresses, jejunal contents are washed from the stomach and the temperature becomes elevated and pulse rate increased.

In paralytic ileus, colonic irrigations return colored with feces, usually yellow in color and very foul.

In mechanical obstruction, pain is sudden and more severe and cramp-like. Peristalsis is visible and audible. Colonic irrigations return clear after the bowel distal to the obstruction is washed clear. The temperature and pulse rate are normal if they were not increased before the obstruction took place. The same succussion splash is heard but not generalized all over the abdomen as is found in paralytic ileus.

Later, as the patient becomes more toxic from absorption proximal to the obstruction, the temperature and pulse rate are elevated.

The treatment of paralytic ileus consists in leaving a tube through the nose in the stomach and washing with saline at hourly intervals and repeated saline irrigations of the lower bowel. A sufficient amount of glucose in saline solution must be administered by hypodermoclysis or intravenously to keep the patient nourished and to supply the necessary amount of chlorides which are always deficient in these cases. These patients should be kept in a sitting position in bed, and what I have said of ice bags being applied to the abdomen is especially applicable to this condition. The use of morphine in small doses is sometimes necessary. If other sedatives suffice, they should be used instead.

The value of pituitrin is still a mooted point. I have seen disastrous results from its use. Suction siphonage of the duodenum by means of the Levine tube has resulted in successful decompression. Several types of apparatus have been devised for this purpose. That described by Wagenstein has proven to be useful.

Mechanical obstruction most frequently occurs in the absence of peritonitis and if recognized early and operated upon immediately, recovery is assured in most cases.

Post-operative peritonitis is a complication which arises occasionally in everyone's general surgical service. Fortunately, it is rare, but sometimes it develops following an operation where no infection is present: such as an interval appendix. During the past year, I have seen three such cases. One occurred in my

service at the Post-Graduate Hospital following an appendectomy in a sixteen-year-old girl.

The patient was admitted with a temperature of 99, pulse of 80, normal blood count, and few abdominal symptoms. A history of sudden pain in the epigastrium which gradually became localized in the right lower quadrant associated with tenderness and slight rigidity made the operation necessary. The next day, a simple catarrhal appendix, having a few adhesions from former attacks, was removed. She did well for three days, then began to vomit, temperature and pulse rate began to ascend but at no time were there many marked symptoms, such as pain, distention, etc.

Urine showed some pus cells and pain was present in both loins, which led to the erroneous diagnosis of pyelitis. A genito-urinary consultant concurred in the diagnosis of pyelitis. Finally, a localized abscess became apparent in the lower abdomen, which was drained by incision through the abdomen and through the cul-de-sac. Five days later a right subphrenic abscess was drained, but the patient died the next day.

Unfortunately an autopsy could not be obtained, hence the cause of peritonitis in this patient is not known. Several surgeons who saw her in consultation suggested the possibility of an embolic infection.

The two other patients whom I saw for peritonitis following appendix operations were both operated upon during the first twelve hours of the illness. In both cases, a simple catarrhal appendix was removed, hence no drainage was used. Both these cases were re-operated upon for peritonitis by me. No cause could be found, such as open stump of the appendix due to slipping or untying of the ligature of the stump. The streptococcus was found to be the germ causing the pus in both cases.

Appendicitis—For years I have made it a rule to delay operation for acute appendicitis until after the first twelve to fifteen hours *unless the symptoms showed a very rapidly progressing disease*. The reason for doing this is, I think, that the streptococcus is always the primary infection in appendicitis. The streptococcus, after beginning the trouble, is, however, quickly subdued by other organisms ever present in the appendix which continue into suppuration. If the operation is performed while the streptococcus is active and if unusual caution is not used in handling the appendix and in cutting it off at its stump, the streptococci may escape to infect the wound and peritoneum which usually takes care of the more frequently found organisms. For the same reason the appendix itself should not be

clamped if it can possibly be handled by clamping the meso-appendix instead. Of course, this does not apply to the clamp which is placed across the stump of the appendix. This clamp is always discarded as soon as it is removed because of the possibility of infection through the wall of the crushed appendix.

Peritonitis, as a post-operative complication, requires drainage. It seems to me one is justified, as a rule, in delaying drainage until the infection is localized, unless the patient's condition demands immediate drainage. In women frequently life can be saved by a simple colotomy. The patient is kept in the erect position and large amounts of fluids given by clysis and by mouth if tolerated. In men, I have frequently punctured a pelvic abscess through the rectum rather than make an abdominal opening.

Hiccough is sometimes an annoying and may become a serious complication. It is treated by assuming the erect position in bed, gastric lavage, sedatives, and other treatment directed toward lessening subdiaphragmatic pressure. Various preparations are used, such as spirits of nitre, bromides, chloral, Hoffinan's anodyne, chloretone, atropine, etc. Blocking the phrenic nerve by alcohol or resection of the phrenic nerve has been advocated when all other treatment fails.

Evisceration—Evisceration seems to occur regardless of the suture material used. In a study of the disruption of abdominal wounds made by Dr. Arthur H. Milbert, a recent graduate of the interne staff of the New York Post-Graduate Hospital, he found this complication to occur in 1.28 per cent of 1560 laparotomies. The cause is still unsolved. The condition occurs from the fourth to the twelfth post-operative day. It is recognized by the presence on the dressing of a pinkish sero-sanguinous discharge. Occasionally the patient will state that there was a feeling of "something tore loose" after coughing or sneezing. The presence of the pinkish discharge on the dressing should always make one suspicious of this condition.

The treatment consists of replacing the omentum or intestine if it has been evacuated and strapping the wound until it can be resutured. The mortality rate depends upon

early recognition of the complication and prompt treatment. It is always a serious complication and is attended by a high mortality rate.

Pyelitis—Pyelitis occurs as a complication frequently in children and occasionally in adults. It is characterized by pain in the kidney region, high temperature and pus in the catheterized specimen of urine. Treatment consists in flushing the kidneys with large quantities of fluids, catharsis, and medication to acidify the urine. I have found ammonium benzoate to be of great value in accomplishing this as it is eliminated as a double acid, namely nitric and hippuric. It is given in three-grain doses in capsules four times daily after meals.

Cardio-renal Complications—Cardiac collapse, fibrillation, coronary embolism, pericarditis, endocarditis, acute suppression of urine can all occur any time during the post-operative course. These should be managed jointly with the medical consultant.

The urinary output should always be carefully watched in post-operative cases. One should not be alarmed if the patient does not pass over ten to twelve ounces during the first twenty-four hours even though large quantities of fluid have been administered. Most patients perspire profusely during the first twenty-four hours. If a fair amount is not excreted during the second and third twenty-four post-operative hours, attention should be directed to the kidneys. Tea with sugar and lemon is a valuable stimulant to the kidneys. Fluids should be increased and strong solutions of glucose, even 50 per cent, may be given by vein. Hot colonic irrigations are also of value.

One should always be mindful of distention of the bladder due to retention. Frequently the distention can not be recognized except by catheter. If the patient passes a small amount of urine frequently, the catheter should always be passed. I think routine catheterization post-operatively is a bad idea, and should not be done until every effort has been exhausted to make the patient void. Recently, I saw a house and senior surgeon attempt to pass a catheter on an operating table without even wiping off the glans penis with a sponge.

The Circulation—I wish to call attention to

the over-zealous use of post-operative infusions without determining the capacity of the patient's circulation. We have seen too many instances of circulatory collapse following the too rapid administration of intravenous infusions of fluid. Two cases vividly stand out in my memory—both young people with no previous evidence of cardiac disease. It is far more discreet, except in rapid blood loss, to administer post-operative fluid under the skin from which the general circulation will absorb it only as rapidly as it can be utilized.

Phlebitis—This complication has in my experience been a rare one. When it occurs, it usually begins in the left leg, appearing from the seventh to the tenth day. The patient complains of pain in the calf of the leg, which may gradually extend up into the groin and into the right leg.

Treatment consists in rest with elevation of the leg and an ice bag to the seat of pain. A carefully fitted elastic stocking should be worn as long as the swelling persists.

Brachial Palsy—I have had this complication occur once in my surgical experience. This patient was operated upon in June of this year. The next day she complained of pain in the forearm and hand. In a few weeks, she began to show atrophy of the interossei muscles and weakness in the hand. The pain has been an annoying symptom. Diathermy and electrical treatment is being administered three times weekly with little relief of symptoms. A most competent neurologist tells me she will recover but that recovery will be slow. Operating tables should be provided with comfortable leather cuffs to support the hands on the side of the table as it is indeed hard for the surgeon to examine the hands of every patient after they have been placed under the sides by the nurse or orderly. Ulnar paralysis may occur in the same way.

Alkalosis—Since most of us have discarded the use of bicarbonate of soda in solution by rectum, this condition is rare. It is seen in patients whose chlorides have been allowed to become excessively low. It is recognized clinically by a flushed face, excessive nervousness, restlessness, and thirst. Whenever a patient persists in kicking the bed covers off the feet

I look out for alkalosis. The blood chemistry tells the tale. For this condition, chlorides must be given in large amounts under the skin or in the vein. If the patient can take medication by mouth, hydrochloric acid may be beneficial.

Post-operative Sinus and Fistula—Many lives have been saved by the spontaneous development of a sinus or fistula from a hollow viscus. In ilius one may have all but given up hope, when suddenly feces and gas escape from the abdomen through an opening in the wound. The storm is over, the patient becomes comfortable, the temperature, which has suddenly shot up before the perforation, gradually subsides and the doomed patient makes a rapid recovery. Many fistulae leading into the large bowel close spontaneously, but in my experience most fistulae of the small intestine had better be sutured. With a little care in dressings, the excoriation of the skin which we used to see so frequently from fistula of the stomach and intestine is avoided. The best remedy for this condition is bronze powder, which can be purchased in any paint shop. This powder is placed in a container with perforations in one end, sterilized in the autoclave and generously dusted around the edges of the sinus and wound. When gently rubbed with a tongue depressor it adheres to the skin and prevents irritation. The irritating secretions flow over the painted skin to be absorbed in the dressings, which should be frequently changed. When the patient's condition permits, the persisting fistula can be closed by excision and suture.

Infections, Superficial and Deep—Volumes could be written on post-operative infections. In this connection, allow me to quote an extract from the American College of Surgeons Bulletin of December, 1934. "Infection of a clean wound occurs in the operating room." "Infection at dressing is rare, if it ever occurs. The burden of responsibility rests upon the operating room nursing force, the surgeon and his assistants. Blaming the suture and ligature materials is rarely justified; and if they do occur, the organisms are likely to be spore-formers, not pyogenic." No doubt this is true in the vast majority of instances, but it does not explain why one patient becomes infected

in the operating room when five or six operations have been performed by the same nursing and medical staffs.

It is my firm belief that most infections arise from a preëxisting infection in the patient which has been activated by the ordeal of the operation and poor resistance offered to combat same.

Haemorrhage—By far the most dreaded and frequently most alarming post-operative complication is haemorrhage. This may be open or concealed. I have seen a patient almost exsanguinated from a spurting vessel in the skin edge of an upper abdominal wound.

Concealed haemorrhage, such as is seen on the posterior wall of a gastro-enterostomy stoma or from an injury to the iliac vessels in the performance of a herniotomy, demand immediate operation to stop the bleeding, and sufficient transfusion of blood to overcome the loss and an additional amount to sustain the strain of an added operation. In the use of spinal anesthesia, one must remember that hemostasis must be more secure than with anesthetics which do not lower the blood pressure. Haemorrhage is more prone to occur following operations performed with novocain infiltration as the edema caused by the infiltrated fluid prevents the recognition of bleeding vessels. When the edema subsides, the vessel compression is released and haemorrhage results.

The symptoms of concealed haemorrhage are restlessness, thirst, increasing palor and

pulse rate, with a relatively loss of pulse volume. The hemoglobin may even be increased temporarily due to the loss of blood volume, but gradually becomes lower as fluids are mixed with the blood. The white count is increased and should be of aid in making the diagnosis. The value of transfusion in the treatment of haemorrhage has been stressed sufficiently. Salt solution given intravenously serves to keep the patient alive until the bleeding vessel can be ligated and a suitable donor obtained.

I once succeeded in keeping a patient suffering from a stab wound of the right ventricle of the heart alive for four and one-half hours by giving just enough saline in the vein to keep the blood pressure apparent until suture of the ventricle could be accomplished. Happily the patient recovered and is alive at the present time.

There are many complications which may arise, such as failure to properly suture the opening made in the transverse meso colon around the stomach in the performance of a posterior gastro-enterostomy permitting a loop of the ilium to slip in and become obstructed, but which time does not permit me to discuss tonight.

When we think of all the complications that may follow an operation, can we wonder that the layman and especially the physician sometimes hesitates to have an operation performed?

66 East 79th St.

PENETRATING AND NON-PENETRATING INJURIES OF THE THORAX

V. EARL JOHNSON, M.D., F.A.C.S., Atlantic City, N. J.

Read before the Staff of the Atlantic City Hospital, on September 21, 1935.

The purpose of this paper is to emphasize that what we regard as an ordinary case of fractured ribs, may develop into a very serious condition; that it should be carefully watched for occurrence of hemothorax and pneumothorax; and that the first-aid treatment of "sucking" wounds of the chest may determine whether or not the patient will survive the injury.

Too often one dismisses from thought the fractured rib case after strapping his chest with adhesive, or the small stab wound case after applying a simple dressing. Occasionally these apparently trivial cases become of major concern.

This discussion will exclude the injuries to the extrathoracic soft parts, fractures and dislocations of the sternum, injuries to the sterno-

clavicular joints, and injuries to the costal cartilages. I will only discuss the major complications of fractured ribs, small non-sucking penetrating wounds, and frank open sucking wounds of the thorax.

FRACTURED RIBS

The major complications of fractured ribs consists of:

1. Punctured wound of lung.
2. Pneumothorax: External—emphysema, intrapleural, mediastinal.
3. Hemothorax.
4. Hemo-pneumothorax.
5. Traumatic pneumonia.

Punctured wound of the lung is produced by a fragment of fractured rib. This fragment is usually displaced and may be shown by x-ray. However, a rib may be fractured, the force driving the fragment inward, causing puncture of the lung; and then, because of its own resiliency, may spring back into place and be shown as non-displaced by x-ray,—the damage to the lung being done at the time the fracturing force was applied. This injury is usually shown by the presence of bloody expectoration. Treatment of this condition consists primarily of strapping the chest with adhesive, morphine, to relieve pain, and allowing patient to assume any position that is most comfortable for him in bed. These cases should of course be treated in bed.

PNEUMOTHORAX

Pneumothorax is produced by the same chain of circumstances which lead to puncture of the lung. This puncture is essential to the production of pneumothorax. Mere injury to the parietal pleura cannot produce pneumothorax. I might add that puncture of the lung does not necessarily produce pneumothorax, however. The extent of parenchymal injury to the lung determines this point.

Pneumothorax may be of three types: 1, external, as manifested by air under the skin—so-called subcutaneous emphysema; 2, intrapleural, in which air collects within the pleural space—the location usually thought of; and 3, mediastinal pneumothorax, in which the air

collects principally about the superior mediastinum—the so-called internal form.

Probably every puncture of the lung allows some air to escape. If there develops a one-way valve mechanism, the air escapes into the pleural space and accumulates there; or is released into the subcutaneous tissues by an opening through the parietal pleura or into the mediastinum through a posterior parietal pleural opening, or an opening in the mediastinal areas of the pleura.

External pneumothorax—subcutaneous emphysema—is usually self-controlled, and is not associated with extensive intrapleural pneumothorax because decompression takes place into the subcutaneous spaces. The treatment consists of rest of the chest by strapping, morphine to slow respirations, and a comfortable posture. This is usually sufficient.

Occasionally, however, the emphysema becomes so extensive and progressive that active surgical treatment becomes necessary. In that case multiple skin incisions near the area of the fractured rib becomes necessary; and if that does not control the situation, a tube should be placed into the pleural sac through a trocar, and the open end attached to a rubber tubing whose end is placed below the surface of a mild antiseptic in a bottle on the floor beside the patient's bed. This is called water-seal drainage. This creates a one-way valve allowing the air to escape on expiration, but none to be drawn back on inspiration. If the condition is desperate when first seen, then an ordinary needle—a large calibre at best—is inserted and the finger is held over the opening on inspiration and removed on expiration, thus creating a one-way valve to the outside. Water-seal drainage is to be established after the patient improves, if it is still necessary.

Ordinary pneumo-thorax, intra-pleural in position, may vary from a minimal one to one of extreme tension. Minimal degrees require no treatment other than that for the fractured rib,—strapping, morphine, and posture. In fact, this pneumothorax has probably, by pressure on the lung, caused the opening in the lung to close, and therefore should be left alone. Tension pneumothorax, however, is a serious matter when the one-way valve into the

pleural space persists, causing constantly increased pressure which results in collapse of lung, displacement of heart and the mediastinal septum, and giving rise to increasing lowering of blood pressure and increasing dyspnoea and shock. Treatment consists of releasing this intrapleural pressure. This is accomplished by making a needle act as a one-way valve to the outside, and then establishing water-seal drainage.

Mediastinal pneumo-thorax is rare, and usually the first evidence of its presence is found when crepitation appears above the thoracic space in the neck. The treatment depends upon how much pressure develops. It consists of multiple skin punctures, or even incision of the deep cervical fascia to prevent suffocation. If marked intrapleural pneumo-thorax is present, this must also be treated by water-seal drainage.

HEMO-THORAX

The occurrence of bloody expectoration means that the lung has been punctured or contused. It may or may not be present in hemothorax; and the amount of bloody expectoration bears no relation to the extent of pulmonary injury. A massive hemothorax may be present without any bloody expectoration.

Hemothorax, in a non-penetrating injury, practically always comes from a vessel of the lung or from an intercostal artery, and is produced by fracturing of one or more ribs. Its presence must be kept in mind. Severe hemorrhage from the lung is practically always fatal before reaching the surgeon; and therefore the surgically important hemorrhage comes from a torn intercostal artery. There are two types of cases with which we are confronted:

1. The slow leaking hemorrhage into the pleural cavity causing a slowly developing compression of the lung. This pressure will usually control the bleeding. This type of case calls for no active treatment.

The question always arises as to whether the blood should be aspirated. If we recall that the blood causes compression of the lung and in that way controls the bleeding, one must recognize that to aspirate the blood will allow reëxpansion of the lung and recurrence of

the hemorrhage. It is, therefore, unwise to aspirate. It has been argued that unless the blood is aspirated an empyema may develop. The tear in the lung has already taken place, and bacterial soiling has already occurred, and therefore aspiration will not act as a preventive, but may introduce another mode of entrance for bacteria. The only indications for aspiration are severe dyspnoea and severe pain. The blood is practically always absorbed in time, with reëxpansion of the lung.

2. The other type of hemothorax is the sudden massive hemorrhage type, evidenced by a sudden change in the patient's condition, sudden increase in pulse rate, rapidly progressing dyspnoea, rapid fall in blood pressure, pallor, thirst, and restlessness. This type of case demands action. Secure a donor and get patient to the operating room as quickly as possible. Transfuse before, during, or after,—but the bleeding vessel must be controlled at the earliest possible moment. Under hyperpressure pharyngeal anesthesia the chest must be opened widely in the area of the displaced rib. This emphasizes how valuable it is to have early x-rays in chest cases. The hemorrhage practically always comes from a torn intercostal artery,—and this artery bleeds from both ends. Do not try to pick up the vessel with hemostats. Throw an encircling ligature about both fragments of the broken ribs. The soft structures in the bite of the needle will control the bleeding intercostal artery when the ligature is tied. Then completely empty the chest of blood and clots and inspect the chest contents. If there is a discernible laceration of the lung which is also bleeding, a mattress suture should be introduced. The wound is then closed tightly in layers, leaving a water-seal drain at its lowest point.

HEMO-PNEUMO-THORAX

Most cases of hemothorax are associated with a certain amount of pneumothorax. The treatment practically follows the general outlines given for each individually, as already stated. The indications for interference are the same—intense dyspnoea and pain, or sudden changes in the patient's condition due to hemorrhage or tension pneumothorax.

TRAUMATIC PNEUMONIA

Traumatic pneumonia is evidenced by a continuing or rising fever and crepitant râles. It is probably present in a large percentage of chest injuries, but is usually overlooked because the patient practically always recovers from it within a few days without any treatment.

PENETRATING WOUNDS

Penetrating wounds are of two types:

1. Minimal puncture wounds—i. e., non-sucking.

2. Larger wounds,—the real sucking wound.

In the former, if an important vessel of the lung is injured, the patient usually dies before he is seen. Therefore, surgical hemorrhage comes either from the smaller vessels of the lung, or from an intercostal artery. The treatment of either of these will be the same as in the case of fractured ribs, inasmuch as we will be dealing with a slowly progressing hemothorax, or an acute hemorrhage, or with pneumothorax, or a combination of the two. In most cases an early superficial debridement and suture of the wound is advisable.

Regarding the presence of rifle or revolver bullets which remain in the chest, no attempt is made to remove them if they are intrathoracic. The same is true of other small objects; but if a long knife blade, knitting needle, or hat-pin breaks off, it must be removed from its intrathoracic position.

On the other hand, the sucking wounds give rise to a desperate situation. The gravity will depend upon the size of the wound. The larger the external wound, the more desperate the symptoms. The initial treatment of these cases is one of first aid, and the prompt and proper first aid treatment will determine whether the surgeon will get to the case before death occurs. These cases are in collapse, with severe dyspnoea. There is a thready or imperceptible pulse, and a grasping for air. All accessory muscles of respiration are brought into action, there is ashen cyanosis, and the patient looks as though death is only a few minutes away. The blood is not oxygenated in sufficient quantities because the lung of the injured side is

collapsed and is at atmospheric pressure. The sound lung is doing all it can to keep life going; but the air in that lung is above atmospheric pressure, and the air is exhaled into the collapsed lung in part and on inhalation this same air is in part inhaled again, thereby giving rise to an increase in carbon dioxide and decrease in oxygen in the one sound lung. More than this, the mediastinal viscera swings back and forth with each respiration,—mediastinal flutter. These conditions are not long compatible with life.

Treatment.—First-aid treatment should be instituted at once. The most important thing to do is to close the opening in the chest. Use a towel, the patient's shirt, or your hand either in the form of a fist or palm flat. Any hemorrhage that is present must be ignored, and all efforts directed to *closing the wound*. A very effective treatment consists of a wet folded hand towel which is held over the wound in such a way that the lower part hangs down freely. On each inspiration the towel will be sucked against the chest wall, and on each expiration it is blown away, allowing the air to be expelled. After a few minutes of this, the patient's condition will improve.

The actual surgical treatment is then carried out under hyperpressure or intratracheal anesthesia. The wound is debrided, bleeding controlled and the wound closed tightly around a catheter for water-seal drainage. If the wound is a clean incised wound, it should be closed without drainage. Transfusion and the oxygen tent may be required post-operatively.

Prolapse of the lung may occur in an open wound of the chest. This occurs as the result of a severe strain or cough resulting in the lung becoming impaled on the sharp spicules of a fractured rib. These cases are not as desperate as the preceding. Pneumothorax and mediastinal flutter are present, but in a minimal degree. Treatment consists of maintaining the lung in the prolapsed position while the wound is debrided and then the lung is repaired by suture and dropped back into the chest, and the wound is closed with water-seal drainage.

Medical Science Bldg., Atlantic City, N. J.

MATERNAL WELFARE—ARTICLE NUMBER SIX

MATERNAL MORTALITY IN NEW JERSEY

The subject of maternal mortality and morbidity has at all times in all countries been of supreme interest to obstetricians and other physicians doing obstetrical work; but never before has the subject been of such interest to the laity, and never before has discussion (with a maximum of inaccurate information) been so frank and open in the lay magazines.

Much of the fanfare and startling comparison is manifestly unfair because the figures being compared are not actually comparable.

The condemnation of obstetricians of the United States for high maternal mortality statistics, which include deaths of pregnant women by trauma of an automobile, by typhoid fever, and by criminally induced abortions (by the patient herself or by a lay abortionist) is manifestly inaccurate and unfair. Yet in the United States such cases are counted as maternal deaths, in some other countries they are not included.

Also the maternal mortality rate is undoubtedly raised by negligence of even the well-intentioned obstetrical patient herself. Ignorance and inexcusable indifference to the careful instruction of her obstetrical adviser takes many a mother's life.

Yet physicians as a group, now more than any other time, probably realize their terrific responsibility to mothers and potential mothers, and realize that obstetrical lives can be saved by improved obstetrical care, and by making the general practitioner more obstetrically-minded.

For this purpose, it is the aim of the New Jersey Committee for Maternal Welfare to (1) improve all maternal care in hospitals, in small private maternities, and in the patient's own home; (2) improve maternal care by obstetricians, by general practitioners, by midwives; (3) make consultation with an experienced obstetrician more readily possible; and (4) improve nursing care, by substituting trained help for the woman next door.

The New Jersey Committee for Maternal Welfare is composed of eleven members, ap-

pointed by the State Medical Society, who approach this work humbly and prayerfully, asking constructive criticism of their methods, and aiming to save the life of a mother, now and then, who, but for the improvement of maternal care, might have been lost.

Hoping to be able to apply the proper remedy more aptly if the cause of maternal deaths is more definitely and generally known, this committee has compiled the following chart of statistics, showing the number of maternal deaths per 1000 live births, and the cause of deaths, taken over a period of these three years (1933-34-35).

This chart becomes increasingly interesting with study. For this period of three years New Jersey had an average maternal death rate of 5.0 per thousand live births. But much to our encouragement 1933 showed 5.1; 1934, 5.3; and 1935, 4.5, which is very low, and which will require much very good obstetrics to lower further,—the entire United States rate being 5.9 for 1934 (these are the last available Federal statistics, secured through the United States Bureau of the Census).

It will help the obstetrician to place his finger on the weakest phase of practice in his own county if he will compare its record with that of New Jersey as a whole in respect to:

1. Total maternal death rate.
2. Maternal death rate from specific causes.

The causes of maternal deaths are dissimilar in various sections of our own State and among the different classes of society. Where obstetrics is done by the family doctor, the statistics show high rates of death from some causes, and lower from other causes. In localities where many are delivered by excellent obstetricians in perfectly equipped hospitals, the statistics are of equal interest.

The chairman and the members of the New Jersey Maternal Welfare Committee have given hours of effort in compiling and classifying causes of maternal deaths in New Jersey, realizing that a diagnosis must precede the institution of proper treatment for lowering the maternal death rate in New Jersey. (See table on page 430.)

COUNTIES	Total Maternal Deaths per 1000 Live Births in N. J.				NUMBER OF MATERNAL DEATHS FROM SPECIFIC CAUSES PER 1000 LIVE BIRTHS IN NEW JERSEY										
	1933	1934	1935	Average '33-'35	Puerperal Septicemia	Septic Abortion	Albimyrria and Convulsions	Puerperal Hemorrhage	Nonseptic Abortions	Other Toxemias of Pregnancy	Other Accidents of Childbirth	Milk-leg, Embolus, Sudden Death	Ectopic Gestation	Other Accidents of Pregnancy	Unspecified Conditions of Pregnancy
N. J. Total	5.1	5.3	4.5	5.0	1.21	0.78	0.55	0.61	0.15	0.24	0.75	0.31	0.29	0.05	0.01
Atlantic	4.8	7.1	6.9	6.2	2.2	0.62	0.41	0.62	0.00	0.83	1.04	0.20	0.00	0.05	0.00
Bergen	5.3	2.4	4.0	3.9	1.1	0.34	0.47	0.75	0.06	0.00	0.61	0.40	0.13	0.00	0.00
Burlington	5.2	8.1	3.7	5.7	0.99	0.74	1.24	0.74	0.24	0.49	0.49	0.49	0.00	0.24	0.00
Camden	5.6	5.7	4.2	5.1	1.15	2.2	0.66	0.28	0.28	0.38	0.76	0.09	0.19	0.09	0.00
Cape May	7.0	4.9	2.6	4.9	0.82	0.82	0.82	0.82	0.00	0.00	0.82	0.00	0.82	0.00	0.00
Cumberland	9.7	15.5	1.9	9.05	2.2	0.97	1.94	0.00	0.32	0.32	1.27	0.97	0.64	0.32	0.00
Essex	4.0	3.9	4.4	4.1	0.88	0.64	0.38	0.49	0.05	0.20	0.85	0.35	0.23	0.02	0.00
Gloucester	7.8	8.0	3.8	6.5	2.3	0.32	0.65	0.65	0.00	0.65	0.98	0.65	0.00	0.00	0.32
Hudson	3.8	5.4	3.8	4.35	0.95	0.76	0.43	0.65	0.03	0.18	0.58	0.25	0.40	0.09	0.00
Hunterdon	11.5	8.7	11.11	10.45	2.2	2.2	1.40	0.00	0.74	0.74	2.98	0.00	0.00	0.00	0.00
Mercer	7.0	7.7	7.14	7.3	1.5	1.4	1.20	0.48	0.36	0.00	1.34	0.24	0.48	0.00	0.12
Middlesex	2.8	4.8	4.4	4.36	1.37	0.45	0.22	0.91	0.22	0.00	0.45	0.34	0.22	0.11	0.00
Monmouth	5.1	7.6	7.7	6.8	2.1	0.97	0.16	0.97	0.16	0.00	0.97	0.81	0.64	0.00	0.00
Morris	7.4	3.9	3.7	5.05	1.26	0.63	0.42	0.63	0.63	0.21	0.84	0.21	0.21	0.00	0.00
Ocean	4.1	2.0	10.6	5.6	0.73	0.00	0.70	2.1	0.00	0.00	1.40	0.00	0.70	0.00	0.00
Passaic	6.4	7.2	4.4	6.0	1.4	0.84	0.75	0.84	0.33	0.58	0.75	0.25	0.25	0.00	0.00
Salem	13.6	4.8	3.1	7.0	2.7	2.10	0.00	1.0	0.54	0.00	0.00	0.00	0.00	0.54	0.00
Somerset	2.0	6.3	3.1	3.8	0.69	0.35	1.00	0.69	0.00	0.69	0.00	0.00	0.35	0.00	0.00
Sussex	6.7	2.4	4.27	4.5	0.75	0.00	1.50	0.00	0.75	0.00	0.75	0.75	0.00	0.00	0.00
Union	4.5	4.2	4.25	4.3	0.93	1.00	0.38	0.38	0.00	0.31	0.46	0.23	0.54	0.00	0.00
Warren	7.5	4.3	1.4	4.4	0.98	0.98	0.00	0.49	0.49	0.49	0.49	0.49	0.00	0.00	0.00

STATE SOCIETY ACTIVITIES

PRESIDENT'S FOREWORD

By SPENCER T. SNEDECOR, M.D., Hackensack, N. J.
President, The Medical Society of New Jersey

The Society has lost a year of superior leadership through the resignation of Dr. Haussling. Those of us who know his ability could visualize a year of decided advancement under his direction. We deeply regret his inability to carry on, and have expressed our wish that with renewed health he may in the future be of further service to the Society.

Our elevation from the position of President-Elect to that of President by the Board of Trustees on June the 17th has placed upon us the responsibility for the immediate development of a program for the Medical Society this coming year. An organization to accomplish this must be also thought out. A brief foreword at this time will lead us to an enumeration of some of the current problems to be faced.

COMMITTEE PROJECTS

On the desk of the last Welfare Committee are three active topics. For immediate action, the Medical Practice Sub-Committee has the *survey of hospitals*. To the best of our knowledge this is the first state-wide survey of hospitals from the viewpoint of physicians to be undertaken by physicians. This inspection will furnish a great deal of valuable information that will enable us to formulate a positive and constructive policy on the relationship of doctors to hospitals.

Medical care of the indigent is also a pressing issue. What is to take the place of the medical plan of the State Emergency Relief Administration which provided a fair basis for good medical care to the poor and a reasonable return to the physician?

Of immediate importance is the projection of the various phases of the Federal Social Security Act which has now been almost entirely adopted for New Jersey. The plan of the *Maternal Welfare Committee* is already

actively under way. The *venereal disease* control work has required the prompt appointment of an Advisory Committee to study the program and pass upon appointments. We now have the outline of the *Crippled Children Commission's* prospectus. All of these projects and others to come require our active participation and advice.

CONTACTS WITH COUNTY SOCIETIES

But, the success of our year, as measured by accomplishment will to a large extent be determined by the efficiency of the organization. At the present time we have a State Medical Society that is well equipped to meet the demands of the questions of the day. To increase within the Society the efficiency of our organization we must develop an improved contact with the County Societies. We must achieve in each local Society an active organization capable of carrying out the program of the State Society.

PRESIDENT'S CABINET

Furthermore, we are asking the President-Elect, the two Vice-Presidents, the Chairman of the Board of Trustees, and the Chairman of the Welfare Committee to act as a cabinet with whom we can frequently consult. And in order for them to be of more assistance, we are asking the President-Elect and the Vice-Presidents to attend committee meetings wherever they can in an ex-officio capacity as our representative.

Aside from the few pressing problems, the summer months will permit us time in which to crystallize our purpose, to discover our objectives for the year, to search out active and able workers for committees, and to plan our organization. We humbly request the advice and suggestions of fellow-members of the Society, and we should be glad to hear from volunteers who are willing to take an active part in the work of the Society.

BOARD OF TRUSTEES

A regular meeting of the Board of Trustees of The Medical Society of New Jersey was held in the offices of the Society on Sunday, June 21, 1936, with Chairman Quigley presiding.

NEW OFFICERS OF THE BOARD

Officers for the year were elected as follows:
Chairman, Frederic J. Quigley, Union City.

Secretary, Herbert W. Nafey, New Brunswick.

ELECTION OF OFFICERS OF THE MEDICAL SOCIETY OF NEW JERSEY

Chairman Quigley read a letter from Dr. Francis R. Haussling, President of The Medical Society of New Jersey, offering his resignation on the advice of his personal physicians. This resignation was accepted with deep regret and the Secretary was instructed to convey to him the wishes of the Board for his recovery of his former strength and vigor.

The Board then proceeded to fill the vacancy in the Presidency, in accordance with Article IX of the Constitution and Chapter 6 of the By-Laws. It was the unanimous opinion of the Trustees that every officer who is in the customary line for promotion should be advanced to the next higher office. Acting on this principle, the Trustees unanimously elected the following officers:

President, Spencer T. Snedecor, Hackensack.

President-Elect, William G. Herrman, Asbury Park.

First Vice-President, William J. Carrington, Atlantic City.

Second Vice-President, E. Zeh Hawkes, Newark.

MINUTES OF SPECIAL MEETING OF THE HOUSE OF DELEGATES

The Trustees discussed the question of the manner of printing the minutes of the Special Meeting of the House of Delegates which was held on the late morning and early afternoon of June 2, the first day of the Annual Meeting. It was voted that the Publication Committee be instructed to include the minutes with the usual Transactions.

REFERENCE OF BUSINESS TO THE TRUSTEES

The House of Delegates, acting on the suggestions of its several Reference Committees, referred the following items of business to the Trustees:

1. Better integration of State and County Societies.

2. A Speaker to be elected to preside over the meetings of the House of Delegates.

3. A mid-year meeting of the House of Delegates to be held in January.

4. A letter to be prepared every month or two on the work of the State Society and mailed to each member.

5. Recommendation for increasing the effectiveness of the Public Relations Committee.

6. Physicians to obtain and accept appointment on the boards of lay agencies.

7. Suggestion for a law requiring a doctor to report gunshot wounds.

Items 5, 6, and 7 were referred to the Welfare Committee.

8. Increasing the number of Judicial Districts to seven.

9. Elected Delegates absent from the House of Delegates for two years to forfeit their seats.

10. Component societies seating more delegates than it is entitled to.

11. Dual membership in County Societies, such as holding an active membership in one Society, and an associate membership in another.

12. Qualifications for appointments of physicians to civic offices.

Drs. Quigley and Snedecor were appointed a committee to draw up a policy regarding standards and qualifications for appointment to public office.

CRIPPLED CHILDREN

The Board adopted the following recommendations of Dr. Weigel, Chairman of the Special Committee on the Care of Crippled Children:

1. The Medical Society of New Jersey to coöperate with the State Crippled Children's Commission, which has been designated to receive and administer the money contributed by the Federal Government,—a condition of the coöperation being permission to share in planning for the care of the crippled patients.

2. The Committee and the Commission to undertake no project which cannot be completed in the event that the Federal funds are withdrawn.

MEDICAL DIRECTORY

The Board of Trustees discussed a proposition that The Medical Society of New Jersey

coöperate in providing the data for a New Jersey section of the Medical Directory of New York, New Jersey, and Connecticut, that is now being published by the Medical Society of the State of New York. The Trustees decided to provide the data.

HEALTH BROADCASTS BY COUNTY SOCIETIES

The Trustees considered reports of unintentional violations of the principles of medical ethics by stations which broadcast for County Medical Societies. It was voted to request the Sub-Committee on Public Relations to devise standards on the ethics of the broadcasts.

HOSPITAL SURVEY IN NEW JERSEY

There is a wide variation in the conditions under which medical service is rendered in the general hospitals of New Jersey. While the actual service delivered to the patients is of a uniformly high grade, there is often inconsistency in the methods of internal management and the relations of physicians to the governing boards. In some, for example, the governing boards practically control the services, while in others a small group of physicians are in control.

Standards of organization and methods of work need to be developed and clearly formulated before the conditions can be remedied and all the hospitals raised to one level of efficiency and satisfaction. As the first step in this work, The Medical Society of New Jersey will make a survey of actual conditions in the general hospitals, which number about eighty, with 12,000 beds.

The Committee on Medical Practice has prepared a sixteen-page questionnaire, which has been mimeographed and a copy distributed to each hospital to be surveyed. The questionnaire is arranged under general headings, such as:

Hospital administration, rates, and business management.

The medical staff and its relation to the administration.

Methods of appointment.

The dispensary and out-patient staff.

Control of patients.

Hospital relations to the practice of medicine.

Compensation and liability cases.

The laboratory service, extent, and support.

Hospitalization insurance.

The pharmacy.

About 150 detailed questions are asked under these divisions, and their answer will require the coöperation of all the groups engaged in the work of each hospital.

The organization for conducting the surveys consists of:

1. The Sub-Committee on Medical Practice of the Welfare Committee of The Medical Society of New Jersey.

2. At least one key-man in each county to direct the work of the survey in the county.

3. Two doctors assigned to the survey of each hospital.

The questionnaire sheets have been distributed and the work of securing the data should be completed by early Fall.

This extensive survey of hospitals is the first one to be undertaken entirely by physicians, and from the point of view of the practice of medicine. It is the nature of the examination of a sick person, and should lead to an accurate diagnosis of each hospital and the application of the therapeutics needed to ensure the efficiency of its functions.

THE COMMERCIAL EXHIBITS AT THE ANNUAL MEETING

The opinions expressed by the exhibitors of commercial goods at the Annual Meeting of The Medical Society of New Jersey have been gratifying. A fact which should be appreciated is that the commercial exhibits yielded a net profit of over \$1800 to the State Society.—and the exhibitors want to come again, for they felt that the doctors showed a real interest in their booths.

The exhibiting firms judge the success of their exhibits by the number of names of inquirers who talk to the exhibitors. The prob-

lem encountered by Mr. J. B. Tufts, manager of the commercial exhibits, was to devise a simple scheme which would entice the physicians to visit the booths. Each visitor was given a card bearing the name of every exhibitor; and he then visited the booths in turn, and secured the signature of the exhibitor. Toward the close of the exhibit the cards were collected and each exhibitor handed out the prize package to the winner.

The physicians entered the contest in good sport, and carried away a good impression of

the wares and the companies who showed them.

The personal contacts made possible through the contest was the needed element which was pleasing to both the exhibitors and the physicians. The following list of winners of the prizes is evidence of the wide-spread interest shown by the physicians in the exhibits:

- Dr. J. Irving Fort, Newark, one case of Libby's homogenized food, by Libby, MacNeill.
- Dr. Hawkes, Newark, six large bottles Petrolagar.
- Dr. H. Strandberg, Carteret, two bags of Bovung, by Walker-Gordon.
- Dr. Sidney Rosenblatt, Atlantic City, assorted case of strained foods, by Gerber Products.
- Dr. E. R. Hirst, Camden, \$50 credit on Lapel Ultra Short Wave Apparatus, by Professional Electro-Medical Co.
- Dr. F. W. Lathrop, Plainfield, twelve bottles Argrol Tablets, by A. G. Barnes Co.
- Dr. W. K. Campbell, Long Branch, vacation kit, by Mennen Company.
- Dr. W. G. Herrman, Asbury Park, vacation kit, by Mennen Company.
- Dr. C. F. Rathgeber, East Orange, one case of Sanka coffee, by General Foods.
- Dr. J. W. Weber, South Amboy, one dozen large size cans Mull-Soy, by the Muller Laboratories.
- Dr. Dan S. Renner, Skillman, one book, "System of Diet Writing", by Form Publishing Co.
- Dr. H. B. Bossard, Phillipsburg, 10 per cent discount on Short Wave Machine, by Radium Emanation Corp.
- Dr. Henry Haywood, New Brunswick, one copy "Heart and Arteries", by Herrmann, by C. V. Mosby Co.
- Dr. C. S. Malatesta, Plainfield, one pair of shoes to fit, Coward Shoe Co.
- Dr. V. A. Blenkle, Teaneck, one case Banana Powder, by United Fruit Co.
- Dr. L. A. Hitzeman, Maywood, one dozen bottles plain or chocolate tablets, by Horlicks Malted Milk Corp.
- Dr. A. J. Statman, a pocket otoscope, by Cameron Surgical Specialty Co.
- Dr. C. J. M. Hofer, Metuchen, one dozen cans Antiphlogistine, by Denver Chemical Mfg. Co.
- Dr. R. B. Gorsch, New York, two boxes Anucaine, by Midsco Corporation.
- Dr. L. B. Hauck, Irvington, \$50 credit on X-Ray

or Short Wave Set, by H. G. Fischer & Company.

- Dr. Samuel Salasin, Atlantic City, one illuminating box, by Picker X-Ray Corp.
- Dr. J. S. Uhr, New Brunswick, one treatment set on any Pollen Extract, by Arlington Chemical Company.
- Dr. Louis M. Sosinoff, Millsdale, two cartons cigarettes and two humodorpac, by Philip Morris & Co.
- Dr. J. Hawkins, Beverly, one hospital size package Ovaltine, by Wander Co.
- Dr. D. C. Reyner, Atlantic City, one box Sulfur-Diasporal, by The Doak Company.
- Dr. Edward W. Weigel, Elizabeth, one Sex Hormone Products (assorted), by E. R. Squibb & Sons.
- Dr. J. H. Roland, New Brunswick, package of Merck's specialties, by Merck & Co.
- Dr. Van Winkle, Rutherford, one case of Kalak Water, by Kalak Water Company of New York.
- Dr. Lancelot Ely, Somerville, 10 per cent discount allowed on purchase of any apparatus, by High Tension Corp.
- Dr. Benj. Blatt, Plainfield, one case of Pablum, by Mead, Johnson & Co.
- Dr. I. E. Leonard, Atlantic City, two cartons cigarettes and two humodorpac, by Philip Morris & Co.
- Dr. John Irwin, Englewood, two cartons cigarettes and two humodorpac, by Philip Morris & Co.

The following is a typical letter received from exhibitors:

The offering of a prize by the exhibitors was a very good idea in that it brought the doctors to the booths. We are always glad to coöperate at any time with the directors if we can be of service.

The following letter shows a typical reaction of a physician:

I feel that the prizes offered at our Convention this year by the technical exhibitors added interest and encouraged enthusiasm for both the exhibitors and the physicians. I do not say this because I happen to be one of the lucky ones—but my wife and myself enjoyed getting the signatures and making close contact with the exhibitors. I have been a delegate from Essex County for seventeen years, and I feel that this year was the best exhibit we have ever had. I am strongly in favor of continuing the prizes.

BUSINESS MEN'S APPRECIATION OF A. M. A. MEETING

The following appreciative item was received from Atlantic City.

"Grateful Atlantic City hotel men, appreciation of the fact that the American Medical Association voted to hold its 1937 meeting in that city, gave a testimonial dinner recently at the Hotel Traymore in honor of the four delegates from New Jersey and the Director of the great Atlantic City Convention Bureau, Albert Skean.

"The delegates who were honored were: Dr.

Walt P. Conaway and Dr. Hilton S. Read, of Atlantic City; Dr. John Hagerty, of Newark, N. J., and Dr. E. R. Mulford, of Burlington, N. J.

"Arrangements for the dinner were made by Bennett E. Tousley, General Manager of the Hotel Traymore. The object of the dinner to the delegates of the American Medical Association Convention was to honor the Medical Fraternity of the State."

OBITUARIES

CHARLES H. SHIVERS, M.D.

Charles Henry Shivers, M.D., born in Haddonfield, New Jersey, April 5, 1848, was educated in private and public schools in Haddonfield and Philadelphia. He entered the University of Lewisburg, now Bucknell University, September, 1864. He completed the junior year in this institution. He was made a member of Kappa Chapter, Sigma Chi Fraternity, in 1864. Later he was elected Poet to the National Fraternity. In 1866 he entered the University of Pennsylvania Medical Department and took two courses.

After an interval of two years in the Philadelphia drug store of Dr. John Stevenson, he completed his medical education in Jefferson Medical College. During his course at Jefferson, he occupied the position of assistant to the late Dr. Joseph Pancoast in his surgical clinic which was held weekly throughout the medical year. He graduated from Jefferson Medical College in 1872, following which he began the practice of medicine in Haddonfield. He was elected a member of the Camden County Medical Society and served as its President in 1881. He was a member of the New Jersey State Medical Society.

During the early nineties he was elected a corresponding member of the Philadelphia Obstetrical Society, which branch of medicine he was very much interested in. He has written numerous articles on this and other subjects in medicine.

He was elected Master of the Haddonfield Lodge of Masons in 1881 and was the oldest Past Master of that lodge.

In January, 1902, because of ill health, he gave up the practice of general medicine in Haddonfield and came to Atlantic City. He resided in Atlantic

City for over thirty-four years, during which time he resumed the practice of medicine and confined his work to internal medicine and to gastro-intestinal diseases.

At the time of his death he was the oldest living practitioner in the State of New Jersey and one of the oldest graduates of Jefferson Medical College. He was a member of the Atlantic County Medical Society and on April the 10th of this year he was honored by that Society for practicing medicine over fifty years and made an honorary member.

He was married to Anne Deacon Peterson in 1878. Two of five children survive,—Thomas George Morton Shivers residing in Clayton, New Jersey, and Charles H. deT. Shivers, M.D., of Atlantic City.

Dr. Shivers was descended from two of the oldest families in New Jersey. He traced his ancestry on his father's side to John Shivers, a Quaker, who came from England in 1692 to settle in what is now Delaware Township, and on his mother's side, John Rudderow, who came from Wales and settle at Bryn Mawr, Pennsylvania, in 1681.

Dr. Shivers died on June the 28th, six weeks following a fractured femur. The immediate cause of his death was pneumonia. Up to the time of his accident he had been actively engaged in the practice of medicine in Haddonfield and Atlantic City for over sixty-four years.

He was a great believer in the South Jersey Pine Belt as a health resort and wrote numerous articles on the absence of the malarial mosquito in this portion of Jersey. He did much to advertise Atlantic City as a place to regain health.

He was a great scholar and a perfect gentleman, and his loss will be greatly mourned.

J. FINLEY BELL, M.D.

Dr. J. Finley Bell died in his home in Englewood, N. J., on June 16, 1936, aged seventy-six years. He was one of the outstanding physicians of Bergen County, and a pioneer in the application of laboratory methods to general practice. He was President of the Bergen County Medical Society in 1906.

Dr. Bell graduated from the Medical Department of the University of the City of New York in 1883. After practicing in Pennsylvania he came to New York to convalesce from one of his many attacks of rheumatism. While convalescing he served on the staff of Ward's Island (New York) Insane Asylum and the Asylum of New Jersey at Morris Plains. He practiced in East Hampton, Long Island,

from 1889 to 1901. While there he studied bacteriology and its application to milk in New York and Brooklyn. His researches gained wide renown, and in 1896 he was elected to the New York Academy of Medicine.

He was called to Englewood in 1901 to take over the practice of Dr. John Wells. Dr. Bell was associated with the Englewood Hospital until 1910, when he left it to establish the Baby Dispensary because his theories did not coincide with those of the hospital authorities. Four years later the Baby Dispensary was incorporated into the Englewood Hospital with Dr. Bell as director.

AARON LONGSTREET STILLWELL, M.D.

Dr. Aaron Longstreet Stillwell, practicing physician in Somerville since 1890 and the borough's oldest doctor in years of service, died in Somerset Hospital at 10:10 a.m. April 16, 1936, following an illness of thirteen weeks of heart trouble. He was seventy-one years of age.

Dr. Stillwell was the son of a pastor and the grandson of a physician. He graduated from Rutgers College in 1886, and from the College of Physicians and Surgeons, New York, in 1889, and spent nearly all his professional life in Somerville. He, with Dr. John Peter Hecht and Dr. Mary Gaston, did the pioneer work for the Somerset Hospital, which grew from a one-room building at the rear of the Gaston store, used for emergencies, to the building on East Main Street, which served the public for many years, and then to the present structure. He was senior surgeon at the hospital almost from the beginning.

Dr. Stillwell was a charter member of the Academy of Medicine of Northern New Jersey, and was active in his County Society, and in The Medical

Society of New Jersey, and the American Medical Association. He took an active part in civic affairs and in the Dutch Reformed Church, in which his father was pastor.

The following resolution was passed by the Somerset County Medical Society:

Whereas, Because of his long and faithful services to humanity, his sympathetic kindness and lovable character and because of his sincere interest and guidance, this Society has prospered, and whereas we, his colleagues, sincerely mourn his loss;

Therefore, Be It Resolved, That we, the members of the Somerset County Medical Society, express our sorrow over the loss of a faithful member and an upright citizen in the community; and be it further

Resolved, That these resolutions be sent to the bereaved family, be published in the local press and in the State Medical Society's Journal, and be spread upon the minutes of the Society.

LIST OF PHYSICIANS DYING IN NEW JERSEY IN MAY

Supplied by the State Department of Health

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
William Chenitz	32	May 17, 1936	Beth Israel Hosp., Newark	Newark	Carcinoma of stomach
Lawrence E. Coen	47	May 12, 1936	88 Wash'gton Ave., Clifton	Same	Coronary thrombosis.
John Dalrymple	91	May 1, 1936	Warren Hosp., Phillipsburg	Hackettstown	Diabetes mellitus.
John R. Gilbert	75	May 12, 1936	Main St., Bridge- boro	Camden	Cerebral embolism.
Joel Grosner	58	May 23, 1936	Veterans' Hosp., Lyons	Jersey City	Chr. myocarditis. General ar- terio sclerosis. Psychosis manic depressive.
John M. Randolph	69	May 17, 1936	131 Main St., Rahway	Same	Cerebral thrombosis.

COUNTY SOCIETY REPORTS

BERGEN COUNTY

L. W. Black, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Holy Name Hospital on June 9th, with Dr. David Corn, President, in the chair.

CONDUCTING MEETING AND BUSINESS

Dr. Corn spoke of the successful year of his administration and introduced our new President, Dr. J. H. Irwin. Dr. Irwin accepted the responsibility of the presidency and announced the following innovations:

1. Doctors are to sign the registry at each meeting. A book has been provided for the purpose.

2. The meetings are to begin promptly at 9:00 p. m.

3. The Executive Committee meetings are to be opened to any member.

4. The new committees are to be active.

5. The main program of the year will be an effort to see that doctors are paid for the care of indigents according to rules similar to the plan of the State E. R. A. just concluded.

Tentative plans are to have a Cancer Program with the possibility of establishing a Diagnostic Clinic; and also that the County Society put on a Health Week Program.

Committees appointed for the year are as follows:

President, John H. Irwin
Vice-President, Charles Littwin
Secretary, G. M. Knowles
Treasurer, L. A. Markley
Reporter, L. W. Black

Executive Committee

D. Corn, Chairman

A. Liva	J. R. Morrow
S. Alexander	S. T. Snedecor
W. W. Schmidt	

STANDING COMMITTEES

LEGISLATIVE-WELFARE

W. L. Vroom, Chairman

S. Alexander	A. Liva
W. W. Schmidt	E. P. Essertier
S. T. Snedecor	C. N. Dezer, Jr.

MEMBERSHIP

W. K. Harryman, Chairman	
F. A. Macauley	Philip Busicco

SCIENTIFIC

Vincent Farmer, Chairman

S. B. Reich	J. M. Coppoletta
C. J. Kraissl	

PUBLIC HEALTH

V. A. Blenkle, Chairman

Grace Blauvelt	N. V. Myers
Stephen Lesko	S. I. Franklin

SCHOOL PHYSICIANS

E. N. Huff, Chairman

J. S. VanDyke	D. B. Hull
A. M. DeSanto	J. A. Villegas
P. R. McFeely	Walter Jordan
Arthur Scullion	

CLINIC

Russell Tether, Chairman

L. A. Hitzemann	J. H. Decker
F. E. Keir	

PUBLIC HEALTH NURSING

Gladys Winter, Chairman

H. C. Moran	Margaret Wurts
Grace Blauvelt	

ETHICS

J. M. MacKellar, Chairman

F. S. Hallett	W. W. Schmidt
W. L. Vroom	F. C. McCormack

MEDICAL ECONOMICS

H. B. Wilson, Chairman

E. N. Huff	Russell Tether
Joseph Payne	W. Rucker

PUBLIC RELATIONS

F. A. Groff, Chairman

Russell Tether	D. B. Hull
Lyman Burnham	L. W. Black
J. H. Irwin	V. A. Blenkle
W. J. Greenfield	David Goldberg
G. M. Knowles	G. M. Levitas
S. T. Snedecor	J. M. Coppoletta
J. R. Morrow	S. I. Franklin
Samuel Alexander	O. Bernardini
David Corn	

MATERNAL WELFARE

(No Chairman appointed for 1936-37)

Rubin Grossman	Gladys Winter
C. V. DeBiaso	

SPECIAL COMMITTEES

NOMINATING

C. N. Dezer, Chairman

E. T. Seymour	L. W. Black
---------------	-------------

ENTERTAINMENT

Walter J. Farr, Chairman

H. H. Vandersluis	J. W. Demarest
F. J. Vita	

POST-GRADUATE

G. B. Barlow, Chairman

J. M. Coppoletta	H. R. Blaze
------------------	-------------

BY-LAWS

H. Reinhold, Chairman

D. B. Hull	F. I. Nichols
------------	---------------

BUDGET

L. A. Markley, Chairman
Charles Littwin Michael Sarla

HOSPITAL STANDARDIZATION

Russell Tether, Chairman
H. B. Wilson Joseph Payne

BULLETIN ADVISORY

G. M. Knowles, Chairman
Charles Littwin

ADVISER TO WOMAN'S AUXILIARY

Walter W. Farr

Tuberculosis, Cancer, Heart and V. D. Committees have not as yet been appointed.

NEW MEMBERS

The following physicians were elected to membership:

From Junior to Regular—

Dr. William Charles Knight, Oradell
Junior—

Dr. Henry Ross Magee, Hackensack

The application of Dr. Eufelia Pingitoro for regular membership was read.

DEATH

The Secretary announced that Dr. James B. W. Lansing, of Englewood and Tenafly, had just passed away.

ANNUAL MEETING OF STATE SOCIETY

Dr. Spencer T. Snedecor, President-Elect of The Medical Society of New Jersey, spoke upon the success of the Convention on June 2-4, 1936.

SALE OF FIRE-CRACKERS

Dr. F. A. Patti, of Leonia, proposed the following resolution:

"Be it resolved, That the Bergen County Medical Society heartily endorse the proposition of Mr. Wright Taussig, President of Englewood Hospital, in his attempt to have the various communities pass ordinances prohibiting the sale and use of fire-crackers in any form."

This was unanimously accepted.

CLOSING SCHOOLS

Dr. E. N. Huff read a resolution proposing that the public schools remain closed until October 1st as a safeguard against a possible recurrence and spread of infantile paralysis. Dr. Huff and the Society unanimously opposed the adoption of this resolution.

VENEREAL DISEASE CONTROL

Dr. J. H. Irwin introduced Dr. Norman R. Ingraham, newly appointed Medical Assistant in the Venereal Disease Bureau, at Trenton. Dr. Ingraham announced that Miss Hattie B. Moore, appointed as an experienced Venereal Disease Case Worker, had headquarters at the Hackensack Board of Health and is available to private physicians as

well as to hospital clinics in reaching venereal disease patients and contacts.

SCIENTIFIC PROGRAM

Dr. Milton Helpern, Assistant Medical Examiner, New York City, gave a very instructive talk on "Sudden Death". This was illustrated by many lantern slides of pathological specimens.

Dr. Clay Ray Murray, Assistant Professor of Surgery, College of Physicians and Surgeons, New York City, spoke on "Low Back Pains". He emphasized particularly the importance of understanding the muscle physiology involved.

CUMBERLAND COUNTY

E. S. Corson, M.D., Reporter

The *Cumberland County Medical Society* met in the social room of the Presbyterian Church, Millville, on the afternoon of June 9. The President, Dr. H. B. Walker, of Vineland, presided.

REVISION OF BY-LAWS

The revised by-laws of the Society were read for the final vote and unanimously adopted.

DIPHTHERIA IMMUNIZATION

Dr. Stanley Nichols, Chairman of the Public Health Committee of the State Medical Society, urged the continuance of the anti-diphtheria campaign with vigor and the reporting of all cases to the State Board of Health.

ABUSE OF HOSPITALS

A letter was received from the Philadelphia County Medical Society concerning what was termed the abuse of the hospitality of the hospital physicians and surgeons by patients from New Jersey who are able to pay them for their services, and requesting the physicians to obtain information from the family doctor as to the status of the patient.

REPORT OF STATE MEETING

The report of the Delegates to the State Medical Society was interesting and comprehensive.

SCIENTIFIC

Dr. Herbert Kelley, of Philadelphia, addressed the Society on the subject of "Diabetes". He discussed the subject from a practitioner's standpoint and described the patient as the ailment presents itself in the office or hospital.

MIDDLESEX COUNTY

Charles H. Calvin, M.D., Reporter

The regular monthly meeting of the *Middlesex County Medical Society* was held at the New Jersey State Hospital for the Insane at Marlboro, N. J., on Wednesday evening, June 17th, 1936. The meeting was called to order at 9 p.m. by Dr. J. J. Mann, President.

The following papers were read:

1. Mechanism of Committing Mental Patients in

New Jersey.—J. Berkeley Gordon, M.D.

2. Functional Psychoses with Clinical Demonstrations.
 - A. Dementia Praecox
 1. Simplex
 2. Hebeephrenic
 3. Paranoid
 4. Cataonic
 - B. Manic Depressive Insanity
 - C. Psychoneurosis
 - D. Involutional Psychoses
 - E. F. Baker, M.D.
3. Organic Psychoses with Clinical Demonstrations
 - A. Senile Psychosis
 - B. Psychosis with Cerebral Arteriosclerosis
 - C. Psychosis with Syphilitic Meningoencephalitis (Paresis)
 - D. Psychosis with Epidemic Encephalitis
 - D. D. Guertin, M.D.

Refreshments were served after the meeting adjourned.

MONMOUTH COUNTY

O. R. Holters, M.D., Reporter

A meeting of the Executive Committee of the *Monmouth County Medical Society* was held on Monday evening, May 11th, at the Monmouth Memorial Hospital, with Dr. Walter A. Rullman, the newly elected President, presiding.

Members of the Executive Committee who were present were Dr. William Matthews, Dr. O. R. Holters, Dr. H. A. Kazmann, Dr. F. J. Altschul, Dr. L. F. Albright, Dr. S. Nichols and Dr. D. F. Featherston.

Routine business was discussed.

On Wednesday, May 27th, the monthly meeting of the *Monmouth County Medical Society* was held at the Garfield Grant Hotel at Long Branch with a large attendance of the members, and also of invited guests, chiefly among whom were members of the nursing profession.

The paper of the evening was presented by Dr. Edgar Magyer, Clinical Professor of Medicine, Cornell University, New York. It was "The Differential Diagnosis of Pulmonary Diseases".

It was discussed by Dr. W. H. Fairbanks, Dr. Louis Albright and Dr. Frank Altschul. After the paper the brief business meeting was held.

ASSOCIATE MEMBERSHIP FOR NEW APPLICANTS

Dr. William G. Herrman proposed a resolution calling for associate membership for new applicants. This will be acted on at the next meeting.

MATERNAL WELFARE FUNDS

Dr. Robert, MacKenzie introduced a resolution which was favorably voted upon, that the Monmouth County Medical Society endorse the acceptance of Federal funds for maternal welfare work in the county, subject to the same regulations that are in vogue with the Prenatal Clinics.

It was announced that for the June meeting Dr. Harrison Martland, of Newark, will be the guest speaker and his subject will be "The Medical Detection of Crime".

PROPOSAL FOR MEMBERSHIP

Dr. O'Mara, of Spring Lake, submitted his application for membership, which was referred to the Board of Censors for further action.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A combined social and business meeting of the *Morris County Medical Society* was held the evening of Wednesday, June 17, 1936, at the Spring Brook Country Club in Morristown.

The first function of the evening was an excellent dinner in the attractive setting of the Club House, with about sixty present, including Honorary Members Dr. Augustus S. Knight, of Far Hills, and Dr. Frederick T. van Beuren, of Morristown, and Drs. Norton, Londrigan, and Brennock, of Hudson County.

Dr. W. E. Aughinbaugh, Past President of the Explorers Club, and widely experienced in the treatment of leprosy, cholera, and snake-bite, gave a discourse that might be termed a verbal voyage or travel talk that sparkled with mirthful incidents indigenous to far-flung points of the globe, and the beliefs and customs of the various peoples; however, not unmixed with tragic recitals of wholesale death and devastation resulting from plague, volcanic eruptions, ship-wrecks, and difficulties encountered in administering plague serum because of peculiarities of orthodox beliefs of the people. He told of being commissioned by a childless Indian potentate of immense wealth and 800 wives, and who was out of favor with Allah because he had not produced a son; describing his examination of the wives, through slits in a heavy drapery, without seeing their faces, and sandwiched between two full-sized eunuchs with drawn swords.

He also described the background of the well-known "snake charmers" and their real place in the community, which is little known generally; their succession to this calling generation after generation, their immunity to snake-bite, and their peculiar method of treatment.

BUSINESS SESSION

President Costello reported on the Annual Meeting of the State Society, paying compliment to the high point of general attendance, and saying that Morris County had a representation of about fifteen or sixteen members and delegates; also urging by better attendance the appreciation of the County Society members of what their officers and delegates are doing for their benefit.

NOMINATION OF OFFICERS

The Nominating Committee presented a roster of officers and delegates for the year 1936-1937 to be voted upon at the September meeting, as follows: President, B. G. Sherman, Morristown; Vice-President, L. E. William, Madison; Secretary, George Young, Morristown; Treasurer, J. H. Harrington, Rockaway; Reporter, Marcus A. Curry, Greystone Park; Historian, L. L. Mial, Morristown. Three additional members of the Executive Committee: W. F. Costello, Dover; H. M. Larson, Morristown;

Ruth Earp, Bernardsville. Delegate to The Medical Society of New Jersey, term expiring 1939. Bernard C. McMahon, Morristown; Alternate, J. H. Harrington, Rockaway. Member of the Nominating Committee of the State Medical Society, Bernard C. McMahon. (Delegates to State Medical Society, whose terms have not as yet expired: Dr. Sherman, 1937; Dr. Frost and Dr. Tesky, 1938; alternates, Dr. Teller and Dr. Spencer, 1938.)

VISITING NURSES

Dr. Haven introduced and read a communication from the Visiting Nurses' Association, stressing the desire of the Association for more frequent use of the night nurse to justify a continuance of this service; that the physician should not feel it is an imposition to call for this service at unseemly hours; that the service is fee free, part fee, or full fee according to the circumstances of the individual or family where this service is indicated; and that the physician should not hesitate to call for this service at any time, for it would be considered in the light of coöperation rather than otherwise.

After an evening of unique delight to everyone, adjournment was taken until September, when the annual meeting will be held at the State Hospital at Greystone Park.

SUSSEX COUNTY

Frederick H. Morrison, M.D., Reporter

A regular bi-monthly meeting of the Sussex County Medical Society was held in Sussex on the evening of April 3, 1936, with the President, F. J. Scott, presiding, and more than two-thirds of the members in attendance.

CONDUCTING COUNTY SOCIETY ACTIVITIES

The evening was devoted principally to a discussion of methods of conducting Society activities. Dr. W. J. Sweeney, of Weehawken, Councilor of the Second District of The Medical Society of New

Jersey, commented on the activities of the County Societies, and offered the help and support of the State Society.

Dr. LeRoy A. Wilkes, Executive Officer of the State Society, conducted an informal discussion on the relation of the County Society to local health organizations and their officers and hired employees. The lay groups can be of great assistance in medical work if their leaders will seek the assistance of the officers of the County Society as to how they may work to the best advantage.

THE STATE JOURNAL IN COUNTY AFFAIRS

Dr. Frank Overton, Editor of The Journal of The Medical Society of New Jersey, explained the function of The Journal as the organ of the Sussex County Medical Society as well as of the State Society. It brings to Sussex County information of what other societies are doing, and in return will give publicity to the activities of Sussex County.

After adjournment the exchange of ideas continued over the supper table.

A regular bi-monthly meeting of the Sussex County Medical Society was held on May 21, 1936. The following officers were elected:

President, Dr. Warren Smith, Newton
Vice-President, Dr. D. L. Spurgeon, Newton
Secretary, Dr. Leo Drake, Franklin
Treasurer, Dr. Lester Eddy, Sussex
Delegate, Dr. Jesse McCall, Newton
Member of Nominating Committee, Dr. J. G. Coleman, Hamburg
Censor, Dr. B. W. Roy, Sussex
Reporter, Dr. G. H. Groeschel, Sussex

New members were admitted as follows:

Dr. Longnecker, Sparta
Dr. H. A. Loux, 40 Main Street, Sussex
Dr. M. I. Kirschner, Vernon

NUMBER OF CHILDREN REPORTED AS RECEIVING FREE BIOLOGICALS SINCE JULY 1, 1935

DIPHTHERIA TOXOID

County	To May 31	Month of June	Total to June 30	Average per Month
Atlantic	307	3	310	25.8
Bergen	2040	622	2662	221.8
Burlington	812	228	1040	86.6
Camden	676	216	892	74.3
Cape May	227	39	266	22.1
Cumberland	438	35	473	39.4
Essex	8380	1757	10137	844.7
Gloucester	357	46	403	33.5
Hudson	144	14	158	13.1
Hunterdon	275	1	276	23.
Mercer	233	6	239	19.9
Middlesex	570	66	636	53.
Monmouth	314	108	422	35.1
Morris	751	40	791	65.9
Ocean	9	0	9	.7
Passaic	2771	520	3291	274.2
Salem	161	8	169	14.1
Somerset	103	8	111	9.2
Sussex	101	0	101	8.4
Union	1952	1812	3764	313.6
Warren	133	4	137	11.4
Total	20754	5533	26287	2190.5

SMALLPOX VACCINATIONS

County	To May 31	Month of June	Total to June 30	Average per Month
Atlantic	192	5	197	16.4
Bergen	1335	373	1708	142.3
Burlington	517	19	536	44.6
Camden	390	23	413	34.4
Cape May	172	35	207	17.2
Cumberland	466	40	506	42.1
Essex	3131	729	3860	321.6
Gloucester	490	98	588	49.
Hudson	4	3	7	.5
Hunterdon	16	1	17	1.4
Mercer	82	13	95	7.9
Middlesex	644	65	709	59.1
Monmouth	1088	309	1397	116.4
Morris	1028	63	1091	90.0
Ocean	26	0	26	2.1
Passaic	2186	377	2563	213.5
Salem	127	3	130	10.8
Somerset	153	12	165	13.7
Sussex	199	0	199	16.5
Union	2227	253	2480	206.6
Warren	245	61	306	25.5
Total	14718	2482	17200	1433.3

The NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

PLASTIC REPARATIVE SURGERY

This course includes diagnosis and determination of treatment; pre-operative preparation; anesthesia; operative technique; dressings; post-operative care; with special reference to utilization of the skin and other tissues in correction of disfigurement and replacement of loss, congenital or acquired. Operations on the cadaver. Particular attention is given to lectures, studies and demonstrations of advances in surgical anatomy, pathology, etc., with special reference to the problem actually under consideration.

THORACIC SURGERY

An intensive course. Surgical treatment of chronic suppuration of the lung (pulmonary tuberculosis, abscess of the lung, bronchiectasis) and tumors of the lung. Surgical lesions of the esophagus, heart and diaphragm. Empyemas. Witnessing of operations, cadaver operations, pathologic physiology, experimental surgery and bedside rounds. Indication for surgical treatment, pre-operative care and post-operative management.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City

Would you like to save

—50%—
in the cost of
your Insurance?



Why not patronize Associations composed exclusively of your brother practitioners — whose aim is to pay claims and not to incur heavy operating expenses?



**\$6.50 for benefits
to**

\$1.00 for operating expenses

**PHYSICIANS CASUALTY ASSN.
PHYSICIANS HEALTH ASSN.**

400—1st NATIONAL BANK, BLDG.,
OMAHA, NEBRASKA

\$1,350,000.00 Assets

(\$200,000.00 on deposit with State of Nebraska for protection of all members.)

**precise ACCURACY
with Portability**
and these exclusive features:

- Calibration 250 or 300 mm.
- Size 1 1/4" x 3 3/4" x 1 1/4".
- Weight 30 ounces.
- Inflation system self-contained.
- Cast Duralumin Case.
- Manometer encased in metal.
- Nameplate cast in cover.
- Air-Flo Control.
- Individually calibrated Pyrex glass tube.
- Steel reservoir.
- Unobstructed legible scale.
- Lifetime guarantee against glass breakage.
- Perpetual guarantee for accuracy.
- Price \$29.50.

KOMPAK MODEL
SMALLEST
LIGHTEST
HANDIEST

Lifetime Baumanometer
STANDARD FOR BLOODPRESSURE

A TRUE MERCURY GRAVITY INSTRUMENT

W. A. BAUM CO. Inc. NEW YORK
SINCE 1916 ORIGINATORS AND MAKERS OF
BLOODPRESSURE APPARATUS EXCLUSIVELY

ORTHOPEDIC SHOES

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY

NEWARK HEADQUARTERS FOR

CAMP
TRADE MARK

Surgical Supports

Horn's Quality Trusses

Kenalastic Elastic Hosiery

EXPERIENCED MEN AND WOMEN
FITTERS

Robert H. Wuensch

Surgical Appliances

520 Springfield Ave. (near So. 10th St.)

NEWARK, N. J.

- ◆ Open Evenings
- ◆ Outside Fittings
by Appointment.

Bigelow 3-7061

A Scientific Service Devoted Exclusively to Diaper Hygiene



Physicians know that the infants diapers should be properly cleansed and sterilized. To do this at home is an arduous task and expensive duty. Carelessly done, it invites rash, irritations and infections which cause mothers anxiety. Bathing, feeding and dressing the infant have received scientific attention and through Baby's Wash diapering has been accorded its proper share of research.

Perfect Diaper Sterilization

Baby's Wash is the ORIGINAL and APPROVED institution of its kind in the state of New Jersey. Years of research and many laboratory experiments are represented in the process that brings you the perfectly sterilized diaper.

BABY'S WASH

*New Jersey's Original and Approved Institute
of Diaper Hygiene*

532 Central Ave. East Orange, N. J.
Telephone ORange 3-2224

Trade Mark Registered **STORM** Trade Mark Registered

Binder and Abdominal Supporter



Gives perfect up-lift. Is worn with comfort and satisfaction. Made of Cotton, Linen, or Silk. Washable as underwear. Three distinct types, many variations of each.

The Picture Shows "Type N"

Storm belts adapt able to all conditions, Pto-sis, Hernia, Pregnancy, Obesity, Sacro-Iliac Relaxation, High and Low Operations, etc.

Ask for Literature

KATHERINE L. STORM, M.D.

Originator, Owner and Maker

1701 Diamond Street PHILADELPHIA

The
"Pomeroy"



FRAME TRUSS

• Made Perfectly Fitted Accurately

EQUAL to any strain imposed, the Pomeroy Frame Truss retains the hernia by resistance—not pressure—affording permanent relief with the greatest freedom of movement.

• Shaped and moulded to the individual contour by expert fitters, it accurately encircles the body, and may be worn with security and comfort by men, women, children and infants.

POMEROY

SURGICAL APPLIANCES

901 Broad Street,

Newark, N. J.

New York • Bronx • Brooklyn • Detroit • Boston • Springfield • Wilkes-Barre

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

**Personal and Dependable Service, Day and Night. Special Attention Given
to Hospital Calls, Train and Express Shipments**

PLACE	NAME AND ADDRESS	TELEPHONE
NEWARK	.....Smith and Smith, 160 Clinton Ave.	.....Bigelow 3-2123
ELIZABETH	.....Aug. F. Schmidt & Son, 139 Westfield Ave.	.....ELizabeth 2-2268
ORANGE	.....Weatherhead Funeral Home, 126 Main St.	.....ORange 3-5278-9

FIREMEN'S PHARMACY

DEPENDABLE
PRESCRIPTION
SERVICE

BIOLOGICALS

NEW JERSEY
FORMULARY
PREPARATIONS

**BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY**

VITAMIN E

The A. M. A. Committee on Foods issued the following statement: "The committee concluded that no adequate scientific data are available which establish the rôle of vitamin E in human dietetics. It is a ruling of the committee that neither claims for vitamin E nor mention of the vitamin shall appear on food labels or in advertising for ac-

cepted foods addressed to the public. It was the consensus of opinion of the committee that mention of vitamin E in advertising addressed to the profession of accepted food products shall not be permitted if inferentially such advertising recommends the use of the preparation because of its vitamin E content." (Jour. A. M. A., July 4, 1936, p. 39.)

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

HENRY C. BARKHORN M.D., 45 Johnson Ave., Newark, N. J.

Change my address on mailing list

From.....

To.....

Journal is not being received

My correct address is.....

Date..... Signed..... M. D

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	South Orange 2-0063
NEWARK	Liss, Michael, 794 Mt. Prospect Ave.	Humboldt 3-4749
MONTCLAIR	Wm. J. McNulty, 30 Fullerton Ave. & The Crescent	Montclair 2-2014

Behind

MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)



is a background of

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association



A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.
BALTIMORE, MARYLAND

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

AN AID FOR THE PREVENTION OF
RINGWORM INFECTION

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed

For Hand and Skin Sterilization

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity

**NON-POISONOUS
NON-IRRITATING**

Write for Literature

BETHLEHEM LABORATORIES

Incorporated

300 Century Building
PITTSBURGH, PENNA.

A. M. A. COMMITTEE ON FOODS

The A. M. A. Committee on Foods held its annual meeting on March 12, 1936, and issued the following statement regarding the scope of its work:

The Scope of the Committee.—The committee discussed at considerable length the question of the scope of its work, the food products to be considered and those which might well be classed as requiring no special consideration by the committee. It was the consensus of opinion that a number of food products which now stand accepted

present no special nutritional problems which necessitate their continued consideration. It was decided that the list of accepted foods be examined to determine which food products should continue to be considered as falling within the purview of the committee. A statement of the committee's action will be published shortly.

The committee also voted that the period of acceptance shall be limited to two years, at the end of which time products shall be considered again. (Jour. A. M. A., July 4, 1936, p. 39.)

Belle Mead Sanatorium and Farm

BELLE MEAD, NEW JERSEY

Long established and licensed. On the approved hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy. With a separate, attractive department for Convalescents and Elderly Persons. Five attractive buildings for thorough classification.* Physicians are invited to visit and coöperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a four hundred acre stock farm at the foot of the Watchung Mountains. Easily accessible by rail, bus and auto. Scientific treatment and nursing. Hydrotherapy, electrotherapy, suitable diversion. Occupational therapy. Arts and craft shop. **RATES VERY REASONABLE** for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phone Belle Mead 21. New York City Office, 667 Madison Avenue; hours 3 to 4 Tues., Thurs., Sat. Tel. Regent 4-2160.

SUNSHINE, REST and SPECIAL DIET

For **DIABETICS, CONVALESCENTS** or anyone needing a quiet retreat amid beautiful surroundings. **TRAINED DIETICIAN.** You can treat your own patients or have our physician in constant attendance take care of them.

\$25.00 to \$50.00 PER WEEK.

Mattinson Health Foundation, Inc.
Box 67, POMPTON LAKES, N. J.

Phone: P. L. 1398

PRINTERS SINCE 1908

Specializing in

CATALOGUES STATIONERY
COMMERCIAL FORMS BOOKLETS

MEDICAL SOCIETY BULLETINS

ENGRAVED PROFESSIONAL STATIONERY
MODERATELY PRICED

The Orange Publishing Company

12 SOUTH DAY STREET

ORANGE, N. J.

—Printers to the State Medical Society—

COMPLETE PRINTING SERVICE

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO RENT
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, \$1.00

CASH MUST ACCOMPANY ORDER
Forms Close 26th of the Month

FOR RENT

FOR RENT—Doctor's office, furnished. Has been occupied by a successful general practitioner for many years. Mrs. Michael E. Flaherty, 36 Glenwood Avenue, Jersey City, N. J.

USE OF THE TERM "STERILE"

The Council on Pharmacy and Chemistry of the American Medical Association has issued the following statement:

The Council on Pharmacy and Chemistry has formally gone on record as disapproving of the use of the terms "sterile", "sterilize" and "sterilization" in a bacteriologic sense other than in their correct scientific significance; i.e., meaning

the absence or destruction of all microorganisms. It is questionable that there are any chemical agents tolerated by the skin which will produce sterility, although there are some which will reduce the bacterial flora of the skin to such an extent that they may properly be described as disinfecting agents. For such agents there is no objection to the use of the terms "disinfecting", "bactericidal" and "bacteriostatic". (Jour. A. M. A., July 4, 1936, p. 38.)

1920

Prescriptions of the Eye Physicians for *Perfect*
Glasses Carefully Compounded

1936



Guildcraft Opticians

At the Centre
Tel. Montclair 2-6128

Member of the Guild of Prescription
Opticians of America

Eye Physicians Prescriptions Exclusively

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

**Member of the Guild of Prescription
Opticians of America**

MEDICAL PRACTITIONERS RECOGNIZE US AS DEPENDABLE OPTICIANS

Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions
MAINTAINING

Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Est. Since

1895

Personal
Supervision
Eugene J.
Anspach

ANSPACH BROS. Prescription Opticians **838 BROAD ST., NEWARK**

556 Main St., East Orange, N. J. 382 Springfield Ave., Summit, N. J. 626 Cookman Ave., Asbury Park, N. J.

MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

Keep your JOURNALS

*where you can
find them. . . .*

Ask your County Secretary
about the filing box that will
hold The Journals of a whole
year.

A box will be sent from the
Executive Offices on receipt of
the price—thirty cents.



THE MEDICAL SOCIETY OF NEW JERSEY

137 EAST STATE STREET

TRENTON

NEW JERSEY

AURORA INSTITUTE

A RESORT FOR HEALTH

Morristown, New Jersey

Telephone: 4-3260

COMPLETELY equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroid, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. NO CONTAGIOUS OR MENTAL CASES.

Write for further information

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

ADOLPH WEIZENHOFFER, M.D., Assoc.

WILLIAM S. COLLENS, M.D., Director of Metabolism

FAIR OAKS

SUMMIT N. J.

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous dis-

eases, exhaustion states and cases requiring rest, hygienic, dietic and occupational therapy.

Insane and tubercular cases are not accepted.

DR. T. P. PROUT
Summit, N. J.

Telephone 6-0143

BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY



"Interpines"

GOSHEN, N. Y.

Phone 117



Ethical - Reliable - Scientific

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

Frederick W. Seward, M.D., Director

Frederick T. Seward, M.D., Res. Physician

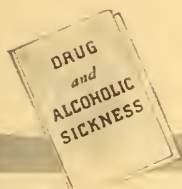
Clarence A. Potter, M.D., Res. Physician



THOUSANDS

In the City of Know This Physician
Because of a Timely Man-Rescue!

They did not know the exact nature of this widely acquainted patient's affliction . . . many thought it a nervous breakdown. But they did realize it was desperate, almost hopeless. They did not know how his physician tactfully led him to understand the true character of the help awaiting him at Charles B. Towns Hospital in New York. Scarcely away long enough to be seriously missed, he soon was himself again and, with the after care of his physician, stayed that way! So people bless and believe in that man of medicine. Doctor — send for "Drug and Alcoholic Sickness" and note that many are returned to the physician's after care in from two to four weeks.



293 CENTRAL PARK WEST, NEW YORK, N. Y.

The Medical Profession Can Rely Upon Us to Render ACCURATE OPTICAL SERVICE

No Glasses Are Supplied Except on Prescription—

WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is the oldest optical house in New Jersey, having been established in 1892. Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

J. C. Reiss
Optician

Hill Street

Is on the West side of
Broad St.

Opposite City Hall
Where parking is possible.

Member of the Guild of Prescription Opticians of America

Calcreose, Maltbie

THE ORIGINAL BRAND OF CALCIUM CREOSOTATE, U.S.P. XI.

A dependable aid in the treatment of chronic and persistent coughs

Calcreose is available in these two convenient forms:

COMPOUND SYRUP CALCREOSE

An expectorant cough syrup that tastes good, is effective and does not nauseate.

Each fluid ounce represents:

Calcreose Solution (N.N.R.)	...160 Minims
Alcohol	..... 24 Minims
Chloroform (approximately)	.. 3 Minims
Wild Cherry Bark	..... 20 Grains
Aromatics and Syrup	q.s.

TABLET CALCREOSE 4 GRAINS

Each tablet equivalent to two minims of pure creosote combined with calcium oxide.

May we send
you complimentary samples
of both?

THE MALTBIE CHEMICAL COMPANY
NEWARK, NEW JERSEY

Mountain View Rest

Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651—1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism.

Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.



VIEW OF THE GROUNDS



APPROACH

BOOKLET AND TERMS ON REQUEST

Visiting Resident Physician

DR. GEO. DAVIES

15 Fairview Avenue

Verona, N. J.

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330

NEW YORK ACADEMY
OF MEDICINE
AUG 17 1936
LIBRARY

VOL. XXXIII, No. 8

AUGUST, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 441-492

EDITORIALS—

	Page
THE PERSONALITY OF THE COUNTY MEDICAL SOCIETY	441
OBJECTIVES AND ENTERPRISES	442
EVIDENCE OF PROGRESS	442
OPPORTUNITIES OF THE COUNTY SOCIETY	443
AN UNSUSPECTED MENACE	444
MEDICAL HISTORY RESEARCH	444
STATE HEALTH OFFICER DISTRICTS	445
SUMMER ACTIVITIES OF THE STATE MEDICAL SOCIETY	445
THE COUNTY SOCIETY IN PUBLIC HEALTH	446

ORIGINAL ARTICLES—

NOTES ON THE HISTORY OF MEDICAL PRACTICE IN CAMDEN COUNTY—By Henry B. Decker, M.D., Camden, N. J.	447
THE NEWER TRENDS IN SURGERY—By David B. Altran, M.D., Atlantic City, N. J.	451
CHILDREN AND TUBERCULOSIS PROGRAMS—By W. L. Weintraub, M.D., Paterson, N. J.	454
TUBERCULOSIS IN CHILDHOOD AND THE TEEN AGE—By Burgess Gordon, M.D., Philadelphia, Pa.	456
THE MECHANISM OF COMMITTING MENTAL PATIENTS TO STATE HOSPITALS IN NEW JERSEY—By J. Berkeley Gordon, M.D., Marlboro, N. J.	459
BERIBERI IN NEW JERSEY, WITH THE REPORT OF A CASE—By George M. Levitas, M.D., Westwood, N. J.	462
STAPHYLOCOCCIC MENINGITIS TREATED WITH AUTOGENOUS BACTERIOPHAGE—By Dee Edward Frank, M.D., Belleville, N. J.	466
AFTER ALL, THE PATIENT IS HUMAN—By C. Fred Becker, M.D., Camden, N. J.	471

ORIGINAL ARTICLES—Continued

A CASE OF COLD ALLERGY WITH SPONTANEOUS RECOVERY—By Max Ehrlich, M.D., Elizabeth, N. J.	477
ROCKY MOUNTAIN SPOTTED FEVER—REPORT OF A CASE—By H. C. Goldberg, M.D., Perth Amboy, N. J.	478
MATERNAL WELFARE—Article Number Seven, The Intern's Education in Obstetrics	479

STATE SOCIETY ACTIVITIES—

President's Announcements—By Spencer T. Snedecor, M.D., Hackensack, N. J.	482
The Welfare Committee—A Statement of Its Policies and Methods—By Hilton S. Read, M.D., Chairman, Atlantic City, N. J.	483
Graduate Fortnight of the New York Academy of Medicine	485
Ideals and Actualities	486
Immunizations in July	486
BOOK REVIEWS	486

COUNTY SOCIETY REPORTS—

Camden, Monmouth	488
Somerset	489

OBITUARIES—

Dr. Martin I. Marshak	490
Dr. Michael E. Flaherty	490
Dr. James B. W. Lansing	490
Dr. Juan L. Payawall	491
Dr. J. C. Polevski	491
Dr. John F. Leavitt	491
Dr. John Nevin	491

WOMAN'S AUXILIARY—

Report of the Annual Meeting	492
Burlington, Hudson, Middlesex	492

Roster of Officers and Committees. Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)
12 South Day Street, Orange, N. J.

Copyright 1936 by
The Medical Society of New Jersey



Entered as second-class matter, Sept. 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

A factor of
decisive
importance
in the treatment
of syphilis



"...One factor of decisive importance to the success of the method of treatment [of early syphilis] is the *regular steadiness* of its administration." Thus the report* made under the auspices of the Health Organization of the League of Nations following a study of 13,198 cases of syphilis stresses the importance of continuous treatment with an arsenical plus a heavy metal.

For the treatment of syphilis, two products by Squibb are worthy of note—Iodobismithol with Saligenin, and Neoarsphenamine. Iodobismithol with Saligenin is a distinctive anti-syphilitic bismuth preparation in that it presents bismuth in anionic (electro-negative) form. It is a propylene glycol solution containing 6% sodium iodobismuthite, 12% sodium iodide and 4% saligenin (a local anesthetic).

Iodobismithol with Saligenin has been shown by repeated clinical and laboratory studies to be rapidly and completely absorbed and slowly excreted, thus providing a relatively prolonged bismuth effect. Repeated injections are well tolerated in both early and late syphilis.

Neoarsphenamine Squibb is readily and rapidly soluble and possesses uniformly high spirocheticidal power and low toxicity. Arspenamine and Sulpharsphenamine are also available under the Squibb label.

**For literature write the
Professional Service
Department,
745 Fifth Avenue,
New York City**

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

*Martenstein, H.: Syphilis Treatment: Enquiry in Five Countries, *League of Nations Quart. Bull. Health Organ* 4:129, 1935.

THE MEDICAL SOCIETY OF NEW JERSEY

FOUNDED JULY 23, 1766

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

<i>President</i> , SPENCER T. SNEDECOR Hackensack	<i>Second Vice-President</i> , E. ZEH HAWKES..... Newark
<i>President-Elect</i> , WILLIAM G. HERRMAN Asbury Park	<i>Secretary</i> , J. BENNETT MORRISON Newark
<i>First Vice-President</i> , WILLIAM J. CARRINGTON...Atlantic City	<i>Treasurer</i> , ELIAS J. MARSH Paterson

TRUSTEES

FREDERIC J. QUIGLEY, <i>Chairman</i> (1939).....Union City	JOHN MAHER (1937) .....Long Branch
H. W. NAFETY, <i>Secretary</i> (1938) .....New Brunswick	WATSON B. MORRIS (1938) .....Springfield
SPENCER T. SNEDECOR .....Hackensack	HARRY R. NORTH (1939) .....Trenton
WILLIAM G. HERRMAN .....Asbury Park	THOMAS K. LEWIS (1939) .....Camden
WILLIAM J. CARRINGTON .....Atlantic City	WELLS P. EAGLETON (1937) .....Newark
E. ZEH HAWKES .....Newark	RALPH K. HOLLINSHED (1939) .....Westville
J. BENNETT MORRISON .....Newark	ANDREW F. MCBRIDE (1937) .....Paterson
ELIAS J. MARSH .....Paterson	BLASE COLE (1938) .....Newton
	ALDRICH C. CROWE (1938) .....Ocean City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....	CHRISTOPHER C. BELING, Newark (1939)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....	W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....	F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....	JAMES A. FISHER, Asbury Park (1939)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....	CHESTER I. ULMER, Gibbstown (1938)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

BLASE COLE, Newton Term expires 1937
E. R. MULFORD, Burlington " " 1937
WALT P. CONAWAY, Atlantic City " " 1938
JOHN F. HAGERTY, Newark " " 1938

Alternate Delegates

S. B. ENGLISH, Glen Gardner Term expires 1937
ELMER PETER WEIGEL, Plainfield " " 1937
LUCIUS F. DONOHUE, Bayonne " " 1938
LANCELOT ELY, Somerville " " 1938

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

CHARLES F. ADAMS, <i>Chairman</i> .....Trenton
D. M. YAZUJIAN, <i>Secretary</i> .....Trenton

Radiology

W. W. MAVER, <i>Chairman</i> .....Jersey City
P. S. AVERY, <i>Secretary</i> .....New Brunswick

Pediatrics

CHESTER R. BROWN, <i>Chairman</i> .....Arlington
KENNETH BLANCHARD, <i>Secretary</i> .....East Orange

Gastro-Enterology

LOUIS L. PERKEL, <i>Chairman</i> .....Jersey City
S. BERNARD KAPLAN, <i>Secretary</i> .....Newark

STANDING COMMITTEES

Scientific Work

LOUIS C. LANGE, <i>Chairman</i> (1937) .....Weehawken
ROBERT S. GAMON (1938) .....Camden
CLARENCE L. ANDREWS (1939) .....Atlantic City

Honorary Membership

LANCELOT ELY, <i>Chairman</i> (1938) .....Somerville
FREDERICK J. QUIGLEY (1937) .....Union City
PHILIP R. MULFORD (1939) .....Burlington

Program and Arrangements

CHARLES B. KAIGHN, <i>Chairman</i> (1938) .....Atlantic City
D. WARD SCANLAN (1939) .....Atlantic City
JOHN W. GRAY (1937) .....Newark
SPENCER T. SNEDECOR, Ex-Officio .....Hackensack
J. BENNETT MORRISON, Ex-Officio .....Newark

Hospitals and Medical Education

HARRY H. SATCHWELL, <i>Chairman</i> .....Irrington
STUART ZEH HAWKES .....Newark
ARCANGELO LIVA .....Hackensack
DAN S. RENNER .....Skillman
DAVID F. BENTLEY, JR. ....Camden

Publication

HENRY C. BARKHORN, <i>Chairman</i> (1939) .....Newark
EDWARD J. ILL (1937) .....Newark
FRANK J. McLOUGHLIN (1938) .....Jersey City
SPENCER T. SNEDECOR, Ex-Officio .....Hackensack
J. BENNETT MORRISON, Ex-Officio .....Newark

Medical Defense

CHRISTOPHER C. BELING, <i>Chairman</i> .....Newark
EDGAR A. ILL .....Newark
CHARLES F. BAKER .....Newark
WILLIAM J. ARLITZ .....Hoboken
LEROY W. BLACK .....Rutherford

Finance and Budget

HARRY R. NORTH, <i>Chairman</i> (1939) .....Trenton
HERSCHEL PETTIT (1942) .....Ocean City
WELLS P. EAGLETON (1937) .....Newark
THOMAS J. SWEENEY (1938) .....Weehawken
ALFRED STAHL (1940) .....Newark
ANDREW F. MCBRIDE (1941) .....Paterson
ELIAS J. MARSH, Ex-Officio .....Paterson

Insurance

FRANK W. PINNEO, <i>Chairman</i> .....Newark
JOSEPH W. HURFF .....Newark
EDMUND N. HUFF .....Englewood
THOMAS J. SUMMEY .....Moorestown
LAWRENCE H. BLOOM .....Phillipsburg
IRVING OKIN .....Passaic
ALBERT J. WARD .....Morristown

WELFARE COMMITTEEHILTON S. READ, *Chairman*, Atlantic City

SPENCER T. SNEDECOR, Ex-Officio	Hackensack	WRIGHT MACMILLAN	Passaic
J. BENNETT MORRISON, Ex-Officio	Newark	JACOB J. MAXX	Perth Amboy
SAMUEL ALEXANDER	Park Ridge	STANLEY NICHOLS	Asbury Park
WILLIAM H. ARESON	Upper Montclair	HERSCHEL MURPHY	Elizabeth
ARTHUR W. BINGHAM	East Orange	HENRY B. ORTON	Newark
E. P. CARDWELL	Newark	JAMES S. PLANT	Newark
JOHN G. CLAYTON	Freehold	B. S. POLLAK	Jersey City
A. H. COLEMAN	Clinton	LOUIS A. PYLE	Jersey City
WILLIAM F. COSTELLO	Dover	D. WARD SCANLAN	Atlantic City
GEORGE F. DANDOIS	Wildwood	CHARLES H. SCHLICHTER	Elizabeth
NORMAN M. DINGMAN	Paterson	T. J. SCHUCK	Hohoken
S. B. ENGLISH	Glen Gardner	MILLARD F. SEWALL	Bridgeton
FRANK L. FIELDS	Far Hills	R. L. SHARP	Camden
J. IRVING FORT	Newark	BYRON G. SHERMAN	Morristown
DAVID W. GREEN	Salem	C. H. DE T. SHIVERS	Atlantic City
D. LEO HAGGERTY	Trenton	JAMES H. SPENCER	Franklin
HENRY HAYWOOD	New Brunswick	SAMUEL EMLEN STOKES	Moorestown
EUGENE G. HERBENER	Lakewood	R. G. STONE	Trenton
ERNEST G. HUMMEL	Camden	THEODORE TEIMER	Newark
A. G. IRELAND	Trenton	CHESTER I. ULMER	Gibbstown
J. H. IRWIN	Englewood	W. H. VARNEY	Washington
J. H. KLER	New Brunswick	ELMER P. WEIGEL	Plainfield
L. WARNER KNIGHT	Pitman	H. B. WILSON	Hackensack
THOMAS K. LEWIS	Camden	A. CHARLES ZEHNDER	Newark
JULIUS LEVY	Newark		

SUB-COMMITTEES OF THE WELFARE COMMITTEE**Public Health**

STANLEY NICHOLS, <i>Chairman</i>	Asbury Park
THEODORE TEIMER	Newark
JULIUS LEVY	Newark
ALLEN G. IRELAND	Trenton
ERNEST G. HUMMEL	Camden
I. W. KNIGHT	Pitman

Medical Practice

THOMAS K. LEWIS, <i>Chairman</i>	Camden
J. IRVING FORT	Newark
CHESTER I. ULMER	Gibbstown
D. LEO HAGGERTY	Trenton
LOUIS A. PYLE	Jersey City

Legislation

B. S. POLLAK, <i>Chairman</i>	Jersey City
SAMUEL ALEXANDER	Park Ridge
WILLIAM H. ARESON	Upper Montclair
WILLIAM COSTELLO	Dover
D. LEO HAGGERTY	Trenton

Public Relations

HILTON S. READ, <i>Chairman</i>	Atlantic City
J. H. KLER	New Brunswick
S. EMLEN STOKES	Moorestown
E. P. CARDWELL	Newark
WRIGHT MACMILLAN	Passaic

ADVISORY COMMITTEES TO PUBLIC HEALTH SUB-COMMITTEE**Cancer Control**

HENRY B. ORTON, <i>Chairman</i>	Newark
F. C. MCCORMACK	Englewood
JAMES H. ROSECRANS	Hohoken
JOHN F. CONDON	Newark
CARL MENGE	Toms River

Child Health

STANLEY NICHOLS, <i>Chairman</i>	Asbury Park
ERNEST G. HUMMEL	Camden
WALTER B. STEWART	Atlantic City
L. CHARLES ROSENBERG	Newark
VICTOR A. BLENKLE	Teaneck

Crippled Children

ELMER P. WEIGEL, <i>Chairman</i>	Plainfield
F. G. DILGER	Hackensack
DAVID B. ALLMAN	Atlantic City
THOMAS K. LEWIS	Camden

Venereal Disease Control

C. H. DE T. SHIVERS, <i>Chairman</i>	Atlantic City
STANLEY R. WOODRUFF	Jersey City
CLARENCE O'CROWLEY	Newark
C. BYRON BLAISDEL	Long Branch
GEORGE N. J. SOMMER	Trenton
A. HAINES LIPPINCOTT	Camden

Mental Hygiene

JAMES S. PLANT, <i>Chairman</i>	Newark
DAN S. RENNER	Skillman
MARCUS A. CURRY	Greystone Park
J. B. GORDON	Marlboro
MATTHEW MOLITCH	Jamesburg
GEORGE S. STEVENSON	Red Bank

Tuberculosis

SAMUEL B. ENGLISH, <i>Chairman</i>	Glen Gardner
B. S. POLLAK	Jersey City
J. R. MORROW	Oradell
GEORGE H. LATHROPE	Morristown
J. F. PESSER	Trenton
GEORGE M. LEVITAS	Westwood

Maternal Welfare

ARTHUR W. BINGHAM, <i>Chairman</i>	East Orange
J. CARLISLE BROWN	Atlantic City
P. DUBOIS BUNTING	Elizabeth
SAMUEL A. COSGROVE	Jersey City
F. D. FAHRENBRUCH	Mount Holly
CARL H. ILL	Newark
R. A. MACKENZIE	Asbury Park
WALTER B. MOUNT	Montclair
THEODORE F. THOMPSON	Lakewood
H. B. WILSON	Hackensack

ADVISORY COMMITTEES TO MEDICAL PRACTICE SUB-COMMITTEE

Contract Practice

R. L. SHARP, <i>Chairman</i>	Camden
EDWARD F. KLEIN	Perth Amboy
L. SAMUEL SICA	Trenton
JOSEPH A. VISCONTI	Hoboken
L. A. MARKLEY	Teaneck
HARVEY T. HEROLD	Newark

Hospital Relationships

THOMAS K. LEWIS, <i>Chairman</i>	Camden
EDWARD W. SPRAGUE	Newark
RAYMOND J. MULLIN	Newark
RUSSELL K. TETHER	Closter
LORRIMER B. ARMSTRONG	Westfield
FLORENTINE HOFFMAN	New Brunswick

Medical Care of Indigent

CHARLES H. SCHLICHTER, <i>Chairman</i>	Elizabeth
GEORGE W. FITHIAN	Perth Amboy
A. HAINES LIPPINCOTT	Camden
J. HOWARD HORNBERGER	Roebling
FRED VOSBURGH	Passaic

Nursing and Nursing Education

A. CHARLES ZEHNDER, <i>Chairman</i>	Newark
HARRY H. SATCHWELL	Irvington
GEORGE M. KNOWLES	Hackensack
THOMAS B. LEE	Camden
I. F. FROST	Morristown
DAVID B. ALLMAN	Atlantic City

Pharmaceutical Problems

CHESTER I. ULMER, <i>Chairman</i>	Gibbstown
MERWIN L. HUMMEL	Merchantville
SAMUEL BARBASH	Atlantic City
ALVIN E. KUHLMANN	Union City
SIGURD W. JOHNSON	Passaic

Workmen's Compensation

J. IRVING FORT, <i>Chairman</i>	Newark
DAVID A. KRAKER	Newark
GEORGE W. FINKE	Hackensack
V. EARL JOHNSON	Atlantic City
JOHN F. MCGOVERN	New Brunswick

SPECIAL COMMITTEES

Constitution and By-Laws

SAMUEL ALEXANDER, <i>Chairman</i>	Park Ridge
WAYNE W. HALL	Paterson
JOSEPH M. KUDER	Mount Holly

Woman's Auxiliary

EARL H. SNAVELY, <i>Chairman</i>	Newark
H. ROY VAN NESS	Newark
A. E. JAFFIN	Jersey City

Scientific Exhibits

ASHER YAGUDA, <i>Chairman</i>	Newark
ELWOOD E. DOWNS	Woodbury
JOHN W. GRAY	Newark
ROBERT A. KILDUFFE	Ventnor
WILLIAM J. MARQUIS	Newark
HARRISON S. MARTLAND	Newark
CARLOS A. PONS	Asbury Park
HARRY J. PERLBERG	Jersey City

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

JAMES J. MCGUIRE, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	J. Carlisle Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	John H. Irwin, Englewood	George M. Knowles, Hackensack..	LeRoy W. Black, Rutherford
BURLINGTON..	J. Howard Hornberger, Roebling..	George T. Tracy, Beverly	Parry M. Scott, Beverly
CAMDEN	B. F. Buzby, Camden	R. S. Gamon, Camden	Harold D. Barnshaw, Camden
CAPE MAY	John B. Townsend, Ocean City...	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND..	Burton H. Walker, Vineland....	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	A. Charles Zehnder, Newark....	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER..	M. F. Lummis, Pitman	E. E. Downs, Woodbury	Henry B. Diverty, Woodbury
HUDSON	Traugott J. Schuck, Hoboken....	Thomas McG. Brennock, Jer. City	John N. Connell, Jersey City
HUNTERDON ..	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner...	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX ..	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH ..	Walter A. Rullman, Red Bank...	Dan'l F. Featherston, Asbury Park	O. R. Holters, Asbury Park
MORRIS	William F. Costello, Dover	Attilio Galasso, Morristown	Marcus A. Curry, Greystone P'k
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Norman N. Dingman, Paterson...	Wayne W. Hall, Paterson	Sigurd W. Johnson, Passaic
SALEM	C. L. Fleming, Pennsgrove	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	W. B. Gray, North Plainfield...	L. C. Fritts, Somerville	A. W. Pigott, Skillman
SUSSEX	Warren Smith, Newton	Leo Drake, Franklin	G. H. Groeschel, Sussex
UNION	Thomas J. Walsh, Elizabeth....	Lorimer B. Armstrong, Westfield.	Russell A. Shirreffs, Elizabeth
WARREN	William Varney, Washington....	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.

Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

for twenty years

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....

ALPHABETIC LIST OF ADVERTISERS

Abbotts Dairies	XXVII
American Can Company	XIII
American Congress of Physical Therapy	XIX
Anspach Bros.	XXIV
Aurora Institute	XXX
Bancroft School, The	XXX
Baum Co., Inc., W. A.	XIX
Belle Mead Sanatorium and Farm	XXIX
Bethlehem Laboratories	XXIII
Blondel, John, & Son	XXVIII
Camp, S. H., Co.	XX
Carrick, G. W., Co.	XXIII
Classified Advertisements	XXIX
Coca Cola	XXXII
Corn Products Sales Co.	IX
Davis, R. B., Co.	VII
Deuchler, H. C.	XXV
Fair Oaks Sanatorium	XXX
Fairchild Bros. & Foster	XI
Firemen's Pharmacy	XXIX
Florham Farms	XXVII
Freund Bros.	XXIV
Henry, John Adams	XXVI
Hockenjos	XXVIII
Hynson, Westcott & Dunning	XXIII
Interpines	XXX
Kalak Water Co.	XXVI
Keystone View Co.	XXIV
Lederle Laboratories, Inc.	XXII
Lilly and Co., Eli	XVIII
Lincoln Hospital	XXIV
Mallinckrodt's	VIII
Maltbie Chemical Co.	XXXII
Marquier's Pharmacy	VII
Marshall, R. E.	XXV
Mattinson Health Foundation	XXIX
Mead, Johnson & Company	XVI
Medical Service Co.	XX
Millside Farms	XXVIII
Mountain View Rest	XXXI
Murdoch, J. T., Inc.	XXII
New Jersey Tuberculosis League	Insert
New York Polyclinic Med. School & Hosp.	XIX
O'Dowd's Dairy	XXVII
Orange Publishing Co.	XXVIII
Parke, Davis & Company	X
Petrolagar	Insert
Philip Morris & Co., Ltd.	VIII
Physicians Casualty Association	XXVIII
Pomeroy Company	XXI
Poulson & Van Hise	XXIV
Prescription Pharmacists	XXIX
Radium Emanation Corp.	XI
Reiss, J. C.	XXV
Representative Funeral Directors	XXV
Scharfenberger's	XXII
Schreiber, Earle, Co.	XXIV
Smith, James P.	XXII
Smith, Kline & French	Insert
Squibb, E. R., & Sons	II
Stearns, Frederick, & Co.	XII
Towns, Charles B., Hospital	XXXI
U. S. Fidelity & Guaranty Co.	VI
Wallace, Burton & Davis	XXVI
Way Underwriting Agency	XIV
Wernet's Powder, Dr.	XV
Wuensch, R. H.	XX

MARQUIER'S PHARMACY

THE REXALL STORE

SANFORD and SO. ORANGE AVENUE

Newark, N. J.

FOOD-DRINK ADDS AVAILABLE IRON TO THE DIET!

ALSO RICHLY PROVIDES CALCIUM, PHOSPHORUS AND VITAMIN D

COCOMALT, the delicious chocolate flavor food-drink, is a rich source of available Iron. An ounce of Cocomalt (which is the amount used to make one cup or glass) supplies 5 milligrams of Iron in easily assimilated form.

Thus three cups or glasses of Cocomalt a day supply 15 milligrams — which is the amount of Iron recognized as the normal daily requirement.

Used as a delicious food-drink, Cocomalt provides a simple, palatable means of furnishing Iron to growing children, convalescents, expectant and nursing mothers.

... and for bones and teeth

In addition to Iron, Cocomalt is rich in Vitamin D — containing at least 81 U.S.P. units per ounce. Cocomalt is fortified with Vitamin D under license granted by the Wisconsin Alumni Research Foundation.

Cocomalt also has a rich Calcium and Phosphorus content. Each cup or glass of this tempting food-drink provides .32 gram of Calcium and .28 gram of Phosphorus. Thus Cocomalt supplies in good biological ratio three food essentials required for proper growth and development of bones and teeth: Calcium, Phosphorus and Vitamin D.

Easily digested — quickly assimilated

Not the least of Cocomalt's many virtues as a food-drink is its *palatability*. It is so refreshing, so delicious, it appeals even to the very sick. And though it provides exceptionally high nutritional fortification, it is easily digested, quickly assimilated, imposes no digestive strain.

Recommended by you and taken regularly, Cocomalt will no doubt prove of great value to many of your patients.

FREE TO DOCTORS

We will be glad to send a professional sample of Cocomalt to any doctor requesting it. Simply mail this coupon with your name and address.



Cocomalt is the registered trade-mark of the R. B. Davis Co. Hoboken, New Jersey.

R. B. Davis Co., Dept. 12-V, Hoboken, N. J.

Please send me a trial-size can of Cocomalt without charge.

Dr. _____

Address _____

City _____ State _____

ADVICE vs EXPERIENCE

OUR advice, based on the findings of Mulinos & Osborne, and Flinn,* in cases of congestion of some portion of the upper respiratory tract is to smoke Philip Morris.

But experience is the best teacher. Test Philip Morris on yourself. Test them on your patients suffering from irritation caused or aggravated by cigarette smoking. Your results too will show that Philip Morris in which only diethylene glycol is used as the hygroscopic agent are less irritating than those in which glycerine, the usual hygroscopic agent, is employed.

★ Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245
Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
N. Y. State Jour. Med., June 1935, Vol. 35, No. 11

Philip Morris & Co. Ltd. Inc. Fifth Ave., N.Y.



PHILIP MORRIS & CO. LTD. INC.
119 FIFTH AVENUE NEW YORK

Absolutely without charge or obligation of any kind, please mail to me

★ Reprint of papers from

N. Y. State Jour. Med. 1935, 35 — ☐
No. 11; Laryngoscope 1935 XLV, 149-154. Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245.

For my personal use, 2 packages of Philip Morris Cigarettes, English Blend. ☐

SIGNED: _____

ADDRESS _____

CITY _____ **STATE** _____ **TER** _____

At Your Service!

MALLINCKRODT CHEMICALS

For Therapy and Surgery

IODEIKON—For clear gall-bladder shadows; introduced by Mallinckrodt in 1924, now U.S.P. as soluble iodophthalein. Used orally or intravenously. . . . **ISO-IODEIKON**—An isomer of Iodeikon which gives an X-ray of the gall-bladder and test of the hepatic function by means of a single injection.

BARIUM SULPHATE MALLINCKRODT—For sharp G-I pictures. Made by precipitation and sifted through fine silk; without grit or toxic impurities; specifically for internal use.

HIPPURAN—A radiopaque derivative of a normal urinary constituent. Suitable for intravenous or oral urography and for retrograde pyelography and cystography.

MALLINCKRODT ARSENICALS — Ar-sphenamine; Sulpharsphenamine; Neo-arsphenamine. Toxicity tests more stringent than government requirements; pre-lease clinical tests; ampule tips distinctively colored as added precaution.

ETHER ANESTHESIA MALLINCKRODT—Mallinckrodt Ether for Anesthesia is a product of outstanding quality, checked for purity by the most sensitive tests, and packed in hermetically sealed containers.

MALLINCKRODT ANALYTICAL REAGENTS—A complete line of dependable reagent chemicals for the clinical pathologist.

MALLINCKRODT PRESCRIPTION CHEMICALS—Over 1500 fine chemicals are manufactured by Mallinckrodt. To secure their superb quality on your prescription, specify M. C. W.

Mallinckrodt

CHEMICAL WORKS

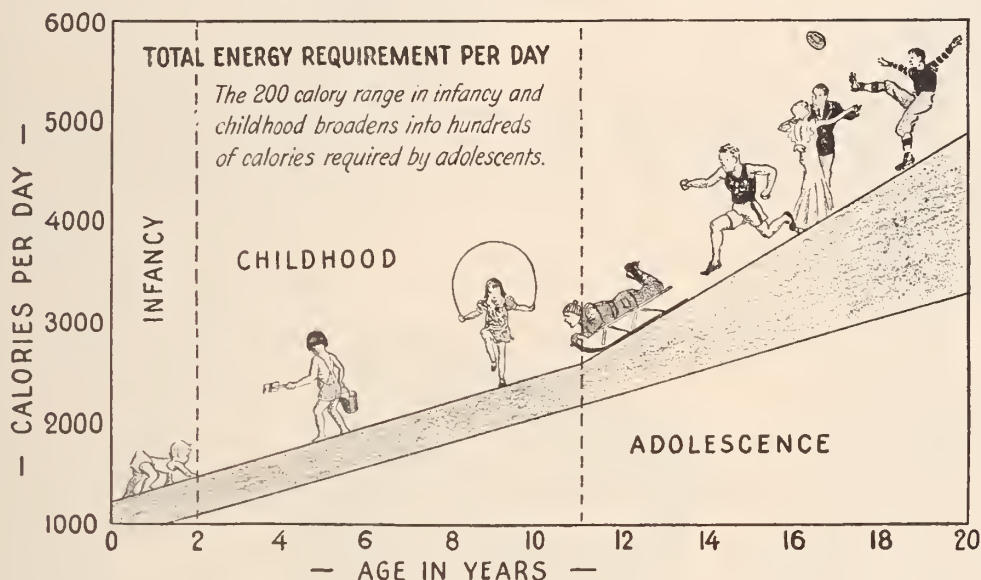
St. Louis Philadelphia Toronto
Chicago New York Montreal

Protecting The Potency of Your Prescriptions
Since 1867

ADOLESCENT EXHAUSTION

relieved by

CALORIES NOT REST



NORMAL ADOLESCENT boys and girls frequently complain of fatigue. They feel weak and irritable; they show a diminished ability to concentrate; they are disinclined to work; they are physically inefficient.

Some of these symptoms are physiological manifestations of adolescent development. But on careful study many young folks do not consume enough food to provide them with the enormous energy requirements necessary during this transitional period. The symptoms are the consequence of undernutrition.

The graph reveals the sudden rise in caloric requirement during adolescence. Three hurried meals are usually insufficient to provide the tremendous caloric needs. Ac-

cessory meals, mid-morning and mid-afternoon, in certain instances, may be prescribed with advantage. And Karo added to foods and fluids can increase calories as needed. A tablespoon of Karo yields 60 calories. It consists of palatable dextrins, maltose and dextrose (with a small percentage of sucrose added for flavor).

Karo is well-tolerated, highly digestible, not readily fermentable, effectively utilized and inexpensive.

Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. 18 17 Battery Place, New York City.





MAPHARSEN

(meta-amino-para-hydroxy-phenylarsine oxide hydrochloride)

A REFINEMENT OF THE AR-
SENICAL THERAPY OF SYPHILIS



OVER HALF-A-MILLION
INJECTIONS HAVE BEEN
ADMINISTERED WITHOUT
ANY SERIOUS ACCIDENT



*Mapharsen has been accepted by the Council on Pharmacy
and Chemistry of the American Medical Association.*



Tonight... Petrolagar
Tomorrow.. HABIT TIME



The **PATENT STOMACH RELIEVER** for extracting superfluities, excesses, & all sorts of Disorders.— Dedicated to Aldermen, Corporations, & Commanders in General.—

Pub. Dec 26 1826 by SW Foster 41 Piccadilly.

do you treat **CANCER?**

THE RADIUM EMANATION CORPORATION

MAINTAINS the most efficiently organized Radium laboratory to make available to you, at low cost, every facility for the use of Radium in your practice.

RADON SEEDS. Removable or permanent. We provide seeds of the composite type, with Radon under leak-proof glass seal. Filtration 0.3 mm. of Platinum.

APPLICATORS. Uterine tubes, cervical applicators, surface plaques properly prepared to meet the requirements of each individual case.

OUR SERVICE is available to you day and night including Sundays and holidays. Your inquiries and orders will receive our prompt and careful attention.

THE RADIUM EMANATION CORPORATION

GRAYBAR BLDG.

Tel: MOhawk 4-6455

NEW YORK, N. Y.

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

"Owing to the fact of their ready secretion by the liver cells bile salts are the most reliable chologogues with which we are acquainted." Starling.

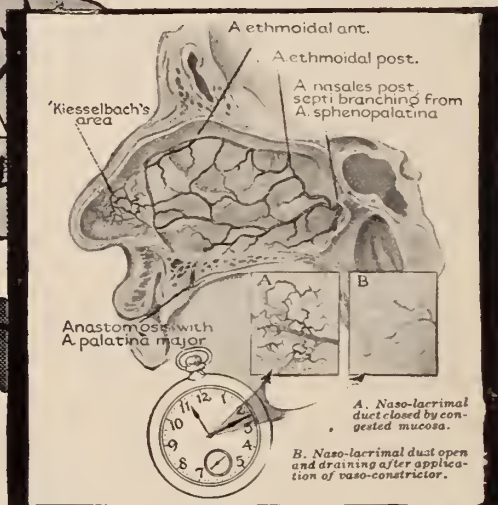
Powder, in $\frac{1}{4}$ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

FAIRCHILD BROS. & FOSTER

NEW YORK

Relieving the Congestion of AUTUMNAL CATARRH (HAY FEVER)



DOSAGE FORMS

SOLUTION
1/4% and 1%
(One-ounce
bottles)

EMULSION
1/4%
(One-ounce
bottles)

JELLY
1/2%—In
collapsible
tubes
with nasal
applicator

THE first consideration in treatment—relief from the symptoms of nasal congestion, lacrimation, sneezing—may be secured promptly by the topical application of

NEO-SYNEPHRIN HYDROCHLORIDE

(levo-metamethylaminoethanolphenol hydrochloride)

Neo-Synephrin affords an effective vaso-constrictor which is of particular value in hay fever because it is always active, even when used repeatedly.

OTHER ADVANTAGES OF NEO-SYNEPHRIN INCLUDE:

1. Less toxic in therapeutic doses than epinephrine or ephedrine
2. Action more sustained than epinephrine
3. Free from sting

FREDERICK STEARNS & COMPANY

DETROIT NEW YORK KANSAS CITY SAN FRANCISCO
WINDSOR, ONTARIO SYDNEY, AUSTRALIA

VITAMINS IN CANNED FOODS

II. VITAMIN D

• One of the most interesting chapters in the history of the science of nutrition is that relating to vitamin D. It is a record of steady advances in our knowledge concerning the vitamin. Starting with the work of Huld-schinsky in 1919 on the ultraviolet irradiation of rachitic children; passing to the classical discovery in 1924 by Steenbock (1) and by Hess (2) that irradiated foods may acquire antirachitic potency; and extending through the profound studies of Windaus (3) and other investigators, on the constitution of the pure vitamin D obtained by ultraviolet irradiation of ergosterol, the story of vitamin D is a story of steady, scientific progress.

As a result of these basic contributions, there are available today a number of excellent standardized carriers of vitamin D. Viosterol, and the fish liver oils, and their concentrates, are readily available for use in the campaign against rickets whose prevalence, especially among infants in large urban centers, still remains high. In addition to these vitamin D carriers, the vitamin D fortified or irradiated foods have appeared within recent years.

It has become increasingly evident that there are a number of compounds which may promote calcification in the various animal species. It is further evident that these compounds vary in their physiologic

efficiency with various animal species, or that they are "species specific". A number of forms of vitamin D have been postulated (4) and much research in the vitamin D field has been directed toward their isolation and identification.

In general, natural foods have never been regarded as important sources of vitamin D. The commonest food articles show extremely low antirachitic potencies when measured by conventional methods. However, recent evidence has been offered that the contribution of vitamin D made by a varied diet of canned foods may be more significant than has heretofore been supposed (5). While common foods admittedly cannot supply the high demands of infancy and childhood or other phases of the life cycle, for vitamin D, it would appear that they may supply significant amounts of the vitamin to the diet, especially in the case of the adult human, concerning whose quantitative vitamin D requirement comparatively little is known.

Biological research has shown that canned marine products such as salmon, shrimp, and oysters (6) make a small but definite contribution of the antirachitic factor to the diet. We desire to direct the attention of our readers to these interesting facts about canned foods in general, and these canned marine products in particular.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

(1) 1924, J. Biol. Chem. 67, 405
(2) 1924, J. Biol. Chem. 67, 501;
(3) 1932, Ann. 492, 226
(4) 1935, Physiological Reviews 15, 1-97

(5) 1934, Ind. Eng. Chem. 26, 758
(6) a. 1935, J. Home Econ. 27, 668
b. 1933, Science, 78, 368
c. 1926, Wis. Agr. Expt. Sta. Bul. 388, 124

This is the fifteenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.

AUTOMOBILE PROTECTION

With your car insured under the State Medical Society's endorsed policy you receive

*Unquestioned Company
Financial Strength*

Sound Future Protection

*Unequalled Service and
Prompt Loss Settlement*

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized agent on automobile insurance for the State Medical Society will furnish you with full details.

Way Underwriting Agency

INCORPORATED

**605 BROAD STREET
NEWARK, NEW JERSEY**

Telephone Mitchell 2-0613



The Artificial Denture *in relation to* **GASTRIC DYSFUNCTION**

WITH gastric dysfunction forming a large portion of the ills he is called upon to treat, the physician, whether a gastroenterologist or a general practitioner, has an *especial* and *major* interest in patients wearing artificial teeth.

For one thing, such patients generally are of late middle age or older, when it is not uncommon for the digestive apparatus to begin to show some organic impairment or functional aberration, and hence be more liable to the various ills of gastric dysfunction.

Dentures Must Fit Comfortably

Furthermore, such impairment or aberration is of necessity aggravated in the case of a patient with false teeth. *For the very fact of an artificial replacement presupposes a former edentulous state of some duration, with all its attendant evils:* physical inability to masticate food properly, a habit of bolting food insufficiently prepared for gastric digestion, and a consequent overtaxing or breaking down of the digestive organs.

Thus the patient with false teeth is more likely than not to present symptoms of some gastric disorder, which is certain to grow worse unless the artificial denture is sufficiently stable and efficient to promote com-

fortable and thorough mastication. A wobbly denture, a denture that is maloccluded, or that is irritating to the tender tissues, may not only be the cause of atonic, catarrhal, or fermentative dyspepsia, *but, by keeping a patient under a constant strain and creating nervous tension, it may also reflexly affect the function of the entire alimentary canal.* This is a fact clinically demonstrated, and corroborated by the innumerable dentures that patients allow to repose idly in bureau drawers, as being worse than no denture at all!

An Aid to Greater Denture Comfort

• It is often a problem calling for understanding and co-operation between physician and dentist. At other times, however, nothing more is necessary than a proper aid to help the patient through the trying period of learning to use a denture.

Such, for nearly 30 years, has been the function of DR. WERNET'S Powder for dentures. It forms an elastic, adhesive, and protective cushion between the denture and the tissues. It holds the denture, *mechanically*, more firmly in place, and soothes and protects tissues that are tender. By promoting comfort and greater masticating efficiency, it not only hastens the patient's mastery of a denture, but is instrumental, as well, in arresting and preventing some of the worst ills of gastric dysfunction.

SEND FOR A FREE SUPPLY to try. Simply mail the lower portion of this page with your card or letterhead to WERNET DENTAL MFG. CO., 882 Third Avenue, Brooklyn, N. Y.



DR. WERNET'S Powder

AIDS DIGESTION BY PROMOTING BETTER MASTICATION!

DIARRHEA

"the commonest ailment of infants in the summer months"

(HOLT AND MCINTOSH: HOLT'S DISEASES OF INFANCY AND CHILDHOOD, 1933)

One of the outstanding features of DEXTRI-MALTOSE is that it is almost unanimously preferred as the carbohydrate in the management of infantile diarrhea.

In diarrhea, "The sugar is added gradually to conditions admit, some sugar other than milk sugar being used, preferably dextrin and maltose."—H. E. Small: *Diarrhea in bottle-fed infants*, Maine M. A. 12:152-158, Jan. 1932.

In diarrhea, "Carbohydrates, in the form of dextrin-maltose, well cooked cereals or rice, usually can be handled without trouble."—B. B. Jones: *A discussion of some of the commoner types of infantile diarrhea, and the principles of the diets used in their treatment*, Monthly, 55: 411-412, 1924.

"The most desirable sugar is dextrin-maltose, because of all the sugars maltose is least apt to cause trouble."—A. J. Blau: *The use of dextrin-maltose*, Arch. Pediat., 41: 771-772, April 2, 1924.

Concerning the treatment of diarrhea, "If the weight remains stationary, it is an indication that loss of substance is occurring through the stools, this loss in the form of alkaline salts. To equalize this loss of substance, the diet must be increased, not in such a way as to avoid causing fermentation, but in such a way as to add dextrin-maltose to the food, increasing the protein to the food, increasing the calories until the infant is taking 160 calories per kilo. of body weight."—H. L. Raboult: *Nutritional disturbances*, Arch. Pediat., 41: 771-772, Nov., 1924.

"The development of the science of being able to feed the infant with fermented milk, like protein milk, after only one day on the ration diet, is apparent. In addition, the further advantage of being able to safely add a carbohydrate like Dextrin-Maltose No. 1 or No. 2 to the protein milk within a few days, enables one to gradually bring the infant up to its basal needs in a short time. When protein milk was used, the result that many children on a ration diet of collapse. The suggestion was made in Toronto, Canada, that Dextrin-Maltose be added to protein milk, was of great value. Many practitioners still use protein milk, but it is emphasized that adding carbohydrate to the stools, carbohydrate must be added to the protein milk within a reasonable time to avoid collapse."—G. J. Fiddstein: *Use of Dextrin-Maltose*, Arch. Pediat., 41: 771-772, Nov., 1924.

In cases of malnutrition and indigestion, "The appetite improves rapidly, and the stools soon become normal in appearance, if the sugars are intelligently prescribed. By this I refer to proper proportions of dextrin and maltose for the proper proportions to looseness."—W. L. Denney: *Acute nutritional disturbances of infancy*, Univ. West. Ontario M. J. 2:132-137, April, 1932.

"After the preliminary short period of starvation, protein milk should be used. . . . When the diet has been sufficiently checked, dextrin-maltose may be added and gradually increased until from 4 to 6 tablespoons are being used."—W. L. Denney: *Acute nutritional disturbances of infancy*, Univ. West. Ontario M. J. 2:132-137, April, 1932.

Regarding the treatment of diarrhea, "In our experience, the most satisfactory carbohydrate for routine use is Mead's dextrin-maltose No. 1."—F. R. Taylor: "Summer Complaints," Southern Med. & Surg., pp. 555-559, August, 1927.

In cases of diarrhea, "For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextrin-maltose is the carbohydrate of choice."—H. H. McCaslan: *Summer diarrheas in infants and young children*, J. M. A. Alabama, 1:278-282, Jan., 1932.

"If it is desired to feed an unusually large amount of sugar to a baby, it is well to use a maltose-dextrin preparation, as in this way there is less danger of bringing about sugar fermentation than if lactose were used."—L. W. Hill: *Practical Infant Feeding*, W. B. Saunders Co., Phila., 1922, p. 206.

"The young baby, one-third milk and two-thirds maltose, usually at first, and a half dextrin-maltose and a half milk, is the carbohydrate containing most easily digested. . . . Preparations containing the most maltose are more rapidly absorbed, but on the other hand, are more liable to produce diarrhea. . . . Lactose which was very popular at one time, is never used in our work. The consensus of opinion seems to be that milk sugar is often a source of indigestion in normal infants and the primary cause of fermentative dyspepsias in infants."—J. H. Reading, Jr.: *Artificial Infant Feeding*, W. B. Saunders Co., Phila., 1922, p. 206.

"Protein milk may be continued for several weeks when a gradual transition to a whole milk or evaporated milk formula, which will supply about every pound of body weight, is reached. This also should finally have the addition of dextrin-maltose amounting to five to seven per cent."—R. A. Strong: *Summer diarrheas in infancy and early childhood*, Arch. Pediat., 47:344-354, June, 1930.

"It should be remembered that if a high percentage of lactose may cause diarrhea. If a high percentage of sugar be required it is better to use dextrin-maltose, such as Mead's No. 1, than if by dextrin-maltose, such as Mead's No. 1, where the maltose is only slightly excessive, thus diminishing the possibility of fermentation."—W. J. Pearson: *Artificial Infant Feeding*, W. B. Saunders Co., Phila., 1922, p. 206.

"I begin to add carbohydrates slowly, by replacing 1/4 ounce Casec every two days with 1/4 ounce of Dextrin-Maltose, preferably Dextrin-Maltose Number one. As a rule, this is tolerated. When one ounce of Dextrin-Maltose is used, the Casec, of course, should be discontinued."—F. R. Taylor: *Summer Complaints*, Southern Med. & Surg., pp. 555-559, August, 1927.

"When sugar causes diarrhea one can change the form of it. Mead's Dextrin-maltose, in small doses is more quickly absorbed and so superior to castor [cane] sugar. Lactose is expensive and seems not to be better than castor sugar."—H. B. Gladstone: *Infant Feeding*, W. B. Saunders Co., Phila., 1922, p. 206.

"Milk-sugar, which has been so extensively used in the past, should never be used where there is any digestive disturbance. It is not as easily digested as either cane-sugar (granulated sugar) or dextrin-maltose. The latter is the best of all sugars to use, especially if there is any tendency to looseness of the bowels."—A. Brown: *The Normal Child: Its Care and Feeding*, F. D. Goodchild Company, Toronto, 1923, p. 120.

"For cases of fermentative diarrhea, . . . the ideal plan of treatment would be to give a food of organisms thrive on (the food which that group of organisms thrive on) and high in protein. Calcium caseinate milk accomplishes this purpose. In our series of cases, we found it was necessary to use the casein calcium for from 5-8 days; we then stopped it and added dextrin-maltose to the formula."—A. G. DeSanctis and L. V. Pader: *The value of calcium caseinate milk in the treatment of diarrhea*, Arch. Pediat., 47:344-354, June, 1930.

SERIOUSNESS OF DIARRHEA

There is a widespread opinion that, thanks to improved sanitation, infantile diarrhea is no longer of serious aspect. But Holt and McIntosh declare that diarrhea "is still a problem of the foremost importance, producing a number of deaths each year. . . ." Because dehydration is so often an insidious development even in mild cases, prompt and effective treatment is vital. Little states (Canad. Med. A. J. 13: 803, 1923), "There are cases on record where death has taken place within 24 hours of the time of onset of the first symptoms."

Just as DEXTRI-MALTOSE is a carbohydrate modifier of choice, so is CASEC (calcium caseinate) an accepted protein modifier. Casec is of special value

for (1) colic and loose green stools in breast-fed infants, (2) fermentative diarrhea in bottle-fed infants, (3) prematures, (4) marasmus, (5) celiac disease.

for immunization

REFINED DIPHTHERIA TOXOID

[ALUM PRECIPITATED]

Lederle

THIS AGENT for active immunization against Diphtheria simplifies the immunization procedure in that only one injection is used.

Tissue absorption proceeds so slowly that the antigenic stimulus is maintained over a long period of time—simulating in effect the primary and secondary antigenic response obtained with two injections of plain Toxoid.

Refined DIPHTHERIA TOXOID (Alum Precipitated) *Lederle* produces protective immunity in approximately 90% of children within 2 months.

It can be given to individuals under 8 years of age with confidence that only a very occasional child will suffer an objectional reaction. Children of more than 8 years, and adults should be tested with diluted Toxoid for sensitivity to this product (Moloney Test).

Supplied in two concentrations:

ONE IMMUNIZATION—ONE 1 CC. DOSE

ONE IMMUNIZATION—ONE ½ CC. DOSE

Packaged as follows (either concentration)

1 IMMUNIZATION IN 1 VIAL

10 IMMUNIZATIONS IN 10 VIALS

10 IMMUNIZATIONS IN 1 VIAL

Sensitivity Test (Toxoid diluted 1:20)

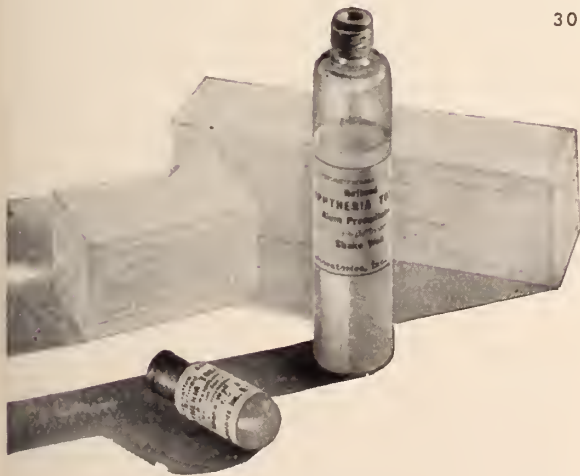
10 TESTS IN 1 VIAL

100 TESTS IN 1 VIAL

LEDERLE LABORATORIES, INC.

30 ROCKEFELLER PLAZA

NEW YORK, N. Y.



ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products

BLOOD CHOLESTEROL

In Diabetes

ABNORMALLY high blood cholesterol is characteristic of untreated and uncontrolled diabetes; and many now believe that the object of treatment should be not only normal blood sugar but normal blood cholesterol as well. Fatty infiltration of the liver, always undesirable, is particularly to be avoided in the diabetic. Recent work has suggested that a further increase in the carbohydrate and a corresponding decrease in the fat of the diet might aid both in lowering blood cholesterol and in preventing fatty infiltration of the liver.

'Iletin' (Insulin, Lilly) is supplied through the drug trade in 5-cc. and 10-cc. vials.

Prompt Attention Given to Professional Inquiries

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK OVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 8

AUGUST, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

The Personality of the County Medical Society

Dr. O. W. Holmes says that there are three Johns,—the John that John thinks himself to be, the John that others think him to be, and the real John.

Every doctor has a triple personality,—the doctor which he claims to be, the doctor which people think he is, and the real doctor. The successful physician is known by his three qualities of self-confidence, reputation, and his ability in relieving distress and restoring health, physical and mental, to the weak and sick.

A doctor is popularly rated as successful by the degree that he becomes known for his success in restoring the sick to health. When he acquires a reputation for skill and for devotion to his patients, the people seek his services, and he is a power in his community. An honest self-confidence in his own ability is essential for a doctor to be successful in the private practice of medicine.

The County Medical Society is a living thing which has a personality of its own as it plans and directs the production and delivery of health services to the people. The Society is the physician to the community, and provides those forms of service which neither indi-

vidual doctors can supply, nor individual persons usually obtain except as the results of voluntary agreements of the members of the Medical Society with representatives of the people.

The personality of a Medical Society, like that of a physician, is of a triple nature that is dependent on three conditions:

1. Its *assertiveness* of its own authority in medical opinion.
2. The *reputation* which people ascribe to it for leadership in health matters.
3. Its real *accomplishments* in securing the adaption of the projects which it promotes.

The County Medical Society has an essential place in the community; and its influence will depend on what its members think of it, and its reputation among the people. The Committee on Public Relations of The Medical Society of New Jersey has been organized for the purpose of informing the people of the essential usefulness of the Medical Societies, and of influencing lay health organizations to seek the advice of the Societies, just as individual persons seek the doctor when they are sick.

Objectives and Enterprises

A common defect in the administration of State Medical Societies is that, after the leaders have stated a general ideal or objective to be attained, they leave its development and practical adoption to the County Societies and their members. An objective remains only a desirable ideal unless enterprises to carry them out are planned and carried to their completion by local workers.

An example of a laudable objective is the eradication of diphtheria. This will be attained only after County Societies and their members adopt and carry on a series of specific enterprises, such as isolating cases, culturing suspected throats, administering antitoxin, producing and distributing antitoxin, and organizing public measures for immunizing children.

Every specific enterprise undertaken by the Medical Society has passed through at least four stages of evolution (Editorial, Journal, November 1935, p. 627):

1. It began as an *objective* to be realized in the future.
2. It has developed into a *project* or method of action which was referred to a committee for planning and installing.
3. It was adopted as an *enterprise* to be undertaken by the County Society or its members.
4. It has matured into a *service* which is being delivered to the community and individual persons by members of the County Societies.

A medical or health objective is realized only when the members actually engage in the enterprise of delivering the proposed services to the people.

The Medical Society of New Jersey is maintaining a high standard of objectives and enterprises by inspiring and leading each County Society to carry out the suggestions of the State officers and committees.

Evidence of Progress

The "Transactions" of the Annual Meeting, held on June 2-4, 1936, are published as a 72-page supplement to this, the August issue of The Journal. They contain the judgment of the House of Delegates concerning the efficiency of the work of the officers and committees as revealed in their annual reports, most of which were printed in the May Journal. This judgment is expressed concretely in the reports of the Reference Committees, practically all of which were adopted unanimously by the House of Delegates (Transactions, pages 25-33).

A study of the items approved by the reference committees will reveal the extent of the progress made by The Medical Society of New Jersey and its twenty-one component County Societies during the past year. These items may be considered in the three groups of objectives, projects, and enterprises.

Among the new *objectives* to be attained in the future are the following:

1. Greater coöperation by the County Societies, particularly the establishment of a central office for each Society.
2. Securing more general participation in the meetings of State Society committees by paying the expenses of the members incurred by attending the meetings.
3. More wide acceptance of positions in lay health organizations by representatives of the County Societies.
4. Coöperation with officials in the prevention of crime by reporting all cases of gunshot wounds treated by physicians.

Among the *projects* which were approved and referred to committees for immediate planning may be enumerated:

1. A periodic letter to the members calling attention to specific activities depending upon the active support of the County Societies.
2. The further development of the field of work of the Public Relations Committees, especially in publicity.
3. Closer contact with the State Department of Health.
4. Instruction in the management of cases of mental diseases.
5. More perfect integration of the work of County Societies with that of the State Society.

Among the projects which have developed into actual *enterprises* now in process of operation, the following were given special consideration:

1. The terms of officers of County Societies to be synchronous with those of the State Society,—that is, they shall take office at the close of the Annual Meeting of the State Society.
2. Historical research, especially the discovery and preservation of the early records of County Societies and their members.
3. The enactment of the Uniform Medical Practice Act.
4. Closer contacts between physicians and pharmacists.
5. Testing school children for incipient tuberculosis.
6. The assumption of leadership in the projects under the National Social Security Act, especially in maternal welfare, care of crippled children, child welfare, and venereal disease control.

7. Developing the aid of the Woman's Auxiliary, especially as agents in coöperation with the publicity work of the Public Relations Committee.

8. The development of The Journal as a source in which members will seek information and instruction in all lines of Society activities.

9. The consolidation and further development of County Society activities along the lines of relief to the indigent, and workmen's compensation.

It may confidently be expected that, at the end of this official year, each group of activities will have been advanced one stage. Some enterprises will have been completed; some projects now being planned will have been undertaken as practical enterprises; and some ideals will have become recognized as objectives possible of realization. The reports of the Reference Committees will provide the fixed points from which progress may be reckoned.

Opportunities of the County Society

Physicians in general practice, who constitute the great majority of physicians, are becoming more and more conscious of their responsibility for the delivery of all forms of medical service to the people. There have been good reasons for their not leading in the practice of preventive medicine and in public health education of the people.

Welfare officials have dispensed public money from the standpoint of the "taxpayers" rather than in the interest of those who cannot purchase the services of the physicians.

Both knowledge and facilities have been lacking for the effective treatment of chronic conditions.

Cultists and quacks have capitalized on the ignorance and credulity of the people by promising cures of incurable conditions.

Welfare organizations and endowed "Foundations" have exaggerated the ability of the medical profession to restore vigor and health to chronic invalids and to prevent their conditions from developing.

The implications of the National Committee on the Costs of Medical Care are that health is a purchasable commodity which physicians could sell or give away, if they would.

The climax of the propaganda has been the National Security Act, which offers to give services in fields in which organizations of physicians have not been actively engaged.

The Medical Society of New Jersey has accepted the challenge of the welfare organizations and has offered to provide the needed services, if the public officials will supply the funds which will enable the Society to deliver the services of physicians wisely and effectively.

The offer of the national public officials was that they would send their own physicians and workers to give the services in which physicians were not engaged.

The reply of the medical leaders was that the State and County Medical Societies would formulate plans which are suited to local conditions, and would carry them out far more effectively than any imported physicians and health workers can do.

Welfare officials have accepted the plans proposed by the medical profession in the fields in which the needs are the most acute and there is the greatest prospect of permanent success.

Conferences between the medical leaders and the welfare representatives have resulted in

agreements along four lines—maternal welfare, crippled children, child welfare, and venereal disease control. The Welfare Committee is announcing the formation of sub-committees in these four lines, whose names are printed on page iv in the list of officers and the committee members.

The success of the plan depends on the hearty participation of the County Societies in carrying out the projects. There is every reason to expect a hearty response by the County Societies and their members, for the plans involve the delivery of services by methods to which practicing physicians are accustomed.

An Unsuspected Menace

Particular attention is called to the "Tuberculosis Abstracts" in the July Journal. This abstract was on the subject of "Institutional Tuberculosis", and referred to an article in the June, 1936, issue of the American Review of Tuberculosis, entitled "A Study of the Incidence of Tuberculosis in State Institutions in Minnesota", by Herbert A. Burns, M.D., Superintendent of the Minnesota State Sanatorium at Ah-Gwah-Ching.

The significance of Dr. Burns' article is that tubercule bacilli were found in the sputum of about two per cent of the total number of in-

mates. This condition has been a grave menace to not only the inmates and the attendants, but also to their families and their relatives and all others with whom the patients come in contact; and the result has been an unusually large incidence of tuberculosis among both the inmates and the attendants.

Conditions similar to those in Minnesota would undoubtedly be found in New Jersey, if a serious attempt were made to discover the cases in sanatoria, prisons, homes, and other institutions in which many helpless persons live under crowded conditions.

Medical History Research

Few men live in the memories of their successors, and only a minority can tell the names of their great-grandfathers; and still fewer can recall the identity of the leaders in the community of a half century ago, or the names of the best-known citizens,—the physicians,—although the doctors of that time were noted for their independence and their originality which sometimes amounted to personal peculiarities.

Research into local history is an avocation in which more physicians would indulge if provision were made for recording their knowledge and discoveries, and for exchanging information and suggestive leads. Every com-

munity has had its family doctors who were respected and honored in their day, but forgotten within a generation or two. But some of the older places, Rahway and Bridgeton for example, have preserved the traditions of the former physicians, and even the sites of the houses from which the practice of medicine was handed down from father to son through a succession of generations.

The Medical Society of New Jersey will promote the practice of the avocation of medical history. It will open the pages of *The Journal* to articles on local medical lore, and will assist the physicians in preparing the records for preservation and distribution.

State Health Officer Districts

To standardize the duties of the local health officers is a problem which concerns New Jersey, as it does all the other States of the Union. The development of health service has been like that of the army and the police. The service began with each town, village, and city establishing its own system of protection, and managing it without regard to other communities. It is now passing through the stage of propaganda for large units of administration under full-time officers, the county or groups of counties being the suggested unit, with the exclusion of responsibility by towns and villages.

Experience has shown that neither system alone is efficient, but that each supplements the other.

Local responsibility is necessary in order to maintain the standards of community house-keeping, such as garbage disposal, open food booths, outdoor toilets, pig pens, and unnecessary noises. The control of these conditions properly lies with the local police and courts, the health officer being the advisor, and not the prosecuting officer except in emergencies when the existence of a health menace is self-evident.

In matters of sanitation and civic house-keeping, the local health officer should have the same standing as the counsel to the town or village in all legal matters. Experience has

shown that county-wide health units seldom attempt to suppress offensive conditions which have a strictly local effect, but they leave the action to the villages and towns which have no organization to deal with those conditions.

The argument is advanced that minor nuisances are not matters of public health concern. They naturally belong to the Sanitary Department,—and that is under the Board of Health, to whom the health officer is the expert adviser and executive officer.

It is necessary to preserve a large degree of local responsibility and power in all matters in which health may be involved. It is equally necessary to provide State consultants, who will be the superior officers over the local health officers, and who can thereby secure any of the services of the State Department of Health, including diagnosticians, technicians, sanitary engineers, and all other experts. A District State Health Officer, in charge of a group of villages and towns, would provide all the services which the County Health Department could give. Moreover, the State could supply as much or as little personnel and equipment as might be needed to cope with an emergency.

The system of District State Health Officers provides all the advantages of the County Health Department, while it preserves the principle of local responsibility in civic cleanliness and sanitation.

Summer Activities of the State Medical Society

A great source of power of The Medical Society of New Jersey is its system of rotation in office, and its promotion of those officers who show a special aptitude for particular kinds of service. When a high officer enters upon his year of service, he has a clear conception of what he would like to accomplish, based on his service under a previous leader; and he has a year in which to carry out his plans. His year of service involves an immense expenditure of time and effort which he cannot be expected to continue indefinitely. The rotation and promotion in office is an in-

centive to those in line for advancement to carry their enthusiastic performance of duty through a series of years, thereby insuring a continuing policy of high efficiency, originality, and progress.

During the past year there has been a growing realization of the need of adopting a system of aides to the President, as suggested by President Newcomb in an editorial on page 397 of *The Journal* of July, 1935. This plan is in process of crystallization into a President's Cabinet, composed of those elected officers who are in line for promotion. A policy

was formally adopted by The Medical Society of New Jersey that "all its activities shall revolve around the President during his term of office". (Transactions, 1934, pages 4 and 32.) The duties of the President have become so varied and broad that their efficient performance requires their distribution among those who may reasonably expect to be his successors. The assignment of duties to the

two Vice-Presidents and the President-Elect insures not only their training for full executive responsibility, but also those friendly contacts which inspire the confidence in the officers and members of the County Societies throughout the State. The Summer months are times of activity for the President and the members of his cabinet in developing plans for the Fall, Winter, and Spring months.

The County Society in Public Health

An active interest in every public health movement is essential for the success of a County Medical Society. If the Society shows no interest in public health, the leaders of the community will seek advice from other sources. The essential weakness of the average County Society is that it permits the leadership in public affairs to pass to lay health organizations. A great problem which faces the Public Health Committee of every medical society is to "Recapture the leadership which lay health organizations have secured by their aggressiveness, plus funds raised from sources varying from local membership dues, to the nation-wide Foundations", endowed with millions.

The County Medical Society is now in the condition of a young physician starting out to practice. The outspoken criticism of the County Society leaders made by local health organizations is that the County Society fails to show an interest in public health projects. The successful family doctor takes a vital interest in the health practices and habits of every patient, no matter how nervous or self-willed he may be. His friendly approach is the key to his influence over his patients, for they return to him because he "understands" them.

The County Medical Society will come into its own high place of influence in the community when it assumes an active interest in the projects of the lay health organizations. Unfriendly criticism of their methods drives

the lay health organizations away; but constructive suggestions will bind them to the Society, just as it binds the private patients to their doctor.

The Medical Society of New Jersey is pointing the way which the County Societies must follow if they are to assume the leadership which rightfully belongs to them. It has already showed welfare officials how to deal with the problems of medical relief of the indigent. It is now engaged in the great task of securing recognition as consultants in the nation-wide projects of the Social Security Law,—including maternal welfare, crippled children, child welfare, and venereal diseases. It has said to the national promoters of these projects, "We will point out practical ways of carrying on your projects and be responsible for the results, if you will pay the bills." Much of the work is now organized on a coöperative basis with the State Society as the leader and director.

The same principle applies to County Societies. In fact, the actual delivery of the services to the needy must be done by family doctors, acting under the leadership of special committees of the local medical organizations.

The County Society will win prestige and influence when it demonstrates its willingness to act as the friendly adviser to the local lay health organization and the welfare agencies.

ORIGINAL ARTICLES

NOTES ON THE HISTORY OF MEDICAL PRACTICE IN CAMDEN COUNTY

By HENRY B. DECKER, M.D., Camden, N. J.

Delivered before the Camden County Medical Society on the occasion of presentation of diplomas for completing fifty years of practice to Drs. John W. Marcy, Alexander MacAlister, and J. F. Leavitt, May 7, 1935

To address this Society is always an honor. To speak about its history is doubly so. Because of a fault in my sleep cycle, I acquired the habit of reading until early morning. This habit, continued over a period of years, has cluttered up my brain with many useless facts. As texts on history and historical novels furnish the easiest reading, my interest in this branch of knowledge is greatest.

The history of any group is the sum total of the actions of its component members. In reaching this total, the value assigned each individual will vary. Some are leaders who influence the entire group, others follow and are neutral, and still others retard. With this in mind the historian prepares by writing essays on outstanding individuals. Later he fuses these into his work.

In the history of a nation or era, one cannot determine the action of every individual. In our small group the influence of each member can be carefully evaluated. One can compare the greater history to a large mural, vivid with color, with individuals indistinctly outlined, and the smaller history to a very fine etching in which each object is sharply and accurately delineated.

Other factors such as climate, agriculture, transportation, machinery, epidemics, to mention a few, influence history. However, these are to a large extent subservient to the man. At the present time life goes on in a jumble of these factors. It is one of the most interesting periods in the world's history. Unfortunately, it is so close that one's perspective is warped. Analogous conditions may be found in past history.

Rome, just before the Christian Era, dominated the then known world. Large slave populations, comparable to our present-day ma-

chinery, displaced the small farmer and laborer. Then as always the small farmer was in trouble and in debt. Legislative relief by cancelling debts and re-apportioning land failed because of the chicanery and grafting of almost all the political officials. With the fire brigades of Crassus, the highest point of racketeering was reached. The Senate failed to control and maintain the public respect. The rich were becoming richer and the poor were becoming poorer. The population of Rome was receiving a food dole. In the midst of all this confusion and turmoil Caesar obtained control of the republic.

All through history one finds certain master patterns to which events may be fitted. Thus one may make certain general predictions as to the course of various nations and peoples. This makes the study of history a most fascinating subject. And the history of a small group, such as our Society, is just as interesting as any world history. One finds outstanding physicians influencing the medical profession and sometimes the entire community. This influence is so evident that one might say that a community is never any better than its physicians.

Because the physician is a most human individual and enjoys association with his fellow practitioners, medical societies were formed early in our history. Through the minute books of these societies one can best trace the development of medical practice. So I have made some notes from these minute books and consulted the various medical histories of the county and hope to entertain you.

In Colonial times physicians were few in number and located in the larger centres. The settlers survived or died with the help of whatever home remedy or primitive treatment was available. As the population increased, the

number of physicians increased. Haddonfield, the third oldest settlement in West Jersey, was the important town in our present Camden County during the eighteenth century. Here one finds records of the first physicians.

The first outstanding name is that of Dr. Bowman Hendry, son of Dr. Thomas Hendry, of Woodbury. He was a student in the University of Pennsylvania when the Whisky Rebellion broke out in Western Pennsylvania. He enlisted as a private in the army organized to suppress the rebellion. His father exerted influence to have him released from his enlistment, prematurely examined at the University, and appointed an assistant surgeon with the troops.

He commenced practice in Haddonfield in 1794. For fifteen years he made his visits on horseback, riding from the Delaware to the Atlantic, sleeping in the woods when no shelter was available, and frequently being gone several days on a call. Finally, at a vendue, he bought an old sulky and harness for thirty dollars. An old "Friend", witnessing the purchase, protested such extravagance and prophesied an increase in the doctor's "overhead".

From Stevenson's history we quote: "By his example he taught this community that there was attached to the practice of medicine a philanthropy and a benevolence that widely separated it from other occupations; and, by dying a poor man, when so many opportunities offered to secure gain, he illustrated the fact that the services of such men cannot be measured by money." He was a man and physician that we would all have liked to know. We can be proud to follow after him.

Before the fourth decade of the last century the present Camden County was part of Gloucester County, and the physicians were members of the "old" Gloucester County District Society. With the separation of Camden County the Camden County District Society was organized. At first the meetings were held in Haddonfield, and later in Camden. In 1853 the physicians practicing in Camden organized the Camden City Medical Society.

Shortly after the organization of the City Medical Society, a special meeting was called to consider the "cholera epidemic" in the City

of Camden. Cholera had appeared during July and spread rapidly. Actually there were fifty-seven cases with twenty-two deaths, but every one either had or imagined he had diarrhoea. The amount of Brandy and "Brown's Essence of Ginger" consumed was enormous. During August the cholera died out, but it recurred in October, and by the first of November was epidemic. During this second outbreak, there were thirty-seven cases with fifteen deaths. The special meeting of the City Society was called on the 14th of October to consider the best treatment for cholera, and adjourned to the 19th. Then the decision was that "calomel, acetate of lead, and the cautious use of opium were the best remedies".

At the regular meetings of the Societies, the custom was to select a member whose duty it was to report on the health of the community. At the annual meetings the President delivered an address. We find that on June 15th, 1857, Dr. Othniel H. Taylor delivered the presidential address to the County Society. The title is most interesting—"The Obvious Decline in the Respect of the Public for the Medical Profession in New Jersey, with an Inquiry into Some of Its Causes".

Something must have happened to the medical profession in the half century from Bowman Hendry. This is one address that I would like to read. Did Dr. Taylor censure the unprofessional conduct of some of his fellow practitioners? did he deplore their lack of training and skill? or did he decide that the public was becoming more critical?

At this same meeting Dr. Thomas Cullen reported on the health of the community. "The summer of 1856 was hot and dry, the autumn dry and warm, the winter unusually cold, the mercury being lower for a series of days that it had been known for twenty-five years. There were snow storms of unprecedented violence, the river was frozen so as to impede navigation, and the spring was tardy in appearing. During the summer remitting fever was general which, if neglected, became complicated with dysentery and a typhoid condition. In the winter erysipelas prevailed, with a tendency to attack the throat, and at this time puerperal fever was not uncommon."

In 1855 Dr. Oliver Wendell Holmes published his paper on "Puerperal Sepsis", in which he mentioned "Sendelein", meaning "Semmelweis", and indicated that the physician might carry the infection to the delivery bed. Which side did Dr. Cullen take in the controversy that arose? His report certainly bore out Dr. Holmes' contention.

In 1858 Dr. Sylvester Birdsell blamed the hydrant water of Camden as a cause of dysentery. A committee of the City Society was appointed to investigate; and a special meeting of the Society was held, at which a better water supply was demanded. It was forty years before this was accomplished, but through all the minutes of the City Society one finds the demand recurring.

During this epidemic of dysentery, Dr. W. G. Thomas died. In September, 1859, the City Society found that Dr. Thomas' estate was insufficient to pay the undertaker's bill. The Society decided to pay the bill. Some mention of this bill appears in the minutes of each meeting until December 15, 1861, when the committee reported that they had paid the claim in full, the amount being \$19.80.

On March 2, 1865, "Dr. Stevenson read an interesting report of a case of injury to the foot and leg from being caught in hot rollers at the rolling mill, involving amputation at the lower third of the thigh. In this report the Doctor spoke very highly of a solution of permanganate of potash in gangrene. Strength 2 grams to fluid ounce of water." Amputation and the treatment of gangrene were discussed in the same paper.

In August, 1871, there was a smallpox epidemic. Dr. Randal W. Morgan was placed in charge of the isolation hospital, which treated 133 cases with a mortality of 18.2 per cent. Dr. R. M. Cooper estimated 1000 cases with 157 deaths in a population of 23,000. In February, 1880, smallpox again appeared. A temporary hospital was erected on vacant lots in the Eighth Ward and Dr. C. M. Schellenger placed in charge. The epidemic continued until the Managers of the City Dispensary arranged for general vaccination in August, 1880. During this epidemic 680 cases with 134 deaths were reported.

In 1880 an epidemic of typhus fever broke out in the Alms House at Blackwood. Dr. McCullough, one of the attending physicians, succumbed; as did the steward, a contractor, the matron, and two assistants.

These epidemics served a useful purpose in showing the weakness of the health organization. Shortly after this a Board of Health was organized to replace the sanitary committee of the city council, and a county physician was appointed. The first county physician was Dr. Randal W. Morgan, who was appointed for five years at a salary of \$467 per annum.

From Godfrey's History we quote: "The Cooper Hospital was opened in 1887. It inaugurated an new era in the progress of medicine in Camden County. Previous to this the greater portion of the surgical injuries occurring in Camden were attended at the Philadelphia Hospitals; and, as soon as the wards of the Cooper Hospital were thrown open to patients, the members of the attending medical and surgical staff were confronted with the gravest medical and surgical problems, *which were solved with almost unvarying success.* From August, 1887, to December 31, 1888, some seventy operations were performed, in which there were twenty amputations."

I went through the hospital records and found that there were seventy operations, and that fifty-one patients were discharged as cured. The remaining nineteen died. Among these we find a breast amputation, then several railroad injuries, three thigh amputations, one with both thighs, and one with an arm and thigh. One patient died from exhaustion following an exploratory laparotomy for carcinoma. Another patient with a gun-shot wound of the abdomen is listed as a laparotomy, but the record naively states "the patient died from internal hemorrhage prior to the operation". Another patient with a gun-shot wound of the cranium died. Apparently the unloaded gun has always been common. An operation for pseudo-aneurism of the forearm was successful, but the patient died from shock. The most successful operation was "for strangulated scrotal hernia and radical cure of same". This patient died some few days later from "delirium tremens".

Reading further through these reports we find in 1890 "operation for typhilitis with perforation, abdominal section and drainage, cure. Resident—Dr. Jos. L. Nicholson." To all internes who assisted Dr. Nicholson, this will bring back memories of the garden hose in the cul-de-sac, and hot coffee enemas. This is the first mention of abdominal section for appendiceal inflammation. In 1886 Dr. Reginald Fitz advised the term appendicitis, but we find it first used in the hospital records in 1896 when eleven patients were admitted with this diagnosis. Ten of these were operated upon, of whom four died. One patient refused surgical treatment and left the hospital improved. On the medical service typhoid fever was predominant.

During the period from August, 1887, to December 31, 1888, there were 370 admissions and 45 deaths (12.1%). During 1934 there were 7898 admissions and 433 deaths (5.4%). These figures indicate the tremendous increase in hospital practice during the last half-century.

As one reads the minute books, certain names recur and become fixed in one's mind. One wonders about these physicians. What manner of men were they? Do we have any at present to whom they might be compared? This I doubt, because the physician is nothing if he is not an individual. In closing, let me read a few of the names.

Dr. Isaac S. Mulford, who was a charter member of this County Society. He found time to write a history of New Jersey.

Dr. Lorenzo Fisler, who was candidate for the office of Mayor of Camden on twelve occasions, representing successively the Whig, American, Republican, and Democratic parties. He was elected eight times. It is noted that as a politician he was very popular. Besides this he attained distinction as a local preacher in the Methodist Church; and as a public lecturer he was best known by his lectures on "Queen Victoria" and "Witchcraft". Also he was the first physician in Camden to use ether and chloroform as general anesthetics.

Dr. Richard M. Cooper, a brilliant practitioner, was instrumental in founding the Camden City Dispensary, and whose influence with his family led to the establishment of the

hospital which bears their name. Dr. Cooper entertained the State Society on one occasion.

Dr. Reynold Coates was vice-presidential candidate of the Native American party.

Dr. Thomas Cullen wrote many valuable medical and surgical papers and attained a reputation as a dramatist, as well as a musical composer.

Dr. Randal W. Morgan, a pupil at the U. S. N. A. and Bucknell, an M.D. from the University of Pennsylvania, received the Degree of Doctor of Philosophy from the U. of Pa. in 1872. What work did he do to receive this degree?

Dr. H. G. Taylor served as an army surgeon during the Civil War and was later Chief of Staff of Cooper Hospital. We wonder if the beat of drums made his thoughts wander back to the peach orchard and the guns at Gettysburg.

Dr. E. L. B. Godfrey wrote the "History of the Medical Profession of Camden County" and was Assistant Surgeon General of the National Guard of New Jersey. Was he dignified, learned, and without a sense of humor, or did he have a keen penetrating wit that only an initiate can read between his lines? This, reading his book, which I filched from Dr. Lee's library, I have often tried to fathom.

Dr. John R. Stevenson wrote, by direction of the County Society, "The History of Medicine and Medical Men of Camden County". This brief history is one of the most delightful things that I have ever read.

Reading Dr. Stevenson's history brought to mind another Stevenson, one who knew physicians well and loved them and dedicated his book "Underwoods" to certain of them. So I thought that if we could have these men with us tonight, they might be like the old people in Stevenson's "Essay on Talk and Talkers":

"Their speech, indeed, is timid; they report lions in the path, they counsel a meticulous footing; but their serene, marred faces are more eloquent and tell another story. Where they have gone, we will go also, not very greatly fearing; what they have endured unbroken, we also, God helping us, will make a shift to bear."

THE NEWER TRENDS IN SURGERY

By DAVID B. ALLMAN, M.D., Atlantic City, N. J.

Read before the Atlantic County Medical Society, October 11, 1935

In the brief period of time allotted to me tonight I wish to discuss with you three comparatively new methods of treatment for three common conditions—methods, which in my opinion, have accomplished more good for the greatest number of people than any other score of achievements in the past two decades.

It has been my privilege to have been more or less actively engaged in the practice of surgery for exactly twenty years, and I would estimate that at least fifty per cent of all the patients that have come into my wards have been of the types that reap the benefits of these treatments. I will briefly review the present treatment of fractured skull cases by the dehydration method, the treatment of fractures by the Orr method and nonpadded cases, and, finally, the treatment of burns by the tannic acid method.

HEAD INJURIES

During my first ten years of surgical experience, a fractured skull case was an acute surgical emergency, requiring operation at once. Given an unconscious patient, with a history of an accident, little more was necessary to know before ordering the operating room for a "Stat" decompression. Rarely did we wait to see if the patient might react without an operation; we did a sub-temporal decompression at once. Then, if the patient died, it was God's will—for we had certainly done all that we could to save him.

But, in the past ten years, times have greatly changed. No longer do we rush in to operate—but the pendulum has swung to the other extreme—we rarely operate, and the patients rarely die. Frankly, as I look back on the situation in the light of my present knowledge, I can think of no case—except, of course, the depressed fractures—where we did anything but add insult to injury by our operative procedure.

It is important in dealing with head injuries not only to care for the patient's immediate

condition but likewise give some thought to the effects of the injury on his future life. During the past ten years, it has become clear that the early administration of prompt and efficient treatment in cases of severe injury to the brain not only assures the patient of a better chance of survival but determines to a large degree the resultant mental disability. In the past, our attention has been directed only toward the preservation of life by decompression operation, with the result that later the patient is passed along to the neurologist or an insane asylum as a case of chronic mental deterioration and an almost total economic loss.

In dealing with head injuries, we must recall the fact that unlike any other organ, the brain is contained within a space of fixed volume, namely the skull, and the function of the brain must be maintained within these volume relationships. Therefore, it naturally follows that in the event of oedema or gross hematoma, certain changes occur in the brain whereby its function can be interfered with. These changes cause compression symptoms, and if permitted to progress, cause death or some permanent mental disturbance. The purpose of our decompression operation was, of course, to relieve this increased pressure in the skull. But if the pressure continued to increase after operation, the patient, instead of improving, became progressively worse.

Fortunately, the methods now at hand have not only yielded a marked reduction in mortality but have been attended by a prompt return to consciousness. Of greatest importance has been the rapid economic readjustment, where formerly convalescence was slow and the economic readjustment delayed or entirely impossible.

The method of treatment may be summarized in the statement that every means of subtracting fluid volume from the cranial cavity has been employed from the earliest possible moment.

Surgical decompression is afforded these

cases now only as a measure of last resort, but has failed in every case to benefit the patient. In other words, decompression has not succeeded where dehydration failed, and the mortality from decompression is extremely high. Early decompression is an unjustified procedure in cases of cerebral trauma, in my opinion. The surgeon only adds insult to injury and does not accomplish as thoroughly as by dehydration the object for which the decompression was designed. Cerebral hernia, massive hemorrhage, and further lacerations of the brain are almost constantly produced where surgical decompressions are undertaken in the presence of increased intracranial pressure. In the past, the surgeon has escaped the criticism he merits because of the unquestioned acceptance by the profession and the laity of the statement that the patient died "of a fracture of the skull". However, our experience clearly indicates that early decompression accomplishes nothing that dehydration cannot better effect and only greatly endangers the patient's critical condition by further cerebral trauma.

Too frequently in the past we have had the experience of successfully removing a subdural hematoma, only to encounter a rapidly expanding brain that filled the limits of the exploratory opening, rupturing or disintegrating the brain substance before a closure of the scalp and muscles could be effected.

The surgical indications, therefore, in head injury, are in my opinion, clearcut.

1. Compounded, comminuted fractures require early local debridement and care of the wound.

2. Focal epidural or subdural hematoma require exploration at site of focal neurologic signs and not at point of fracture.

3. Decompression is a measure of last resort after all other methods have failed.

Frequent and continued spinal drainage in cases of bloody cerebrospinal fluid not only withdraws the overaccumulation of cerebrospinal fluid, permitting better cerebral circulation, but removes to some extent the red blood cells which are active in producing pachymeningitis and arachnoiditis, the consequences of which become manifest in the post-traumatic

sequele. The strict limitation of the fluid intake to prevent cerebral oedema and cerebrospinal fluid formation must be maintained during the first ten days, and when bloody spinal fluid is encountered, 30 total ounces of liquid are permitted the patient, and a solid, dry diet maintained. This is ample fluid to maintain the necessary physiological requirements and permits the withdrawal of an accumulation of from 45 to 60 cubic centimeters of spinal fluid daily. If liquid diet or fluid in greater quantity is given, an excessive amount of cerebrospinal fluid is formed and the patient's symptoms of stupor return requiring that the emergency measures of dehydration be repeated. If the spinal fluid is clear and there is no necessity, after the first spinal drainage, for further daily spinal fluid withdrawal, the patient is allotted twenty total ounces of liquid, so as to lessen the formation of spinal fluid and prevent cerebral oedema.

To eliminate decompressions in the treatment of head trauma is to step further forward toward assisting in the industrial and economic readjustment of the patient, because brain destruction and atrophy invariably occur at the site of surgical decompression, whether inflicted at the time of surgical intervention, or subsequent to the pressure exerted at this point of opening. This leaves the patient with an organic loss of brain in the region of the decompression, superadded to the loss directly due to the injury itself. Not only is this a most important compensation factor, but a definite inferiority complex develops, characterized by fear and anxiety because of the opening of the skull, and this produces a typical post-traumatic psychosis. Finally, such disfiguring decompressive openings limit the patient in his possibilities of securing work or engaging in activities that offer the slightest danger of trauma to the site of the cranial defect.

FRACTURES AND BONE INFECTIONS

Eight years ago this month, Dr. H. Winett Orr published his first article on "The Treatment of Osteomyelitis and Other Infected Wounds by Drainage and Rest". Six years ago, Lorenz Bohler published his book on "The Treatment of Fractures". Any person who

has had a compound fracture treated as outlined by these gentlemen certainly owes them his undying praise—although the patient little knows what tortures he has escaped.

Remember the old compound fracture case, the daily redressings, the attendant pain and suffering upon moving the parts to properly dress it, and the loss of the position of the fragments at each dressing, and the spreading infection with the subsequent deformity or death. All this is gone forever. The present-day interne knows nothing of the trials and tribulations of dressing these patients—and the present-day patient knows nothing of the pain and suffering he would have to look forward to each day, had his injury occurred a few short years ago.

Remember the poor little tots with osteomyelitis? How we would daily go in and torture them by dragging out the iodoform gauze and jamming more in. Only to repeat the procedure the following day—and so on for weeks and weeks—until both, the patient and the surgeon, were nervous wrecks. In view of our present-day knowledge—this was barbaric.

Today, the case of osteomyelitis is opened to give sufficient drainage, the diseased area is gently curetted, then cleansed with iodine and alcohol—the entire wound is packed—not tightly—with a sterile vaseline gauze pack—a sterile bandage is applied—and then a cast. The cast is not split—nor are windows cut in the cast until wound dressing becomes necessary; and the wound is not to be dressed at all unless there is a rise in temperature, or other signs of acute sepsis. As a rule, no dressing is necessary except on account of odor—and this might not be necessary for several weeks. In the ordinary case of osteomyelitis, the case will go to complete cure with four or five dressings at two to three week intervals.

You can at once see the tremendous benefits to all concerned by this method of treatment. Practically no pain to the patient—the opportunity to improve the patients' general health because they can be out in the fresh air and sunshine—the conserving of the surgeon's time, and nerves, because daily redressings are not required—the vast reduction of hospital days, because, between changes of

casts, the patient can be at home—and other advantages which are too numerous to mention, but which are obvious.

And the same holds true for the compound fracture cases—a debridement of the wound—a vaseline pack—a sterile dressing—a non-padded cast along the lines described by Bohler—and, if the lower extremities, a walking iron, or a sponge heel, and the patient is up in about forty-eight hours, and on his way. Simple fractures of the tibia and fibula that formerly kept patients on crutches six to eight weeks after the casts were applied, are now walking about in forty-eight hours with the aid of a cane—and often with no support whatsoever other than the cast.

TANNIC ACID FOR BURNS

And now, a word or two about a third "God-send" to patients that has occurred in the past few years—the tannic acid treatment for burns, as first described by Davidson of the Henry Ford Hospital, and now used in one of many forms, but all depending on the same underlying principles—a thorough cleaning of the burned areas—and a thorough tanning with tannic acid.

All that was said about the redressings of osteomyelitis cases is equally true for burn cases. Remember the daily redressings, the pain and suffering, the bleeding, exuberant granulations, the contractures, the scars, and the loss of life.

I do not mean to infer that patients with severe burns never die when treated by the tannic acid method—but, certainly, a much smaller number die—and those that live do not have to suffer for weeks and weeks while the burns are healing—and they are not left permanently scarred.

A patient properly treated by tannic acid secures prompt relief from his pain, has, as a rule, a comfortable, uninterrupted convalescence, and is left with a minimum amount of scarring.

If no other advances had been made in surgery in the last ten years other than the three mentioned, we could still proudly say that surgery continues in step with the march of modern medicine.

CHILDREN AND TUBERCULOSIS PROGRAMS

By W. L. WEINTRAUB, M.D.

Clinician, Valley View Sanatorium and Passaic County Chest Clinics, Paterson, N. J.

Read at the Twenty-ninth Annual Meeting of the New Jersey Tuberculosis League held at Trenton, N. J.,
October 25, 1935

A recent survey* of 1046 children who reacted to one-tenth milligram of old tuberculin administered intracutaneously, and who had been under observation for periods varying from six months to five years, presents data and suggests conclusions which may be of considerable interest.

In comparable groups practically no difference was observed in the subsequent adult-type pulmonary tuberculosis breakdown incidence between those children with completely negative x-ray films and those demonstrating x-ray evidence of lesions of primary or childhood-type tuberculosis of the Ghon, fibrotic parenchymal, or calcific hilar node variety.

Observations on 547 children with "definite contact histories" recorded eleven instances of breakdown from adult-type pulmonary tuberculosis; whereas similar observations on 499 "non-contacts" yielded not a single such instance. These two groups were otherwise readily comparable. The incidence of adult-type pulmonary tuberculosis in the female contact group was four times as great as in the male. The incidence of x-ray evidence of childhood-type involvement alone was remarkably similar for the sexes in both contact and non-contact groups.

USE OF PUBLIC FUNDS

It would appear, from a public health standpoint, bearing in mind that "tax monies" must at all times be so expended as to yield the best return possible, that the routine follow-up and periodic x-raying of large numbers of non-contact tuberculin positive children of the pre-school and pre-adolescent age groups are not justifiable, considering a study of the results obtained; i. e., the number of cases of adult-type pulmonary tuberculosis discovered. This procedure may reasonably be classified as one that it is not advisable to follow.

ROUTINE TESTING OF ALL CHILDREN

It naturally ensues that the routine tuberculin testing of large numbers of non-contact children of school age, with x-rays of the reactors, but with no thought or provision for follow-up, as has often been done in the past, is most certainly not a part of a justifiable "case-finding" program. The tuberculin testing of such groups to obtain the tuberculinization rate of the community is exempted from the above, since it involves very little expenditure, and its avowed purpose is not case finding but rather the incidence of reactors. This may be a very valuable check upon the success of any particular program when comparisons are made at later dates with similarly tested groups. There is much to indicate that this rate is falling very rapidly in communities with sufficient sanatorium beds to fairly effectively isolate a very large percentage of the sputum positive cases discovered, provided of course, that the reporting and case-finding machinery are functioning at par, and according to standards.

THE CONTACT GROUP

The follow-up of contact children of the younger school age group is productive of results which justify its continuance; however, the x-ray expenditure should be limited as much as possible. A reasonable plan would be to x-ray every two or three years under the age of fifteen; and every year after that, with more frequent x-ray checking where indications, such as physical findings or symptoms, occur. The finding of x-ray evidence of the late lesions of childhood-type tuberculosis has not shown itself to be of any prognostic significance with respect to the future occurrence of adult-type pulmonary tuberculosis; the positive tuberculin test and contact history are the significant factors.

Epidemiological studies based on tuberculin

testing of children, followed by fluoroscopy or x-ray of the adults with whom the reacting children have been in close contact, may reveal the source of infection of the reacting children, and are surely of considerable value as a method of studying the "pathogenesis" of pulmonary tuberculosis; but it is very doubtful that the results warrant their employment as a practical "case-finding" procedure at present. With increasing elimination of the sources of infection by isolation in sanatoria and effective out-patient pneumothorax therapy, the incidence of a positive tuberculin reaction in children may well drop so low as to give rise to serious speculation concerning the advisability of attempting to track down the origin of such tuberculinization in each case. As the death rate from pulmonary tuberculosis declines, our methods of case finding will necessarily have to be altered to meet the changing conditions of decreased disease incidence; and methods which at present are effective and advisable, will cease to be so; and others, now thought inadvisable, will become advisable and really effective. Procedures must be brought in line to meet changing circumstances.

THE ADOLESCENT GROUP

As suggested by morbidity and mortality tables for adult-type pulmonary tuberculosis, the survey testing and x-ray of adolescents, such as the high school and junior college groups, should prove more productive than that of the younger age group. Wherever possible there should be a follow-up and re-x-ray of the group at future dates rather than simply one check upon large population groups, especially since by this means valuable data may be unearthed relative to the pathogenesis of the disease.

USE OF PRIVATE SUBSCRIPTIONS

Foundations and organizations whose funds are raised through "subscriptions" may well continue along lines somewhat adversely mentioned above. There is much knowledge, as yet hidden, which may be brought to the sur-

face by such investigation. In fact, they should be supported and encouraged to carry the mantle and lead on into fields where official public health agencies must of necessity tread cautiously. Public health is becoming more and more purchaseable along known lines, with no community as yet appropriating sufficient funds for the designated officials to "buy" all that would yield tangible results and be readily justifiable; accordingly great care is essential that no part of these appropriations be dissipated, with resultant avenues of attack being opened for professional doubters, scoffers, and the like to gambol in, to the detriment of the wider program and the future welfare of the entire human race.

Private practice might, however, advantageously extend itself to further employ much that is known today. Adult-type pulmonary tuberculosis does occur in childhood in non-contacts; and although its incidence is not sufficient to warrant mass investigation as previously discussed, such negative findings are gratifying to the individual and his physician, definitely ruling out tuberculosis as a cause of existing symptomatology, and occasionally serving to diagnose early very serious involvement. Tuberculin testing with x-ray of reactors and re-x-ray at intervals should be advocated in private practice much more extensively than at present. If they are offered to the public in the proper light, it should not prove very difficult to enlist the support of those financially able to carry on such personal health investigations and to have them appreciate their value. For small sums expended periodically, assurance can be given to a parent that clinically significant pulmonary tuberculosis is not present in a particular child. In this manner, the periodic health examination idea is specifically applied to a condition where it can be employed most intelligently and with the most accurate results.

* Weintraub, W. L.: Tuberculin-Positive Children Observed for Various Periods up to Five Years: A Study of 1046 Reactors, *Am. Rev. Tuberc.*, XXXIII, 247, Feb., 1936.

TUBERCULOSIS IN CHILDHOOD AND THE TEEN AGE

By BURGESS GORDON, M.D., Philadelphia, Pa.

From the Department for Diseases of the Chest, Jefferson Hospital, Philadelphia, Pa. Read before the Camden County Medical Society, Camden, N. J., April 7, 1936.

Tuberculous infection in childhood, of the human type of tubercle bacillus, has become a tremendously important subject in the modern campaign against the disease. In contrast with the low incidence of the bovine type of infection, due largely to the pasturization of milk, the human type continues to show a high incidence. Its importance is emphasized by the handicaps and suffering which develop in adult life, and the rising financial burden of the families responsible for the care of those affected.

SYMPTOMLESS TUBERCULOSIS

Within the past ten years careful and extensive studies by Opie and McPhedran,¹ Myers,² Rathbun,³ and Opie, Landis, McPhedran and Hetherington⁴ have demonstrated the widespread occurrence of tuberculous lesions in the lungs of children who do not seem to be sick, and, who in fact, in many instances, are apparently in robust health. Their studies suggest that the early diagnosis of potentially serious lesions and their proper management will prevent advanced disease and assist materially in the prevention of infections in others. Prior to their investigations, it was known that tuberculous infection in children was extremely widespread; but only recently has it become clear that even massive involvement may exist without being recognized either symptomatically or by physical examinations. It has been found also that the initial tuberculous infections, although marked in certain cases, seem to do remarkably little harm; but that children who have been previously infected become "allergic" to subsequent infections and are apt to develop a serious form of the disease. Of great importance is the fact that transition from the latent to clinically manifest disease is defined with much difficulty.

There are certain features of the pathogenesis of tuberculosis that arouse interest in our attempt to discover early cases of disease and to provide proper management. It is now rec-

ognized that *dust inhalation* through the respiratory tract provides the chief medium for implantation. The fact has also been established that tuberculosis is not hereditary, if by this term is meant the transmission of bacilli in the ovary and spermatozoön; but tissue susceptibility to infection is apparently a fact. There is no evidence that people differ in their native ability to escape infection.

THE CHILDHOOD TYPE

Tuberculosis in infancy and early childhood resembles the phenomenon produced experimentally in the guinea pig. The implantation of a first infection is rapidly followed by tuberculosis of the lymph nodes situated in the direction of the lymph flow. The characteristic feature is the progression of the disease with much greater rapidity in the lymph nodes than at the primary site of invasion. The focus may be so insignificant in its reaction as to be almost unrecognizable.

The x-rays have thrown important light on the primary tuberculous infiltrations of the lung parenchyma and tuberculosis of the tracheo-bronchial lymph nodes. A characteristic feature is that the parenchymal lesion is almost never situated in the apex of the lung. In the favorable cases the pulmonary lesion heals by calcification, the process being known as the "Ghon" tubercle. The phenomenon has been given the name "childhood type of tuberculosis"; the term is used exclusively in referring to a diffuse or circumscribed lesion of the lung, usually sub-pleural in its location, with associated tracheo-bronchial lymph node involvement.

THE ADULT TYPE

In contrast with the "childhood type of tuberculosis" is the so-called "adult type of tuberculosis", which is a further evolution of the original primary focus in a tissue previously "sensitized" to tuberculosis; and is due to infection either from the outside, or a re-

infection from within. With this type of tuberculosis there is a parenchymal lesion which is typically located at the apex of the lung.

Pulmonary tuberculosis in the adult has practically no resemblance to tuberculosis produced by the usual inoculation in animals. It is essentially a slowly progressive chronic disease, with more or less characteristic symptoms. In striking contrast with infection of early childhood, it long remains localized in the parenchyma of the lung, usually at the apex; and the hilum lymph nodes exhibit none of the characteristic changes of tuberculosis. This localization of the lesion may be reproduced in experimental animals only when the animal has been previously infected with the tubercle bacillus. The lesion is essentially *fibrotic*. Below the apex, in progressive cases, the process is typically fibro-caseous, with a scattering of new tubercles to the lower lobe, the number of tubercles gradually becoming smaller at the base. The great amount of fibrosis at the apex is an indication of the chronic nature of the lesion, and is in marked contrast with the newer tubercles in various stages of caseation or healing (fibrosis) at the lower levels of the lung. The exception to this typical development of tuberculosis in adults was seen by Opie⁵ in a study of tuberculosis in Jamaica. He discovered five instances of pulmonary tuberculosis in Jamaican adults with features of the disease usually seen in white infants or young children.

Contrasting primary and secondary inoculations we find:

Primary inoculation of tubercle bacilli produces definite disease of the draining lymph glands, and almost no disease at the site of invasion.

Secondary inoculation produces no disease of the lymph glands but marked change at the site of invasion.

In the primary infections, with failure of the lymph nodes to intercept the passage, myriads of bacilli will be scattered throughout the body, causing so-called "organ tuberculosis".

Metastasis occurs in the secondary infections when a tubercle ulcerates and discharges its

contents into blood vessels, lymphatics, and visceral passages.

In the adolescent child, the pulmonary lesion of tuberculosis resembles that of adult life. It makes itself manifest in the apex of the lung, and bears no direct anatomical relationship to the involvement of the bronchial lymph nodes. It appears after the lesion of the lymph node has undergone calcification. This phenomenon occurring in a child long in contact with "open" tuberculosis suggests that the apical involvement is due to continued exposure to the source of infection responsible for the tracheo-bronchial lesion.

MORTALITY RATES

Figures on the mortality of pulmonary tuberculosis are helpful in understanding the nature of the disease. The data indicate a high death rate during the first year of life; the trend recedes during the second year; and gradually diminishes during the next two or three years. From the fifth to the fifteenth year the death rate from tuberculosis is lower than at any other time in life. Opie has pointed out that, from the twelfth to the fifteenth year in girls and somewhat later in boys, the death rate begins to rise and reaches a maximum in early adult life.

It is interesting that tuberculous infection which has become manifest between the fifth and the fifteenth year has the characteristics of the disease of childhood; it tends to pursue a benign course. In adolescence, the adult type appears and the death rate from tuberculosis shows an increase. Thus in a large percentage of cases, the apical lesions of adolescent life may become the precursors of active pulmonary tuberculosis in adult life.

According to present views, the problem of tuberculosis in childhood and the teen age presents four situations that should be considered in the campaign against the disease:

1. The isolation, treatment and education of the "open" case of tuberculosis.
2. The recognition of so-called childhood tuberculosis; i. e., the first infection.
3. The recognition of and careful observation of subsequent implantations; i. e., the sec-

ondary infections which have occurred in the "sensitized" child.

4. The recognition and treatment of the adult type of tuberculosis in order to prevent disease in adult life.

DIAGNOSIS OF THE CHILDHOOD TYPE

The diagnosis of the "childhood type of tuberculosis" is based upon the patient's history of tuberculosis in the household; and on his symptoms, physical signs, tuberculin test, and x-rays.

Symptoms.—It has been pointed out that the childhood type may not be accompanied by symptoms. Because of this, the examination should not be allowed to rest with the study of symptoms and the weight curve; of great importance is the fact that diseased children may actually be over-weight. Fatigue may be present but it is difficult to evaluate; a listless attitude with no desire to play may be the only lead; a change from a happy temperament to one that is fretful and cross is suggestive. The history or the presence of a pleural effusion should strongly suggest tuberculosis. Cough is not a definite feature, except in rare instances when its "brassy" characteristics may be due to pressure from an enlarged bronchial gland. The temperature is unreliable since in childhood tuberculosis fever is a rare occurrence.

Physical Signs.—In the vast majority of cases the physical examination of the chest reveals nothing of importance.

X-Rays.—The x-rays are of limited value in the diagnosis of primary infections; their virtue is chiefly in demonstrating an enlarged or calcified gland in the hilum region. The limitations of the x-rays are pointed out by Myers and Harrington,⁶ who were unable to locate the lesions in 75 per cent of the children who reacted positively to the tuberculin test; they found that the lesions in 25 per cent of the cases located by the x-rays were of no clinical significance. The roentgenogram is apparently the most reliable aid in diagnosis of the reinfection type of tuberculosis. According to Myers and Harrington, it reveals the lesions months and even years before symptoms or abnormal physical signs are present

and before tubercle bacilli can be obtained in the sputum.

Tuberculin Test.—The tuberculin test is a valuable method for the early diagnosis of the first infection type of tuberculosis in children. It detects the disease long before the x-rays are helpful. However, a positive reaction is of no value whatsoever in the diagnosis of the reinfection type of tuberculosis, since it does not differentiate between primary and secondary infections.

There are certain peculiarities and fallacies of the tuberculin test that should be mentioned. Hawes and Stone⁷ have found that an intercurrent disease such as measles or an acute upper respiratory tract infection may prevent a positive tuberculin reaction, and curiously there are periods in active tuberculosis during which the reaction may be negative; they strongly advise repeating the test in all negative cases.

An important fallacy occurs with the use of deteriorated tuberculin preparations. To avoid these, the so-called purified protein derivative prepared by Seibert⁸ should be employed. It is stable and carefully standardized. It was assumed in previous years that a positive reaction signified immunity to the disease; and that a negative reaction indicated lack of immunity, lack of allergy, and the absence of infection. Recent experimental studies by Rich⁹ indicate that a positive tuberculin reaction is not a necessary concomitant of immunity; and that the immunity can be effective in the absence of hypersensitivity. He suggests also that the allergic response, far from being helpful or protective, may be actually harmful. Thus, as pointed out in an editorial of the J. A. M. A.,¹⁰ the tuberculin test has certain limitations. Whereas the test has definite value and should be widely employed, it should not supersede the painstaking history and physical examination, and the realization that tuberculosis may be a fact regardless of the findings.

In the treatment of pulmonary tuberculosis in childhood, the first step is to remove the "open" case of tuberculosis which has been the focus of infection in the household. The normal, healthy child who has a positive tuber-

culin reaction, but without other evidence of disease, requires no special treatment other than a carefully regulated life and a well-balanced dietary. The situation should be explained to the parents and the family, and the child kept under observation.

In the case of children with the "adult type of tuberculosis" there is the need to treat the tuberculous infection which has developed into active disease. These children belong in bed, and should remain there until all symptoms and signs of active disease have disappeared.

BIBLIOGRAPHY

1. Opie, E. L., and McPhedran, F. M.: Am. Rev. Tuberc., 14:347, (Oct.) 1926.
2. Myers, J. A.: Am. Rev. Tuberc., 16:409, (Oct.) 1927.
3. Rathbun, W. L.: Tr. Nat. Tuberc. A., 23:164, 1927.
4. Opie, E. L.; Landis, H. R. M.; McPhedran, F. M., and Hetherington, H. W.: Am. Rev. Tuberc., 20:413, (Oct.) 1929.
5. Opie, E. L.: Am. Rev. Tuberc., 22:613, (Dec.), 1930.
6. Myers, J. A., and Harrington, F. E.: J. A. M. A., 103:1530, (Nov.) 1934.
7. Hawes, J. B., and Stone, M. J.: The Diagnosis and Treatment of Pulmonary Tuberculosis. Lea and Febiger, Philadelphia, 1936.
8. Siebert, F. B.: Hughes' Practice of Medicine. P. Blakiston's Sons & Co., Philadelphia, 15th Edition, 1935.
9. Rich, A. R.: Lancet 2:521, (Sept. 2) 1933.
10. J. A. M. A.: Editorial, 106:640, (Feb. 15) 1936.

THE MECHANISM OF COMMITTING MENTAL PATIENTS TO STATE HOSPITALS IN NEW JERSEY

By J. BERKELEY GORDON, M.D., Marlboro, N. J.

Read before the Monmouth County Medical Society, March 25, 1936

Since we are frequently asked by Monmouth County physicians about methods, qualifications, and responsibilities in the matter of committing mental patients, it may be helpful to review with this group the mechanism of committing mental patients in New Jersey. For the sake of brevity, certain rules of procedure as well as the forms of commitment will be quoted outright. The explanation given below applies generally to all three of our State hospitals, but is written with the State Hospital at Marlboro in mind.

There are two methods of commitment in New Jersey, *voluntary* and *legal*.

THE VOLUNTARY COMMITMENT

The voluntary commitment form consists of four mimeographed sheets which we prepare in the hospital and fasten together with clips. This form says in substance that the patient feels he is losing his reason and requests the hospital to accept him as a patient. This form is quoted as follows:

"To the Chief Executive Officer of the New Jersey State Hospital at Marlboro: I, JOHN DOE, a resident of Long Branch in the County of Monmouth, in the State of New Jersey, believing myself about to become insane or in danger of losing my reason, and being desirous of obtaining treatment for the betterment of my mental condition,

do hereby respectfully request that I be admitted to the New Jersey State Hospital at Marlboro for care and treatment therein as a non-indigent, indigent, patient (strike out words not used) under the provisions of section 434 and 435 of Chapter 147 of the Laws of the State of New Jersey for the year 1918."

There follow questions as to place of residence during the ten years preceding the date of the application, a detailed statement as to the financial ability of the patient to support himself, names and addresses of relatives, questions as to military and naval service, automobile driver's and aviation licenses, etc.

The blank is concluded with this statement:

"If admitted as a patient, I promise to abide by the rules of the institution, and give three days' notice, in writing, of my intention to leave the institution.

"Dated
"Name of Applicant
"Street and Number
"City or Town
"County
"Witness"

There follows on this voluntary commitment paper a statement to be filled in by the family physician or some member of the family, if the family physician is not available, giving certain information about the patient's residence, sex, color, occupation, parentage, method of

onset of mental disease, physical condition, habits, etc.

Anyone feeling himself in need of treatment may apply for admission and be accepted as a voluntary patient. Likewise, he may obtain his release by giving three days' notice. We always release such patients upon their demand unless they are suicidal or homicidal. In this case, we notify the relatives that the patient is likely to commit some act of violence, and advise them to commit the patient in the legal manner, in order that we may have authority to hold him. Should there be no relatives, the Commissioner of Institutions and Agencies signs the application of the legal commitment blank, and we proceed with the commitment by having duly qualified physicians of this county examine the patient and fill out the legal form.

Patients on voluntary commitment, unfortunately, are oftentimes un-coöperative to hospital rules and treatment. Realizing that they do not have to stay in the hospital unless they want to, they sometimes refuse to submit to certain examinations, medications, etc. Thus they waste their own time and that of the staff in making long and detailed examinations, only to leave us before they can be presented to a staff meeting for diagnosis and any good be accomplished in treating their mental and physical conditions.

We find that many patients are deceived by relatives and sometimes by physicians as to the nature of the mental hospital. When the patient finds he is put behind locked doors and forced to associate with other patients who are in worse mental condition than he is, it comes as a rude shock with a natural feeling of resentment against relatives and family physicians who have advised voluntary commitment without being entirely frank about the nature of the hospital to which the patient is going.

We believe it is better to discuss frankly the patient's mental problems, considering them as entirely analogous to physical sickness, and explain just what the patient may expect when he enters the hospital. The patient is thus being prepared for sights, sounds, and smells which may offend him at first, but he will be

more likely to accept these things as part of the therapy necessary in treating a mental illness.

THE LEGAL COMMITMENT

Legal commitment blanks may be obtained by physicians from the hospital, or from the Office of the County Adjuster, 131 Pearl Street, Red Bank, N. J., and from the City Halls and Court Houses of the various communities.

The following is quoted from the inner cover of the legal commitment form. This should be carefully read by all physicians who make out such a form:

CLASS A CASES

"In all cases where the condition of the patient is such that immediate temporary admission to an institution is not necessary pending a judicial hearing and final order of commitment (Section 410, of the Act of 1918: designated as 'Class A') application must be made to the Judge of the Circuit Court, Court of Common Pleas or the Juvenile Court in the County where the patient resides, or may be, for an order instituting an inquiry into the patient's sanity, which inquiry shall be determined *before* confinement of the patient.

CLASS B CASES

"If, in the judgment of the certifying physicians, immediate restraint in an institution is necessary and where an order of temporary commitment can be obtained prior to the patient's admission (Section 411: 'Class B'), the applicant must obtain such order from a judge of any court of record in the County before the patient is taken to the institution. Where a District Court exists, a Justice of the Peace is not empowered to issue such order. The order of temporary commitment is returnable before the Judge of the Circuit Court, Court of Common Pleas, or of the Juvenile Court of the County.

CLASS C CASES

"In all cases where, in the judgment of the certifying physicians, the patient should be placed under immediate restraint and confinement in an institution, and where it is impossible to obtain an order of temporary commitment prior to the patient's admission (Section 412: 'Class C'), the patient may be admitted on the application papers alone, but the application must contain a statement of the applicant's inability to secure the order of temporary commitment."

PAPERS REQUIRED ON ADMISSION OF PATIENT

In "Class A"—Certified copy of the judge's final order of commitment.

In "Class B"—Original application papers and order of temporary commitment.

In "Class C"—Original application papers.

(For several classifications, see Section 409 of act.)

Whenever there is any doubt in the physician's mind as to the insanity of the patient, or any resistance or dissatisfaction on the part of relatives, it is well to insist on the class A type of commitment, with a hearing in open court and opportunity for both sides to produce any evidence of sanity or insanity. The responsibility for the commitment (or non-commitment) then rests on the court.

PHYSICIANS' CERTIFICATES

"The certificates of the physicians must be based on a personal medical examination of the patient, made by two physicians who are permanent residents of this State, and who have been in actual practice of their profession for at least five years. The examination must be made not more than ten days prior to the admission of the patient (in 'Class A' not more than ten days prior to making of application).

"In 'Class B' and 'Class C', the physicians' certificates must state the conditions which, in their judgment, render the immediate restraint and confinement of the patient in an institution necessary: *Otherwise the judicial officer will not issue the order of temporary commitment and the patient must be discharged.*

WHO MAY MAKE APPLICATION

"The application may be made by a relative, preferably the next of kin, or the person having the care and charge of the person alleged to be insane; also the sheriff, overseer of the poor, any chief of police or police captain of any municipality in this State where the patient may be, or by the warden or other head officer of any private charitable institution or hospital in which such patient may be.

"All blank spaces in the printed forms should be carefully filled in order to insure proper certification of facts sufficient to give jurisdiction to the courts."

There follows the application of the next of kin or by the responsible public official. Next comes the certificates of the two physicians. In the physician's certificate certain qualifications are again stated:

"I have been duly licensed to practice medicine in the State of New Jersey and hold a degree of Doctor of Medicine and am a permanent resident of the State of New Jersey and have been in actual

practice as a physician for at least five years * * * I am not a director, Superintendent, proprietor nor financially interested in said hospital; nor am I a relative, either by blood or marriage, of the patient; and I am not professionally employed as a resident physician at a regularly paid salary by the management of the said hospital; and I hereby further certify that the statements following that are not indicated to be of my own personal knowledge and observation have been made known to me by those who are sufficiently interested to be properly cognizable of such facts, and that I have stated facts so indicated, not personally known to me, as having been related to me by said interested persons."

There follows a number of questions designed to demonstrate the mental abnormality of the patient. Some of them seem worthy of comment: Question 5. "What is the patient's general physical condition?" The favorite answer to this question is "Good". Often times the answer indicates that no physical examination has been made. We recently received a patient on whom the committing physician had stated that his physical condition was "Good", who had a temperature of 105° F. on admission, and died eight hours after admission of bronchopneumonia.

While this question is not so very important to the staff of the hospital, since we make a complete physical study regardless of how this question is answered, it is important for the physician's own protection to be careful in the answering of such questions.

Question 8. "What is the supposed cause of the insanity?" Where the physician is dealing with one of the functional psychoses, such as dementia praecox, manic depressive insanity, psychoneurosis, etc., probably the only accurate answer which can be made is "I don't know", or "Unknown". With the organic psychoses, where there is definite evidence of sclerosis of the cerebral vessels, or where the physician knows that the patient has syphilis with physical signs of involvement of the central nervous system, such answers as syphilis, arteriosclerosis, paresis, senility, etc., may be given. There is a touch of irony in the frequently repeated statement which we find given as the cause of insanity on so many commitment blanks: "Cigarettes and masturbation".

Both the applicant for commitment and the committing physicians are required to make affidavits as to the truth of their statements. This is presumably because, while it is not illegal to tell a lie, it is a crime to commit perjury!

The law prescribes that the County Adjuster, upon receipt of the commitment papers from the Chief Executive Officer of the hospital, shall present to the judicial officers of the county such information and testimony as is necessary for the Judge of the County Court to sign a final order of commitment. This shall be done within twenty days from the date of admission and in open court. It is necessary that the patient be given legal notice of the time and place of the final hearing as well as the person signing the application.

It is possible for the County Adjuster to bring such other persons, even the physicians signing the certificates for admission, to give such testimony as is deemed necessary and proper. The County Adjuster's order determines the type of commitment, legal settlement of patient, and the amount, if any, which

shall be paid for the care of the person committed.

In conclusion, it may be worth while to note certain differences between the term "private patient" as it applies in our mental hospitals, and in most general hospitals. The private rate in mental hospitals in New Jersey is approximately ten dollars per week. All persons are required to pay the private rate if they are able to. Obviously, with such a modest rate, very little can be expected in the way of private nurses, private rooms, and luxurious surroundings. The medical staff of the hospital does not know what patients are private and which ones are indigent. Their type of treatment is based entirely on their physical and mental needs, regardless of their financial status. Patients do have a private room when they are first admitted on the reception service. This may be changed later if their needs permit, and they are then put out into semi-private rooms or wards with other patients.

Marlboro, N. J.

BERIBERI IN NEW JERSEY, WITH THE REPORT OF A CASE

By GEORGE M. LEVITAS, M.D., F.A.C.P., Westwood, N. J.

From the Department of Pediatrics, Hackensack Hospital, Hackensack, N. J. Read before the New Jersey Academy of Pediatrics, Newark, on November 20, 1935.

Exotic diseases are usually of academic interest only. Beriberi being a disease due to a vitamin deficiency is only occasionally reported in the United States. Because it is a nutritional disease, it is of special importance during a depression. Reports of larger groups of cases originate from prisons or other institutions where faulty dietetic management is definitely established.

It has been the belief of Alvarez¹ and others that because the American diet is so varied, beriberi will never be common in this country. Cowgill,² following the studies of the diets of 121 American white families, supports this view.

It must, however, be borne in mind that, while the diets may be sufficiently varied to be

all inclusive of vitamins, there is a variable minimal requirement for each individual. This is subject to such factors which affect the utilization of the vitamin ingested.

Vedder's³ definition of beriberi has been modified by Cowgill² to include the modern etiological concept. "Beriberi is an acute or chronic disease characterized by changes in the nervous system and particularly by a multiple peripheral neuritis with an especial tendency to attack the nerves of the limbs, the vagi, and phrenics. This clinical picture of a peripheral neuritis may be combined in varying degrees with cardiac disturbances, edema, serous effusions, and gastro-intestinal derangements. Occasionally cardiac dilatation and sudden death are the first symptoms noted. The primary

cause of the polyneuritis is lack of the dietary essential vitamin B. The differences in the clinical picture are doubtless due to the concomitant operation of other variables, notably a shortage of one or more other dietary factors, and alterations in metabolism and related changes incident to infectious processes. The precise mechanisms of action of these other variables are only imperfectly understood."

This definition at once impresses one with the many clinical types possible. The attempt of some authors to define beriberi as a disease of definite and fixed symptoms has led to confusion, and would, if generally followed by the clinician, lead to error in diagnosis.

Brennan⁴ states that "Stitt's Tropical Diseases" describes beriberi very thoroughly, but it does not describe this disease so as to help recognize 90 per cent of the cases early enough to help the patient, and concludes, "the commonest form of beriberi—incipient beriberi—is inadequately described in any text book".

Beriberi is a very ancient disease. It has been described as early as 610 A. D. Since the turn of the century it has been revised in the concept of vitamin requirement. Funk⁵ first used the term "Vitamin" as the dietary element lacking in beriberi, and since this introduction this term has been applied to all elements found wanting in the various deficiency diseases.

INCIDENCE

This disease is quite frequent in the Orient and in the Tropics. In the United States, it rarely occurs. A report by personal communication from the State Department of Health indicated that no death has occurred in New Jersey nor had any case been reported in this State in recent years. Several years ago, Japan reported 71.3 deaths from cancer and 34.2 from beriberi per 100,000 population.

ETIOLOGY

It is generally believed that this disease is due primarily to a partial or complete deficiency of vitamin B. Japanese observers, however, relinquish grudgingly their old concept

that it is due to an extra-dietary factor as infection; others believe that it is due to an intoxication, and still others to a metabolite resulting from excessive use of fish.

Ogata⁶ and others have attempted to prove that the disease beriberi differs from vitamin B deficiency disease anatomo-pathologically. Shimazona,⁷ who has studied this subject for many years, has attempted to differentiate the clinical and pathological findings in these two diseases. He concludes that they are closely related. "If the cases of experimentally induced B-avitaminosis in men were to come to our clinic, and their histories were unknown, we would diagnose them as beriberi."

The final test as to the etiology is the therapeutic result. Generally speaking, sufficient feeding of vitamin B orally or of its concentrates parenterally has effected a cure. Failure to improve has been due to the employment of too small doses (Shimazona) or to the use of unsuitable preparations parenterally (Cowgill). It is very likely that many patients, because of unsuitable diets, are potentially subject to this disease, and that its full manifestations are precipitated by infection, over-exertion, or other devitalizing factors. It is obvious that the present tendency to maintain a slender form by diet is fraught with danger.

PATHOLOGY

It follows that the variations in the clinical manifestations of beriberi are due to variations in the pathology of the organs affected. How the deficiency produces morbid changes is not clear, and many theories have been advanced. Shimazona is convinced that the same pathological changes occur in human beriberi and in laboratory B-avitaminosis animals.

The outstanding pathology is noted in the degeneration of the peripheral nerves, degeneration of the myocardium with fragmentation of the muscle fibers and dilatation of the right heart. Wengebach⁸ recently described the right heart as being extraordinarily overfilled, the muscle being shortened and flattened out. All tissues are atrophied except the adrenal gland, which is hypertrophied.

SYMPTOMATOLOGY

The symptoms of beriberi present many kaleidoscopic changes depending on the deficiency and the various predisposing factors. It must be emphasized at once that a very careful history of the dietetic regimen of the patient must be obtained where there is any evidence of nutritional disease. As Moore and Brodie⁹ stated, "Diets restricted by poverty, pernicious vomiting, diabetes or other causes need careful scrutiny from the standpoint of vitamins." This is especially true today when so many families are compelled to make the dollar obtain the most in food and the tendency to consume large quantities of white flour and white potatoes prevails among the poor.

Riesman¹⁰ states that clinically beriberi presents itself in two fairly distinct classes: one in which polyneuritis predominates and the other in which edema is the outstanding feature. These types have also been called the dry and the wet form, respectively. In both types of this disease, the gastro-intestinal tract exhibits symptoms of depression, and there is marked circulatory asthenia due to atrophy of the organs of digestion and depression of the vagus.

More advanced cases exhibit signs of exhaustion—namely, palpitation, tachycardia and dependent edema. The acute fulminating cases may terminate rapidly in death "due to the concomitance of the degeneration of the heart and the vascular dilatation. Either one alone would be no reason for a sudden failure of the heart or for its refractory condition to cardiacs." (Wenkebach.)

The symptoms generally are not as well defined as this description would indicate. A dry type may become wet and vice-versa. Edema may obscure the atrophy of the extremities and loss of weight be unobserved. The peripheral neuritis usually begins in the lower extremities and later extends to the upper. Early in the disease the patellar and ankle reflexes may be slightly exaggerated, but as the case progresses to paralysis these reflexes are lost or greatly diminished. Foot drop and wrist drop develop early and the change in gait is evident as a result of muscular atrophy. There

is a loss of sensation particularly on the anterior tibial group of nerves. Parasthesia develops and is evidenced by a sensation of numbness, formication and itching.

The extensor muscles of the legs and later of the arms atrophy and pressure applied to the muscles and to the nerve trunks causes severe pain.

LABORATORY

The laboratory findings are not characteristic or significant in any of the usual observations. The blood pressure is low and the electrocardiogram indicates a myocardial change.

TREATMENT

The treatment of beriberi is through the use of food rich in vitamin B. Dried brewer's yeast and wheat germ are considered the best. Liver, kidney and brain contain more vitamin B than muscle. Egg yolk is a good source, but milk contains a poor quantity. Attempts to refine a suitable preparation for parenteral use is, according to Cowgill, meeting with some success. The non-specific treatment of beriberi is symptomatic. Supportive measures should be initiated as early as possible, particularly small transfusions frequently repeated in severe cases.

THE CASE

The patient was a white girl of Italian parentage, eight years old. She was admitted to the Children's Ward of the Hackensack Hospital on February 19, 1935. She complained of severe pains in her extremities, had a sore throat and a cough. The temperature was 103, pulse 168, and respirations 50.

Family History—Father is alive and well. Five brothers and one sister are alive and well. Her mother died during pregnancy.

Past History—She suffered from recurrent attacks of tonsillitis. A tonsillectomy was done in this hospital in December, 1934.

Present Illness—The present illness began about two weeks earlier when, according to her father, she complained of pain in her limbs as a result of a fall. During the past week, the patient developed a cough and high fever, became markedly dyspnoeic and exhausted. Her appetite had been poor for some time and she had been losing weight for several weeks.

Social Status—The family has been on relief for some time. The father is an unemployed laborer.

Physical Examination—Inspection showed an extremely emaciated child, very apathetic and disinterested in her surroundings. The slightest motion

SEASONABLE

R

	<i>Apoth.</i>	<i>Metric</i>
Magmae Kaolini, N. J. F.*	5 xvi	480.0 cc.

Av. Dose: 4 fluidrachms three times a day one hour before or after meals.

Note: 4 fluidrachms contain approximately:

	<i>Gr.</i>	<i>Gm.</i>
Kaolin	48	3.12
Aluminum Hydroxide	6	0.39

For gastro-intestinal disturbances, colitis, flatulence, toxemia, hyperacidity.

*N. J. F.=New Jersey Formulary.

R

	<i>Apoth.</i>	<i>Metric</i>
Emuls. Kaolini cum Petrolat. Liq., N. J. F.* 5 xvi		480.0 cc.

Av. Dose: 4 fluidrachms three times a day one hour before or after meals.

Note: 4 fluidrachms contain approximately:

Kaolin	gr. 38.4	2.25 Gm.
Aluminum Hydroxide	gr. 4.6	0.30 Gm.
Liq. Petrolatum	m. 48.0	3.12 cc.

For gastro-intestinal disturbances, colitis, flatulence, toxemia, hyperacidity.

*N. J. F.=New Jersey Formulary.

R

	<i>Apoth.</i>	<i>Metric</i>
Pulv. Kaolini Co. N. J. F.*	5 iii	90.0 Gm.

Av. Dose: 4 drachms in a glass of water every morning.

Note: 4 fluidrachms contain approximately:

	<i>Gr.</i>	<i>Gm.</i>
Bismuth Subcarbonate	37.5	2.34
Kaolin	104.88	6.65
Magnesium Hydroxide	22.8	1.42
Sugar, Acacia, Vanillin		

For gastro-intestinal disturbances, colitis, flatulence, toxemia, hyperacidity.

Ext. Belladonna, 1/4 gr. per day, may be used in conjunction with this powder.

*N. J. F.=New Jersey Formulary.

Selected by the Joint Committee of the Medical Society of New Jersey and the Pharmaceutical Association to meet the needs of the ethical combinations of useful drugs.

The three prescriptions on these cards are for gastro-intestinal disturbances, hyperacidity.

The three combinations of drugs are without Kaolin for use as antacids, laxatives, and digestants.

These prescriptions can be obtained from the pharmacist at reasonable prices and without delay.

The following information is given for the physician's application will be of interest.

K

Kaolin is aluminum silicate. It is not absorbed in the alimentary tract unchanged. It has a very high power of adsorption and is a physical rather than a chemical agent.

USES

Kaolin has been used successfully in the treatment of colitis, ulcers, and cholera. It has formerly been used, kaolin has been used, kaolin has soothed and protects the irritated mucous membrane in similar conditions. When the irritation is protected against irritation, assisting in the healing process.

Kaolin does not destroy healthy tissue—it does it destroy healthy tissue—that is, it attracts the irritation along with it until they are finally eliminated. More than this, it combines with the bacteria and of the typhoid dysentery with putrefactive and proteolytic action.

PREVENT SEVERE

Do you realize that the irritation to their patients that they die by name instead of writing for the practice of self-medication for the public?

Writing a prescription to the return of the patient to the store than to the drug store for ailments who, he thinks, are ailments.

SAVE THESE

By cutting these pages and six cards, 3 x 5 inches, for your ready reference whenever you need them.

The Committee has decided other month from now on until practitioners are welcome at a time.

Committee on Medicine

THOMAS K. IRVING
J. IRVING F.
D. LEO H.
CHESTER I.
H. B. WILSON

PRESCRIPTIONS

on Professional Relations of
and the New Jersey Pharma-
requirement for non-proprietary,
medies.

left are combinations of Kaolin
colitis, flatulence, toxemia, and

right are composed of salts
alkalizers, carminatives, mild

by the neighborhood pharma-
delay.

regarding Kaolin and its thera-
most in this connection.

KAOLIN

form of clay which is insoluble
intestines, but passes through
in the colloidal state it has a
the process of adsorption is of
nature.

KAOLIN

fully in diarrhoea, dysentery,
any cases where bismuth had
been found to be superior. It
intestinal mucosa in colitis and
coated area is coated with kaolin
from the bowel contents thus

as do antiseptics. Neither
the action of kaolin is adsorp-
tional bacteria and carries them
eliminated with the feces. More
and toxic products of cholera
of organisms, and, apparently,
bacteria.

MEDICATION

ence of physicians in suggest-
phase certain proprietary reme-
scriptions is largely responsible
by more than 20 per cent of

at a few minutes, and assures
ician for further advice rather
anal medicine for himself and
ing from the same or similar

PRESCRIPTIONS

the black lines, you will have
lex file, giving these formulas
ed.
to publish prescriptions every
ther notice. Suggestions from
ies.

Practice

IS, M.D., Camden, Chairman
M.D., Newark
M.D., Trenton
ER, M.D., Gibbstown
I.D., Hackensack

R

	<i>Apoth.</i>	<i>Metric</i>
Pulv. Alkal. Effervesc., N. J. F.*	5 iii	90.0 Gm.

Av. Dose: One level teaspoonful. Drink while effervescing.

Note: One teaspoonful contains approximately:

	<i>Gr.</i>	<i>Gm.</i>
Sod. Chloride	1	.065
Mag. Sulphate	2	.13
Sod. Phosphate	2	.13
Calc. Lactate	2	.13
Citric Acid	10	.65
Pot. Bitartrate	16	1.04
Sod. Bicarb.	20	1.30

Keep tightly stoppered.

Antacid, alkalizer.

*N. J. F.=New Jersey Formulary.

R

	<i>Apoth.</i>	<i>Metric</i>
Pulv. Bis. Subnitrat. Co., N. J. F.*	5 iii	90.0 Gm.

Av. Dose: One level teaspoonful in 1/2 glass of water.

Note: One teaspoonful contains approximately:

	<i>Gr.</i>	<i>Gm.</i>
Oil Peppermint	1/3	.02
Phenolphthalein	1/5	.012
Papain	2 1/2	.162
Diastase of Malt	6	.40
Bismuth Subnitrate	12	.80
Sod. Bicarb.	20 1/2	1.40
Mag. Carb.	19 1/2	1.26

Antacid, Carminative, Mild Laxative.

*N. J. F.=New Jersey Formulary.

R

	<i>Apoth.</i>	<i>Metric</i>
Pulv. Bis. Subnit. Co. cum Carb. Lig., N. J. F*	5 iii	90.0 Gm.

Av. Dose: One level teaspoonful in 1/2 glass of water.

Note: One teaspoonful contains approximately:

	<i>Gr.</i>	<i>Gm.</i>
Oil Peppermint	1/3	.02
Wood Charcoal	1	.065
Papain	2 1/2	.162
Diastase of Malt	6	.40
Bis. Subnit.	12	.80
Sod. Bicarb.	20	1.3
Mag. Carb.	19 1/2	1.26

Antacid, carminative, digestant.

*N. J. F.=New Jersey Formulary.

provoked severe pain in her extremities which were atrophied. There was edema of both feet, more pronounced over the dorsi. Bilateral foot drop and wrist drop were observed. Flexion of both knees was persistently maintained by the patient with the aid of a pillow under the knees. Reflexes at the knees and ankles were absent and diminished at the elbows.

The ears, both tympani were slightly injected but there was no bulging. The naso-pharynx was normal. The tongue was dry and the teeth carious. There was no adenopathy.

The chest was of normal size and form. The respirations were labored and rapid. There was increased fremitus at both bases, dullness on percussion and moist râles.

The heart: The apex impulse was at the fourth left interspace in the mid-clavicular line. A systolic see-saw murmur was heard at the apex and was not transmitted. The abdomen was distended and quite tender. The liver was slightly enlarged.

Laboratory Examination—Hemoglobin, 80 per cent. Red blood corpuscles, 3,680,000. White blood corpuscles, 15,200. Lymphocytes, 10 per cent. Polymorphnuclears, 90 per cent. Blood culture was negative. Urinalysis—Albumin 2+, acetone 4+, and a few hyalin casts.

Radiographic examination confirmed a diagnosis of bilateral pneumonia.

The child was immediately placed in an oxygen tent and supportive treatment given at once. Hypodermoclysis were frequently employed and fluids were forced. The pneumonia was treated with tincture of belladonna and a transfusion of 250 c.c. of blood was given as soon as possible. Pain was controlled with codeine.

During the following week, her condition was very grave. At times her pulse was nearly 200, respirations 60 per minute. Her chief complaint throughout the week was pain in her limbs. A second transfusion of 250 c.c. was given at the end of the week. Shortly afterward, her condition became better. She appeared to be stronger and brighter. Her appetite improved. She was, however, unable to lift her arms or legs.

After two weeks' treatment, the acute symptoms and the physical signs of pneumonia disappeared. It was evident, however, that the atrophy of the extensor muscles, the edema of both feet, and the pains in the musculature and the nerve trunks were due to an independent condition.

A food history was then obtained. It was as follows: Usual breakfast—Uneeda biscuits or several slices of bread and butter; one glass of milk.

Lunch, at school or home, white bread sandwiches with meat or jam; rarely fruit as banana or apple.

Dinner—Macaroni with sauce or spaghetti with sauce. Three slices of white bread with butter. Milk once in a while. The child would eat vegetables, but did not have them often. She had meat once or twice a week; seldom eggs or cheese.

This diet was lacking in all vitamins, especially B. The mineral content was low; the carbohydrate was high. Shimazono has found in experimentation that the ingestion of much carbohydrate predisposes to beriberi.

It was learned that the diet of the rest of the family was similar to that of the patient. This included vegetables and fruit when they were able to buy them. Spaghetti was served at least once a day. The patient, having a small appetite, ate the things she liked best first, namely bread, potatoes and spaghetti, and ate very little of the vegetables. The other members of the family, having better appetites, ate the vegetables and the fruit.

The following diet was immediately instituted at the hospital:

Breakfast: Orange juice, stewed fruit or cooked fruit, whole grain cereal with cream, milk and cream to drink, whole wheat bread and butter, one egg.

Dinner and supper: Meat, egg or cheese, two cooked vegetables, one raw vegetable, whole wheat bread and butter, milk and cream to drink, a high calory dessert or fresh fruit.

Potato, rice, macaroni, and spaghetti were omitted from the diet.

Three days after the initiation of this diet the child appeared stronger and was able to elevate her head and legs. Gentle massage of the extremities was employed to maintain nutrition of the parts.

Two weeks later there was no pain, there was gain in weight, but the reflexes were still absent. Appetite was definitely improved. Improvement was noted in all functions progressively throughout the month. The patient was discharged from the hospital six weeks after the treatment was instituted. The reflexes were active, there was good movement of the limbs and the patient was walking about with some assistance.

REFERENCES

1. Alvarez, W. C.: *Minn. Med.*, 14:296-300, 1931.
2. Cowgill, G. R.: *International Clinics*, Vol. 4, 54, 1934.
3. Vedder, E. B.: *Practice of Medicine*, W. F. Prior Co., Vol. 9, 189, 1920.
4. Brennan, T. J.: *Journal of the Philippine Islands*, 11:482, 1931.
5. Funk, C. J.: *State Med.*, 20:341, 1912.
6. Ogata et als: *Deutsche Med. Wochens.*, 1:527, 1924.
7. Shimazono, J.: *Ergebn. d. inn. Med. u. Kinderh.*, 39:1, 1931.
8. Wenkebach, K. F.: *Libman Anniv. Vols.* 3:1199, 1932.
9. Moore, C. U., and Brodie, J. L.: *Am. J. Dis. Child.*, 34:53, 1927.
10. Riesman, D., and Davidson, H. S.: *J. A. M. A.*, Vol. 102, 2000, 1934.
11. Wenkebach, K. F.: *Klin. Wochens.*, 11:1641, 1932.

STAPHYLOCOCCIC MENINGITIS TREATED WITH AUTOGENOUS BACTERIOPHAGE

By DEE EDWARD FRANK, M.D., Belleville, N. J.

Read before the regular Staff Conference of the Essex County Isolation Hospital, June 18, 1936

It has been the custom in writing for the medical journals, for the author to quote the literature. The beneficial service of comparison rendered justifies the procedure. Searching the literature for successfully treated cases of generalized staphylococcic meningitis is akin to looking for the proverbial "needle in the haystack". The dearth of such material is significant of the usually fatal termination of such cases. It seems of little consequence, therefore, to attempt to compare the relative value of the methods of treatment used in the few cases that have recovered. Nevertheless, because two of the five cases which I have collected were treated successfully with bacteriophage, I feel it worth while reporting a fatal case treated with the same therapy.

Schless¹ in his review of the literature up to 1932, points out that a number of cases of localized staphylococcic meningitis have been successfully treated with surgical procedures. He cites the case of Emerson,² whose patient developed a staphylococcic meningitis secondary to a staphylococcic infection of the vertebrae; the case of Ballenger,³ whose case was secondary to a frontal sinusitis; that of Garber,⁴ whose case followed an osteomyelitis of the spine; that of Wharry,⁵ whose case was secondary to an otitis media extending through the labyrinth, and who, incidentally, believes that only 2-3 per cent of staphylococcic meningitides of otitic origin clear up, no matter what form of therapy is used, and others, all successfully treated by surgical drainage. Madeleine Lavie⁶ reports ten cases secondary to osteomyelitis of the spine. MacNeal⁷ informed us that several other cases of localized staphylococcic meningitis had successfully employed bacteriophage therapy.

Regarding generalized staphylococcic meningitis where the process is not limited to a part of the cerebrospinal system affected by the extension of a contiguous suppurative process, there are far fewer cases reported. It is com-

monly accepted that such cases are usually fatal. The cases which have recovered, therefore, bear some elaboration.

Lamb⁸ reported the case of an infant being repeatedly punctured by the lumbar, cisternal and ventricular routes to relieve an obstructive hydrocephalus. On one occasion the spinal fluid cell count was 105 per c.mm. A positive staphylococcus aureus culture was obtained. The infant was treated with gentian violet, intraventricularly, and recovered. Schless mentions this case and feels that the possible low virulence of the organisms, as evidenced by the low cellular response, may have been the reason for the ready manner in which the case cleared up.

Schless's¹ own case is of decided interest because he used bacteriophage therapy. His case, one of a boy about thirteen, was subject to frequent furuncles and had had one a few weeks before the onset of the meningitis, necessitating drainage, but which appeared to be healing nicely at the time the boy took ill. The patient was beset with typical meningeal symptoms and signs, including opisthotonus. After four days' illness at home, the boy was admitted to the hospital. Lumbar puncture was performed and antimeningococcus serum given intrathecally. On the fifth day, after a positive spinal fluid culture for staphylococcus aureus was obtained, lumbar puncture was performed in the morning, and 5 c.c. of stock staphylococcus bacteriophage given intrathecally. That afternoon there appeared to be some reaction. Besides a rise in pulse and temperature, the patient appeared quite toxic and complained of headache. The spinal fluid cell count had been over 5000 per c.mm. on admission, rising even higher after the antiserum. On the sixth day, after one dose of 5 c.c. of stock bacteriophage had been given, the spinal fluid culture became sterile, the boy complained of less stiffness in the neck and he began to eat well. All subsequent spinal fluid cultures were negative

—sterile. By the seventh day, there was nearly an absence of toxicity, and the cell count dropped to 2000. Thereafter, 10-15 c.c. of bacteriophage were given intraspinally for five and one-half days. The spinal fluid cell count dropped steadily. Sugar reappeared on the fifteenth day in the spinal fluid, and the patient was discharged on the twenty-third day. The blood culture was sterile.

On the basis of the various types of cases he has reviewed, Schless divided the staphylococcic meningitides into four categories: (1) Localized abscesses of the spinal canal, extensions from an adjacent suppurating process (as in otitis media, osteomyelitis of the spine, etc.); (2) meningitis secondary to staphylococcic septicemia (which he thinks invariably fatal, but in a case of which Barker⁹ reports a recovery); (3) generalized meningitis secondary to a staphylococcic infection elsewhere, which has extended through the blood stream but left the blood sterile (such as in his own case presumably, and others from furuncles, acne, otitis media, etc.); and (4) the unusual case of direct infection reported by Lamb.

Barker's⁹ case which recovered was one of an adult sent in as a possible case of typhoid fever or meningitis. The onset of the illness was rather acute. Because headache, high temperature and relatively slow pulse were present, a spinal tap was performed in spite of a questionably positive Kernig. The fluid cell count was 447, mostly polymorphonuclears. Increased globulin was present. The spinal fluid grew a pure culture of staphylococcus aureus, and the blood culture was positive for the same organism. This patient should reasonably fit into the second category of Schless's classification. As far as I could gather from the report, outside of one dose of 30 c.c. of anti-meningococcus serum given at the time of the first spinal tap, the treatment was purely symptomatic. No mention is made of whether or not daily spinal punctures were made, but since that procedure is so old in the treatment of meningitis, I presume that they were. There is no mention of transfusions or other therapy used in an effort to control the septicemia. By the end of three weeks the temperature was

normal, after which time a complicating thrombophlebitis, pneumonia and nephritis set in. The patient finally recovered.

Stout¹⁰ also reported a case of recovery from staphylococcus meningitis. His patient was recovering from a cavernous sinus thrombosis. On the thirty-second day she began to vomit, shoot a fever again, and complain of pain in the back of the head and neck. This is the third case in which the onset has been acute. The white blood count was 20,900 and the temperature 103.2 F. Spinal fluid revealed a turbid fluid under pressure and containing 1100 cells per c.mm. Staphylococci were obtained on direct smear and culture. The blood culture was sterile. Having no precedent on which to base the use of bacteriophage, he used, cautiously, 1 c.c. intraspinally. Twelve hours later the patient felt much better. The spinal fluid cell count had dropped to 320 per c.mm. Stout then gave the patient 4 c.c. of the bacteriophage, causing a slight temperature rise to 101.4 F. For the next four days 5 c.c. of bacteriophage were given intraspinally. After the first 5 c.c. of phage had been given, the temperature had dropped nearly to normal. By the eleventh day the spinal fluid was sterile and contained only 16 cells per c.mm. The patient recovered.

Kulowski,¹¹ recently, reported a case of osteomyelitis of the spine of eight months' duration. A laminectomy was performed, after which the patient developed a generalized staphylococcic meningitis. Cisternal tap disclosed pus and staphylococci aureus. The patient was discharged, the inevitable outcome being expected. To the consternation of the author, he turned up one year later entirely cured. No details of the case are reported from the meningitic point of view, but the author infers that no treatment of any sort for the meningitis was given.

After this brief review of five cases of generalized staphylococcic meningitis, one secondary to infection following spinal puncture, one secondary to a cavernous sinus thrombosis, one secondary to a furuncle on the leg, one secondary to an osteomyelitis of the spine, and one concomitant with a septicemia of un-

known origin, I should like to report our case of staphylococcic meningitis accompanied by a septicemia and treated with bacteriophage.

CASE REPORT

History.—J. B., a white male, aged eighteen, was transferred to Essex County Isolation Hospital with a diagnosis of meningitis on April 26, 1936. The patient had been ill at home for approximately four weeks. At the onset, which had been fairly acute, the chief complaint was headache. During the course of the illness generalized aches in the limbs and back developed. Marked recurrent weakness was a prominent symptom. There was no vomiting or stiff neck. The condition had been diagnosed influenza. On the week previous to admission to the hospital, the headache became less severe but a stiffness of the neck, without much pain, developed. A consultant was called and the patient was sent to St. Barnabas' Hospital with a diagnosis of meningitis. Spinal tap there revealed cloudy fluid under pressure, and the patient was transferred.

The past history of the patient was essentially negative: Chicken-pox in childhood. When the spinal fluid culture later proved positive for staphylococci, an unsuccessful attempt was made to elicit a history of recent infections, cuts, bruises, burns, blisters, boils or other potentially staphylococcic infections. A mild acne of the face had been present for years. There was no past history of sinus headaches, rhinorrhea, toothache, otitis media, or other condition referable to the upper respiratory system. History of the various systems was negative. The family history was irrelevant. The boy was an intelligent, coöperative student and gave no history of drug or alcohol addiction.

Physical Examination revealed a coöperative white male, tall, thin, in a fair state of nutrition with a very altruistic viewpoint toward his illness. His only complaint was of a backache. The physical findings were meagre, consisting of some dried crusts on moderately hypertrophied turbinates and a slight injection of the pharynx. Neurologically, there was decided stiffness of the neck, decided bilateral positive Kernig sign, a slight Brudzinski, slight contra-

lateral reflex and a marked Taché cerebral. Deep reflexes were normal and there were no other pathological reflexes.

Spinal puncture was performed. Turbid fluid under moderate increase of pressure was obtained, which contained over 5400 cells per c.mm., failed to reduce Fehling's solution for sugar, showed a slight increase of protein, and a few Gram positive cocci on smear. Thirty c.c. of antimeningococcus serum were given intraspinally. On the 1st-4th hospital days inclusive, lumbar puncture was performed daily, 40 c.c. of fluid removed, on the average, and 30 c.c. of antiserum given intrathecally. The patient's condition remained essentially the same during this period—surprisingly good, for by this time the spinal fluid culture was confirmed as staphylococcus aureus. The same organism was found in the blood stream, in a few scattered colonies. During this time the temperature had run a hectic course, fluctuating between 97.4 and 103.4 F. The pulse was relatively slow. The respirations normal. Urine showed only a few leukocytes. On the seventh day of illness the W. B. C. was 10,000, R. B. C. 4.2 million and Hb. 90 per cent (Sahli).

Despite the hopeless prognosis, in the face of the seemingly good condition of the patient, it was decided to use bacteriophage therapy. Dr. W. J. MacNeal of the Bacteriology Department of the New York Post-Graduate Hospital was kind enough to supply us with a stock and later an autogenous staphylococcic bacteriophage and instructions for its use. Dr. MacNeal¹² has had quite an extraordinary experience with the intravenous use of bacteriophage in staphylococcic septicemias. Because of the shock reactions produced after giving increasing doses, Dr. MacNeal suggested we give our patient bacteriophage in doses of about 20 c.c. or in doses of one-half the amount of spinal fluid withdrawn, but in a diluted mixture 1:10, made up with .4 per cent saline. He suggested we give the bacteriophage every four hours, gradually increasing the strength until finally the undiluted phage was being used. A shock reaction consisting of a chill, rise in temperature, cyanosis and weak pulse called for cessation of therapy until the fol-

lowing day, when smaller doses were used. Heat and oxygen were used as necessary for the immediate control of the reaction.

To our great regret, on the fifth hospital day, when we intended to begin our phage therapy, only thick pus, 2-3 c.c. in quantity were obtained on lumbar puncture, an overnight change which had no counterpart in the patient's clinical condition. The staff hesitated at a cisternal puncture every four hours, so intravenous bacteriophage was given instead, according to the technic of MacNeal and Frisbee.¹³ Starting with 1 c.c. of undiluted bacteriophage and increasing by 1 c.c. doses until 10 c.c. doses were given every 45 minutes, the patient received 75 c.c. of stock bacteriophage intravenously on the fifth day, without any shock reaction. On the sixth day an autogenous bacteriophage was used. After 21 c.c. had been administered, the patient had a chill lasting one-half hour, but controlled with external heat and hot drinks. A lumbar puncture on this day again obtained a small quantity of pus which grew a pure culture of staphylococci. One hour after lumbar puncture a cisternal puncture was performed, and to our utter amazement crystal-clear fluid under only slight pressure was obtained. It contained 230 cells, 35 mgm. of sugar, and was free of globulin. To our chagrin, culture was positive for staphylococci after forty-eight hours. The general condition of the patient remained the same.

On the seventh and ninth days, transfusions of 250 c.c. of whole blood were given. Blood culture was never positive after the first culture. The patient developed a moderate serum-sickness on the seventh day manifested by an urticaria and joint pains. The temperature continued hectic, averaging about 102, and occasionally spiking in septic fashion. Diaphoresis was marked. A mild shock reaction occurred on the seventh day after only 3 c.c. of bacteriophage had been administered. Cisternal puncture on the seventh was essentially the same as on the sixth—clear, no pressure, about 150 cells. The neurologic picture, however, was unchanged; and there were no new physical signs. Roentgenogram of the chest was

negative; those of the paranasal sinuses showed a nearly completely obliterated left frontal sinus and indecisive clouding of the right maxillary and ethmoid sinuses.

On the eighth day intravenous phage caused a reaction after 21 c.c. had been given. Because of the clear cisternal fluid, and because of the numerous shock reactions produced, outside of the transfusion on the ninth day, the patient received no further therapy until the thirteenth day. On this day, since the patient was no better, therapy was resumed. Because of the several chills produced, only 3 c.c. of bacteriophage were administered twice daily, as suggested by MacNeal.¹³ Cisternal puncture performed on this day resulted in a quite turbid fluid under marked pressure. The cells numbered 6000 per c.mm. On the fourteenth day 3 c.c. of autogenous phage was again given twice daily. On the fifteenth day the patient appeared much worse than at any time previously. He was slightly wasted, incontinent and evidenced difficulty in hearing. Cisternal puncture was even worse than on the thirteenth day, thicker fluid being obtained. Besides the usual 3 c.c. of bacteriophage given twice daily by vein, we gave the patient, for the first time, 3 c.c. of undiluted autogenous bacteriophage intracisternally. There was no reaction to the latter.

On the sixteenth day, 4 c.c. of phage was given twice daily, and 6 c.c. by the cisternal route, the spinal fluid appearing unchanged. The patient was becoming stuporous. For the first time a severe chill followed the intravenous use of phage (this was many hours after the cisternal phage had been given). Cyanosis was present. The temperature rose to 104 F. The patient became restless and the pulse was hardly perceptible. Oxygen and heat were administered. On the seventeenth day, 30 c.c. of spinal fluid was obtained by cisternal puncture and 15 c.c. of undiluted bacteriophage given by the same route. There was no reaction. The patient remained in a critical condition, and for the first time a second spinal tap had to be performed to relieve pressure, 50 c.c. of fluid being withdrawn. On the eighteenth day the boy was comatose. On the nine-

teenth day, despite the coma, a last attempt to benefit the boy was made. Combined lumbar and cisternal punctures were performed. The spinal canal and cistern were irrigated with normal saline through the lumbar needle, draining through the cisternal needle. Two hundred c.c. of saline were used and about 30 c.c. of thick pus were flushed out of the cerebrospinal circulation, but the patient failed to respond. There was no reaction. No further attempt to prolong life was made, and the patient expired on the twenty-first day, the temperature rising to 107 and the pulse to 170. This was seven weeks after the onset of the illness diagnosed as influenza.

COMMENT

Regretably no autopsy consent was obtained. With an unenlightening history and the only signs or symptoms referable to any part of the body being the roentgenograms of the sinuses and the acne condition of the skin, it is difficult to say what might have been the focus for the entrance of the staphylococci into the blood stream from where they were probably transmitted to the meninges. I question the extension directly from the paranasal sinuses to the meninges because of the accompanying septicemia.

Concerning the use of bacteriophage in staphylococic infections, many have obtained favorable results. Lambert,¹⁴ in treating nearly 1000 cases of local staphylococic infection such as acne, carbuncles, furuncles, etc., obtained 90 per cent favorable results. In the meningitic field there are too few cases to talk in percentages. We do not feel that we are in a position to pass judgment on the efficacy of bacteriophage therapy in meningitis on the basis of our one case. But we do feel we are able to suggest a little advice.

D'Herelle,¹⁵ one of the first to work with bacteriophage, contends its action is a lytic one on the bacteria. MacNeal¹⁶ and many others feel that the action of the bacteriophage is one of sensitization of the bacteria so that they become more susceptible to the immune action of the body fluids and phagocytosis. MacNeal¹³ also states that the shock reaction that occurs on the intravenous injection of bacterio-

phage occurs "when the amount of bacteriophage injected has the proper quantitative relation to the bacteria in the blood stream", and that if no shock is obtained, this relationship probably does not exist, the bacteria are probably not susceptible to the action of the phage and the prognosis is poor. Thus, if no bacteria are present or if the blood stream is overwhelmed with them, large quantities of bacteriophage may be given without obtaining the proper quantitative relation, and no shock will be produced. Our first blood culture grew only a few staphylococic colonies. The 75 c.c. of stock bacteriophage on the fifth day elicited no shock reaction. On the sixth day, 21 c.c. of an autogenous phage caused a mild shock. On the seventh day before the transfusion, the blood was sterile. This would seem to fit beautifully in with MacNeal's conception of the quantitative inter-action between bacteriophage and bacteria. But since all subsequent blood cultures remained sterile, I am at a loss to explain the further shock reactions on the basis of MacNeal's theory, unless I assume staphylococci were present in such small numbers that they did not grow from the customary 1-2 c.c. of blood used for culture purposes. As a conclusion, we must state that, on the basis of having administered 148 c.c. of bacteriophage intravenously, producing five mild and severe reactions, the effects on the meningitis, of bacteriophage by this route fell far short of being startling, if, indeed, any benefits were derived at all.

However, we are glad to say we cannot draw the same conclusion for the intrathecal use of bacteriophage, not having given it a fair trial. The fact that we began our intrathecal use of phage late and failed to help our patient, whereas, Schless and Stout began early and report recoveries are strong arguments for the early use of phage therapy in these cases, if any good is to be expected. However, it is rather hard to conceive of any virulent strain of staphylococci reacting favorably to a stock bacteriophage when used in small dosage. Eaton and Stanhope¹⁸ in their review of bacteriophage therapy conclude that "there is no evidence that lysis or killing of bacteria by bacteriophage occurs in vivo, except pos-

sibly in the bladder and in walled off spaces where little exudate is present and where irrigation with large amounts of bacteriophage can be used".

We feel the cerebrospinal circulation is a closed "walled-off" space. In view of the conclusions of Eaton and Stanhope, and the logical theory of the action of bacteriophage propounded by MacNeal, our advice to future users of bacteriophage in cases of staphylococcal meningitis, is to use an autogenous phage

early, in large quantities, sufficiently frequently to make the therapy persistent, and to administer it by the intrathecal route. The plan suggested by Dr. MacNeal to us might well be used as the starting point for further bacteriophage therapy in the field of meningitis.

SUMMARY

A case of staphylococcal meningitis and septicemia is reported. Treatment with an autogenous bacteriophage intravenously, early, and intrathecally, late, proved of no avail.

BIBLIOGRAPHY

1. Schless, R. A.: Staphylococcal Meningitis; Treatment with Specific Bacteriophage. *Amer. Jour. Dis. Child.*, Vol. 44, p. 813, Oct. 1932.
2. Emerson, K.: Staphylococcus Infection of Spinal Meninges. *Boston M. & S. Jour.*, 196:465, (March 27) 1927.
3. Ballenger, H. C.: Meningitis (Staphylococcus Aureus) Secondary to Frontal Sinusitis. *J. A. M. A.*, 94:1040 (April 15) 1930.
4. Garber, F. W.: Staphylococcus Meningitis Limited to Spinal Canal. *J. Mich. Med. Soc.*, 24:597, (Nov.) 1925.
5. Wharry, H. M.: Three Cases of Middle-Ear Disease. *Brit. Med. Jour.*, 1:85, (Jan. 16) 1926.
6. Lavie, Madeleine, (Paris Theses) Paris: N. Malaine, 1930, 86, p. 24, No. 139 (New York Academy of Medicine).
7. MacNeal, W. J.: Personal Communication.
8. Lamb, F. W.: Report of a Case of Staphylococcal Meningitis Treated with Intraventricular Injection of Gentian Violet. *Arch. Pediat.*, 45:306, (May) 1928.
9. Barker, L. F.: Recovery from Staphylococcal Septicemia with Meningitis, Thrombophlebitis, Embolic Pneumonia, and Nephritis. *Inter. Clinics*, VI, 35, Series 1925, p. 1.
10. Stout, B. F.: Septic Cavernous Sinus Thrombosis. *J. of Clin. and Lab. Med.*, 17:28, (Oct.) 1931.
11. Kulowski, J.: Pyogenic Osteomyelitis of the Spine. *J. of Bone and Joint Surg.*, 2:18, (April) 1936, p. 343.
12. MacNeal, W. J., and Frisbee, F. C.: One Hundred Patients with Staphylococcus Septicemia Receiving Bacteriophage Service. *Amer. J. Med. Sc.*, 2:191, (Feb.) 1936, p. 179.
13. MacNeal and Frisbee: Bacteriophage Service to Patients with Staphylococcus Septicemia. *Amer. J. Med. Sc.*, 2:191, (Feb.) 1936, p. 170.
14. Lambert, R.; Boyce, F. F., and McFetridge, E. M.: Bacteriophage Therapy: Clinical Study with Especial Reference to Technic of Application. *Amer. J. Surg.*, 29:436, (Sept.) 1935.
15. D'Herelle, F.: Autolysis and Bacteriophagis. *J. State Med.*, 31:461, (Oct.) 1923.
16. MacNeal, W. J., and Frisbee, F. C.: Bacteriophage as a Therapeutic Agent in Staphylococcal Bacteremia. *J. A. M. A.*, 99:1150, (Oct. 1) 1932.
17. Eaton, M. D., and Stanhope, Boyce-Jones: Bacteriophage Therapy. *J. A. M. A.*, 25:103, (Dec. 22) 1934.

Essex County Isolation Hospital,
Belleville, N. J.

AFTER ALL, THE PATIENT IS HUMAN

By C. FRED BECKER, M.D., Camden, N. J.

Associate in Nervous and Mental Diseases, Jefferson Medical College; Neurologist, Cooper Hospital, Camden, N. J., and Psychiatrist, Camden County Juvenile Detention Home

Read before the General Session of the 170th Annual Meeting of The Medical Society of New Jersey

After all, the patient is human, and being human, he reacts to life and its environment in very much the same way as you and I do; and as our ancestors did thousands of years ago, except modified in one way or another only by changes in environment and customs. We are endowed with the same ambitions, the same jealousies, the same desires, the same phobias, superstitions and impulses. We have the same desire to conquer, control and rule; and if need be to crush whoever, or whatever stands in our path, to attain that goal; whether it be the leadership of a few in any walk of life, a business enterprise, or the control of a

nation. The only difference between yesterday and today being the means and the method. Basically we have the same differences,—socially, morally, politically and religiously. Environment, knowledge and the thin outward veneer may have changed somewhat, but the inward feelings and reactions have remained very much the same; though we are reluctant to admit it. We pride ourselves on being civilized, when in reality we are the most destructive animal on the face of the earth, in the midst of all our constructiveness. We lead or permit to be led to slaughter millions of our own kind, and in the interval, between slaugh-

tering times, we plan, connive and invent new methods to eliminate our fellow human beings on a more wholesale scale, for no apparent reason whatsoever, except to enhance the plans of those who seek to have their own ambitions and desires fulfilled. All through the centuries human beings have reacted, and probably will react the same way in this respect and in other respects also.

In our so-called intelligent age we pray to a diety for enlightenment and guidance, and in the next breath we humbly beseech that our acts are justified and that He guide, protect and return us victorious, while we kill those with whom, individually, we have no grievance. The fallacy of it all is,—the other side is doing the same thing. No high-sounding, Websterian phrases, psychology, cultism, or creed changes the basic facts of human reactions. If we are endowed with sufficient intelligence to see and reason self-evident facts, and are honest with ourselves, we would admit that fundamentally we have not changed very much.

THE UNIVERSAL STRUGGLE IN LIFE

"What relationship has all this to the patient?"—you may ask. Putting aside the definitely psychotic patient, from a biological or diseased standpoint, and considering the so-called psycho-neurotic individual of the everyday type, with no attempt to single out any particular group or to classify them according to every impulse or reaction, but considering them as a whole, it has a good deal to do with them; for unless we understand and realize the eternal struggle going on in one phase or another in every human being, and humanity as a whole, we cannot well understand those we seek to help and adjust mentally. This understanding is a necessary adjunct in attempting to help individuals of this type find their particular sphere in that struggle and to enjoy more than fear it. It is necessary that they understand life as it was, as it is, and as it will be, and to face things in reality as they are, and not as you or I think it should be and then have them wake up disillusioned. It is essential they know that potentially we are more or less in the same category, and have

at some time or other in our lives experienced the same reactions to life in a greater or lesser degree,—though we feel ourselves to be successful. They should be made to understand that we are all different. Different in our personality, intelligence and reactions, and it is this difference that gives us our individuality. An individuality to develop irrespective of yours or mine or the other fellows'. (Though heredity plays a large part in the make-up of the individual as a whole, it is too often over-emphasized, while many beneficial qualities which could be developed remain dormant.)

All too frequent is the tendency to thrust our personality upon the patients, instead of bringing out their own dynamic qualities, if they exist, emphasizing them, and directing the nervous energy that is expended in neurotic reactions of one kind or another toward their development. This, I grant you, is not always an easy problem and often fails, without doubt, but a sympathetic understanding of the patients' conflict in the minutest detail, with a willingness to listen to them, facing facts as they are and interpreting them in relation to humanity as a whole, has accomplished more results than all the various cultisms put together.

THE PATIENT'S AWARENESS OF HIS CONDITION

If I am to believe, as I do, and as practically every physician does, that a hysterical patient has some object in view, some aim, goal or desire—whether for sympathy, attention or otherwise—I cannot help but equally believe that the average patient of this class is fully *aware* of that aim, goal or desire; and frequently it is not difficult to ascertain just what the aim, goal or desire is and face the situation in reality. To believe that every patient of this type is *not aware* that a purpose is being served, or that an object is being attained, as stated in some of our modern psychiatry, is wholly incompatible, in my opinion, with intelligent reasoning. The tendency to evolve theories, smacking of the occult and mystic, is all too prevalent in much modern psychiatry. It is much like taking the horoscope reader, the dream interpreter, the fortune teller and all other charlatans and cults into our fold

and making them one of us. I do not wish this statement to be misconstrued in any way. I am fully aware of the great strides made in recent years in psychiatry in an attempt to understand and help those mentally afflicted, but I do rebel at the fantastic; the fantastic that seems to place many common problems with which we are daily confronted in our practice, in some mysterious psychic world, the working of which we do not and cannot understand, except in a confusion of conflicting theories.

The human mind is mysterious and we are far from understanding its marvelous workings; but the very fact that we have a consciousness, though it is but a fleeting moment, is evidence that we are fully aware of what we do or say, if we are endowed with sufficient intelligence, and it is not distorted by disease or insanity. Just so the patient who develops some neurotic symptom or syndrome, with some aim or object in view, in my humble opinion, is fully aware that an object is being, or is to be attained. There is the element of reasoning about it, otherwise the symptom would not be there, though the organism as a whole be fundamentally weak and unwilling to cope with the problems of life, and presumably seeks an easier escape from what to it seems unsurmountable difficulties.

Perhaps I do not make myself clear, but what I am trying to emphasize is the psychology of common sense in dealing with that large group of patients, the so-called neurotics, with whom we are all confronted in our daily practice; in an effort to rescue them from some mysterious realm where they seem to have been placed, and bring them back to earth again—into the fold of practical medicine and practical psychiatry and away from the pretenders and “quacks” who seem to be invading even our own profession; and back to an attempt at a practical, sympathetic understanding by the physician in his efforts to alleviate their mental conflicts.

Much of this can be done while the “ultra-intelligentia” argue among themselves whether: (1) “Hysteria is a form of mental depression, characterized by the retraction of the

field of personal consciousness and by the tendency to the dissociation and the emancipation of systems of ideas and of functions which by their synthesis constitute the personality”; or, whether (2) “it is a psychogenic reaction form in which a person with a tendency to feigning and dissimulation and with some affective gain to be attained by it, strives for this gain through an intricate coöperation of *rational* but *unrecognized* mechanisms, together with reflex and instinctive or otherwise biologically performed ones”. You can take your choice, if it is going to help you understand how a five or ten thousand dollar verdict will almost magically clear up a traumatic neurosis, in which case there is evidently no doubt but that the patient is fully aware of the object in view. The object in view is often not any more mysterious than that cited above, though it may be decidedly more difficult to elicit and erase.

A PROBLEM IN PERSONALITY

Granted the general practitioner is usually a busy individual—but all too often does he neglect the mental welfare of his patient—all too often does he unconsciously instill functional disorders in a patient who is susceptible to suggestion. Every individual, every patient is more or less a law unto himself. Whether the patient is free from organic disease as far as can be ascertained, or whether he happens to be afflicted with some physical ailment, he becomes a study in personality the moment he enters the office for the first time. A human being,—a human being whose mental or physical mechanism, or both, are at variance and not conducive to good physical stamina or mental peace. He becomes a problem, an individual problem in himself. We must try to understand him, to know him. It is not sufficient merely to search for and find organic disease—organic disease, treatment of which, alas, is all too frequent only palliative—though if present, it must be considered as a possible cause or a contributing factor. We must, by a painstaking, careful history and tactful interrogation, analyze the patient's mental makeup; his predominating weaknesses and his characteristics of quality.

I contend, where an average normal mentality exists, there are many patients of the so-called neurotic class who have within themselves attributes more worthy of them than their phobias, obsessions, or conflicts, if we only took a little time to look for them and encourage them to the advantage of the patient. I am not one who believes that some such simple procedure as that, or even some mysterious system of psychology, is a panacea for all mental suffering. I fully realize, or rather believe, that as long as time shall be, human beings will vary in their individual make-up and reaction to life; and that any system, creed or cult that attempts to mold minds all alike is doomed to failure, and is in itself a fallacy. The human mind is too intricate, too complex, too varied for that; and often this variation or deviation from what we have set as a normal standard and call abnormal or a weakness, is in reality a normal reaction to a given stimulus by that particular organism, if we stop to study that organism and its make-up as a whole and in terms of a human being.

Be it understood, I am not referring to the extreme case, the definitely psychotic individual or to the one of a low-grade mentality; but the problems, conflicts and reactions of the average individual for whom so much can be done by an honest, conscientious attempt to understand him and by understanding him, to be better able to help him understand his own problems. Many of his problems are simple reactions that you and I would have, had we his particular biological make-up and the same existing exciting factors. Therefore, it is silly to expect to adjust a sensitive woman who resents the least interference in her home, while a snoopy, critical mother-in-law remains.

The inalienable right to live and let live is yours and mine; but many foolish customs of so-called modern civilization, in an attempt to mold us all into a definite set social order have stumped, curtailed, and suppressed our normal, physical and mental reactions to life, so that we become so over-cautious, self-centered and fearful of offending somebody's idea of how everybody else should live that we burn ourselves out in the attempt. This is not remote

from the actual patient in his sphere of life, for he is in reality part of the scheme of things, though he has difficulty in adjusting himself to the curriculum that is slowly, but surely, woven about him.

You and I may, to our way of thinking, accept what in reality we at heart resent, and live a supposedly peaceful, useful and contented life; but how many of you, if you are honest with yourselves, have, in a greater or lesser degree, the same impulses, the same desires, the same reactions as many of your patients. In reality, you accept many things you do not like to accept, you do many things you resent doing, and leave undone many things you crave to do, not only because you are better able to adjust yourself to life by reason of the stronger part of your will, suppressing the weaker part, but because you yourself have fear—the fear of criticism by your fellowmen, though these desires may not necessarily be criminal or detrimental to yourself or to anyone else.

It is not so much a question of thrusting upon humans a cut and dried order of things as it is fitting humans into the general scheme of life in such a way that the useful, natural reactions of the individuals are given sway, so that the energy expended emotionally upon self-pity, condemnation and fear is utilized to their advantage and help many so-called neurotics find themselves and enjoy the adventures of life. This certainly requires that we give a little more sympathetic understanding ear to the vague complaints that we so often set aside with a smile without any attempt to explain, alleviate or erase if possible. This indifference, lack of consideration and interest, is certainly partly responsible for the growth of one cult after another.

True, the "cult", the "quack" and the "medical racketeer" will always be with us to prey upon the ignorant and gullible; but have we ever considered how many of our patients, who we think should know better, go to the same sources simply because of faith and the hope that is given them? Have we ever pondered over the fact that the neurotic symptoms we find so marked in later years grew more or less slowly, that in their incipency during the early years of life some one of us has

passed them by without recognizing them, because we failed to analyze our patient mentally as well as physically, at a time when early recognition could help many to understand themselves and prevent future mental conflicts?

I have purposely avoided any attempt at classification, symptomatology, or technical language, which times does not permit, and which was not the intent of this paper. Perhaps my few remarks sound plebian—and are plebian; but if they have, for the time being, diverted your mind from the ultra-scientific and brought you back to earth for a few minutes, they have

accomplished some purpose or afforded you some mental relaxation. I have tried in a small way to deal more in generalities; fundamentals that apply to that large group of human beings who react to life in a wide and varied manner, seldom, if ever, wholly alike, according to their individual, mental and physical make-up, and who, after all, are human.

QUOTATIONS

1. Modern Clinical Psychiatry, Noyes; 1935 edition, page 392, quoting Janet.
2. Modern Clinical Psychiatry, Noyes; 1935 edition, page 393, quoting Kretschmer.

620 Benson Street, Camden

DISCUSSION OF DR. BECKER'S PAPER BY ROBERT A. MATTHEWS, M.D. PHILADELPHIA, PA.

Dr. Becker has discussed in broad terms a subject to which attention cannot be called too frequently if we consider the very magnitude of the problem. It is estimated that the psychoneurosis constitute 60 per cent of medical practice. The economic loss from this source is tremendous. They represent the largest group of mental conditions with which we have to deal, though only a very few ever reach a mental hospital. They are handled chiefly by the general practitioner or are treated in general hospital wards.

STUDY OF THE PSYCHIC LIFE

It seems that for a number of years, with the acquisition of more and more methods of precision to be utilized for diagnostic purposes, there was a tendency on the part of more recent graduates, and even some of the older practitioners, to lose interest in the individual as a whole and hence view the patient with scomatous eyes. Fortunately, there is now a definite swing in the other direction as evidenced by the steadily increasing amount of attention being paid to the teaching of psychiatry in our medical schools. I do not mean by this just the study of frank and easily recognized mental conditions, but the study of the whole psychic life of human beings and the dynamic forces that motivate behavior, an understanding of which is vital if the best interest of the patient is to be served. We are now coming to view every illness as a psycho-

somatic problem. By this I mean that in every case, no matter how organically conditioned, we must not forget that there is a potent mental element.

An internist, whose clientele is composed almost exclusively of cases referred by other physicians, recently told me that a review of his work over a period of several years revealed the fact that in only one-third of the cases was the problem chiefly organic; in another third, he found a basic organic condition with a strong and highly important psychogenic element, which too frequently had been unevaluated; and in the final-third, the difficulty lay entirely in the sphere of the emotions. Many of the patients in the latter group have been treated for years for an organic condition which did not exist, at least at the start, and in them the concentration on the physical side had often so fixed the neuroses that treatment at best required much time and effort and was less productive of results than might have been the case had the neurotic manifestations been adequately dealt with from the start. But the diagnosis of a neurosis is not always easy and it often requires less effort and is met with less opposition on the part of the patient to consider the trouble as being organic in origin. I do not feel that we should consider the diagnosis of a neurosis as being entirely a negative affair. Besides a conscientious effort to rule out definite organic disease, or if an organic condition does exist, to properly evaluate it in

terms of the symptomatology, it still requires a knowledge by the physician of the positive factors in the patient's personality and the environmental forces acting on that personality.

THE PHYSICIAN'S MIND

I must disagree in part with some of the things Dr. Becker has said. Although we know that in most cases neurotic symptoms play a useful part in the life of the patient and are not just unmotivated behavior, I do not believe that the average patient is fully or consciously aware of the mechanism. Of course, we must admit that there may be many superficial factors operative, and numerous times we do not have to look far or probe very deeply to lay our fingers upon them; but there are many other cases in which the trouble lies well within the depth of the patient's personality. Recent careful studies carried out independently by various schools of psychological thought tend to confirm the belief that we do have an *unconscious mind* and that all conflicts giving rise to symptoms cannot be handled by mere readjustment of environmental factors. We have conflicts between acquired moral codes, customs imposed on us by civilization and the community, and the basic instinctive drives. These conflicts not infrequently give rise to symptoms in a disguised form, since the conscious recognition of certain tabooed tendencies would be too painful. Civilization demands that normal satisfaction of natural instincts must often be deferred, inadequately realized, or at times abandoned altogether. Since they must have some kind of expression, various pathological and neurotic subterfuges are observed. As Myerson has said: "The psycho-neuroses arise from physical disease, from the bad habits of modern civilization, from the complexities of sex, from the conflict of instincts with morals, from fatigue, lust, idealism, and selfishness—from the bewildering warp and woof of life and human constitution."

Like greatness, some are born neurotic, some achieve neurosis, and some have neurosis thrust upon them. Some are born neurotic who, from the beginning, face life with lowered endurance, with fear, and undue sensitiveness. Some

achieve neurosis—those who too diligently pursue fame, wealth and pleasure. Some have neurosis thrust upon them—those who are not allowed to recover from a physical illness, or are too soon out of bed from childbirth,—the poor; or the people well endowed with emotions who have to live and work in a monotonous and uncongenial environment—wives yoked by conscience and custom to disgusting husbands, husbands bound to petty, unreasonable nagging wives.

We also have with us always the so-called *child adult*, those who have grown up physically and intellectually, but who have carried with them into adult life the emotional patterns of childhood. These people are often not permanently helped by making the environment easier, but require education or reeducation along emotional lines. It is often necessary to show them wherein they are lacking and give aid in an effort to help them make an adjustment at an adult level.

We should also give thought to the handling of the *emotional factors* which accompany every organic illness. In this regard one author (Dr. E. H. Strecker, *Mental Hygiene, Nelson Loose Leaf Medicine, Vol. 7, Chapter 12*) has said that "It is not an over-statement to say that fully 50 per cent of the problems of the acute stages of an illness and 75 per cent of the difficulties of convalescence have their primary origin not in the body but in the mind of the patient." Whether the figures given are absolutely accurate is unimportant. What is important is the need for consideration and understanding of the mental factors involved. As Dunbar (*H. Flanders Dunbar—Problems of Convalescence and Chronic Illness, American Journal of Psychiatry, Vol. 32, March, 1936, page 1095*) has pointed out, we have paid relatively little attention to that large group of patients who, already well on their way to an excellent recovery from a physical illness, unaccountably develop what may be called the "chronic invalid reaction" and never quite recover. The general physician, as a rule, judges convalescence in terms of the somatic disease process, and makes his prognosis accordingly. Many patients with organic damage, however, develop a symptomatology which is very little,

if at all, dependent upon the physical damage, and become invalids unnecessarily. From an economic and humane, as well as from a scientific point of view, such patients merit serious study. They fill many of our hospital beds, crowd our out-patient departments, and are frequent callers at physicians' offices, often without the wherewithal to pay. They have remained economically crippled, and have spent their savings in vain attempts to get well. A mere cursory examination and a statement to the effect that "there is nothing the matter with you, go home and forget about it," is not sufficient; it merely sends them scurrying to the cultist with antagonism in their hearts toward the medical profession. They are sick and know it. The pains they are suffering are just as real as if based on definite organic pathology; and as a matter of fact there often is a definite physiology operative through the sympathetic nervous system which has been aptly termed the "Mirror of the Emotions". Emotions seek a physical outlet, and, as shown by Cannon, fear and anger produce measurable physiological responses. If operative over a long enough period, actual organic change may take place so that some of our organic diseases are emotional in origin, either directly or indirectly. Peptic ulcer or hyperthyroidism are examples.

THE EMOTIONAL AND THE ORGANIC

If the patient in whom a neurosis is suspected has not recently been under the care of the attending physician, and sometimes even so, a careful, painstaking survey, including a complete history, physical examination and appropriate laboratory tests are required to rule out organic disease. Without this, the physician starts out handicapped, because he cannot have the patient's full confidence. Having equipped himself with all possible positive or

negative data, the clinician is then prepared to deal in a rational manner with the psychogenic factors, and it is the rare patient who will have none of it. Most often they welcome an opportunity to discuss their emotional difficulties.

In seeing patients in response to psychiatric consultation requests in hospital medical wards, we have been impressed by the number of times they have remarked to the effect that never previously had they had an opportunity to discuss the emotional side of their lives; and that although it might have occurred to them, they never seriously considered the possible hook-up between their emotional patterns and the symptoms from which they have long suffered. The very intellectualization of the problem is often quite helpful, although more often additional psycho-therapeutic measures are necessary. On the other hand, by their attitude and what they say or do not say, physicians often do immeasurable harm.

Since our prime duty as physicians is to affect a cure or alleviate suffering wherever possible, it is just as necessary for us to deal promptly and intelligently with early or potential neurotic manifestations in our patients as it is to recognize and handle acute cases of appendicitis, even though the results are harder to evaluate.

Dr. Becker is to be congratulated for presenting this subject in such a clear, straightforward manner, since it has too often been dealt with in poorly understood terms which have little meaning for the physician and still less for the patient.

As he has indicated, the neuroses, for the most part, are not baffling psychiatric problems; but they can be, and should be, satisfactorily and successfully dealt with by the general practitioner, if he will just remember that "After all, the patient is human".

A CASE OF COLD ALLERGY WITH SPONTANEOUS RECOVERY

By MAX EHRLICH, M.D., Elizabeth, N. J.

With the rather rare appearance in literature of cases of allergy due to cold, and with the further rarity of spontaneous disappearance

of the condition, I believe this case important enough to be cited.

A middle aged white woman, 42, was seen

on May 26, 1934, because of a condition simulating perennial hay fever and an associated urticaria. For a period of one year previous, she had been complaining of itching of the eyes, considerable sneezing and nasal obstruction. Associated with this fairly local condition, she complained of a "scalding" sensation in the face, nose and occipital region of the scalp, pruritis and swelling of face, eyes, lips and hands. Along with these sensations, she had noticed a temporary hoarseness, which would disappear when the other symptoms were alleviated. Large wheals all over her body were frequent.

Two years prior to the onset of this condition, she had had occasional stomach upsets, following the drinking of "ice cream sodas" or malted milks, accompanied by a scarlatini-form rash over the body. These attacks were undoubtedly allergic. During the past year, the attacks were much worse in cold weather, and on swallowing cold food and cold drinks. Merely touching a cold piece of steel or putting a cold glass to her lips, immediately produced edema of the part touched. Going out from a warm room to the cold air caused her to sneeze almost immediately, and produced urticaria on her face and hands.

Except for this condition, the patient was evidently in good health. Allergic history in the family was negative.

Physical examination for any other abnormalities was essentially negative. No dermatographia could be produced. Skin tests, in-

tradermal and scratch, were negative to the common foods, epidermals, fungi, and pollens. A small piece of ice, about one-half inch in diameter, placed on the forearm for twenty seconds, almost immediately produced a giant hive, three inches in diameter, which itched severely, and remained for four days. Adrenalin administered subcutaneously over the hive caused it to disappear almost immediately.

Blood tests and urine examinations were essentially negative. No eosinophilia was noted.

For treatment, autodesensitization has been tried, with only slight improvement. This has been done by means of cold compresses left on various parts of the body for increasing periods of time.

In January, 1935, the patient reported to me that the condition had apparently completely disappeared. No area of urticaria could any longer be demonstrated with cold objects. The nasal condition was no longer present. And now at the present writing, seven months later, the patient is still in good health.

In conclusion, I feel that this case is one that had a spontaneous disappearance of the allergy, since the patient had ceased attempts at autodesensitization long before the condition so suddenly cleared up. Important also is the fact that mucous membrane reactivity was present here, as evidenced by the attacks of hoarseness, which fact alone may, with a greater severity, produce a sudden and sometimes fatal acute edema of the larynx.

513 Westfield Avenue.

ROCKY MOUNTAIN SPOTTED FEVER

REPORT OF A CASE

By H. C. GOLDBERG, M.D., Perth Amboy, N. J.

This is one of the acute endemic, infectious, non-contagious, febrile diseases, which was first described by E. E. Maxey in 1899 before the Oregon State Medical Society. It has occurred most commonly in our Western States, chiefly Idaho, Colorado, Montana, California, Nevada, Oregon, Utah, and Wyoming.

This disease, or "exanthematous tick fever",

is transmitted to human beings by the bite of wood ticks infected with its virus. Its salient features are a severe frontal headache, muscle or joint pains, severe prostration, high fever, and an exanthematous eruption appearing first on the wrist and ankles, and spreading centripetally over the entire body.

The virus of Rocky Mountain spotted fever

is *dermacentroxenus richettsii*, named in honor of Richetts, who did a great deal of work in this and associated fields. The tick, *dermacenter variabilis*, is the chief carrier of the virus in the East. The symptomatology is well illustrated in the case described herein.

On November 24, 1935, I visited this patient, P. N., at his home in the evening. He is white, aged twenty-seven; a shoe salesman. He complained chiefly of pain in his back, especially over the right sacro-iliac region, and a slight headache. He believed the back pain due to excessive bowling on the previous night. His temperature was 100 F. by mouth. Treatment consisted of strapping the back and symptomatic treatment for his headache.

On November 25th he complained of frontal headache, but thought I had fixed his back up fine, since the pain there had entirely disappeared. Temperature was 101.5 F. (oral), and pulse rate 100. Physical findings revealed a slight macular rash over the wrist and ankle areas, and a few on the back and forehead.

On the morning of November 26th (third day), the rash was somewhat more extensive, consisting of split-pea sized, very red macules. His temperature was 101.5 F. (oral), pulse rate 90, and he appeared prostrated. Reflexes were normal, and no rigidity or stiffness of neck or back was present.

On November 27th (fourth day), his temperature was 102 F. (oral), pulse rate 90. The patient appeared more prostrate, the rash, now more maculopapular, extended over all the extremities, the face, behind the ears, and on the back, and now appeared

in a few places over the abdomen and chest. Consultation was held and the conclusion reached of probably an adult type of measles.

Laboratory work on the urine was negative. Blood examination showed: Red blood corpuscles 5,200,000; white blood corpuscles 8,200; differential count 38 per cent lymphocytes, 60 per cent polymorphonuclear cells, 2 per cent eosinophiles.

Samples of blood were sent to the laboratory of the Jersey City Medical Center for agglutination test for typhoid fever, Rocky Mountain spotted fever, and typhus fever. The Felix-Weil reaction was strongly positive, indicating that we were dealing with Rocky Mountain spotted fever or typhus fever. Tests for typhoid and paratyphoid fever were negative.

November 29th (sixth day), the temperature began to drop and the patient felt much improved; the rash remained unchanged. December 1st (eighth day), the temperature was normal and the rash was fading; and by December 4th (eleventh day) patient felt well, though somewhat weak, and the rash had entirely cleared.

The laboratory tests were repeated and confirmed at the New Jersey State Department of Health, and were again checked, as late as February 27th, 1936, at which time the agglutination test was still strongly diagnostic.

The patient is fond of horse-back riding and we felt that the latter sport may have served to introduce him to *D. variabilis*.

Treatment of this disease is chiefly systematic. Active immunity may be established by vaccination, although it is not entirely certain.

182 Market Street,
Perth Amboy, N. J.

MATERNAL WELFARE—ARTICLE NUMBER SEVEN

THE INTERNE'S EDUCATION IN OBSTETRICS

By W. K. PUDNEY, M.D., F.A.C.S., Montclair, N. J.
Attending Obstetrician, Mountainside Hospital, Montclair, N. J.

The instruction of a young doctor who is serving his internship should be a matter of serious concern to his attending physicians. The remarks presented in this discussion are offered for the purpose of considering the matter as it applies to an interne serving in the obstetrical department of a general hospital. The obstetrical duties in such a hospital usually form only a part of a so-called rotating service.

The medical education of a doctor is begun in the medical school, is carried on in the hospital, and should be continued throughout his years of practice.

Most of the general hospitals which offer opportunities for internship are dominantly practical in the work they undertake. They are not teaching institutions to the same degree as are some of our larger urban hospitals. Most of the men who accept appointments to the mixed rotating services of the general hospital expect to go into the practice of clinical medicine as a means of livelihood. Therefore, the guidance they receive from their attending physicians should be essentially practical. However, there is a need to make that guidance and instruction more systematic and more formal than it is at present, and to couple it with

a deep sense of responsibility, on the part of more of the attending staff, for the education of these younger men.

At the commencement of his duties in the hospital, the new house officer should have a planned introduction to the institution as a whole. And when he has successfully terminated his internship, the attending staff should give him the stimulus of a formal recognition of his completion of another step in his education.

Each hospital department should organize and systematize the opportunities and facilities for learning available to its internes.

The Obstetrical Department of the Mountainside Hospital in Montclair, New Jersey, has a brief outline, which is appended to this paper. It was written to serve as an introduction and guide to each new doctor. He is asked to read and digest the spirit and letter of the guide on the first day he reports for duty on the obstetrical service. He is introduced to the wards and delivery rooms in a general way at that time.

During the first two weeks of his tour of duty every man is supervised in every delivery by either an attending or his assistant. If he proves himself capable of assuming the responsibilities of a normal case, he is allowed to conduct these cases unsupervised.

In the preparation of the written guide for our obstetrical internes, certain points were included which we consider of basic importance. They are as follows:

1. To study and care for the patient as though the prime and sole responsibility was the interne's alone.
2. To consider the psychological care of the patient.
3. To emphasize the educational value of the antenatal and follow-up clinic work.
4. To encourage relevant medical reading.

The various attendings and assistants try to make their practical instruction include not only the major obstetrical maneuvers, but also such things as the details of vaginal and abdominal examinations. One assistant attending has the sole responsibility for instruction in the art and practice of obstetrical analgesia and anaesthesia.

The obstetric management, diagnosis, and notes of each new case are reviewed and discussed at the bedside, or in the labor suite. We believe in teaching the men how to evaluate the nurses' notes. They should receive more instruction in the details of nursing procedures. We have never found that formal lectures were as welcome or necessary as the time devoted to the more practical side of the work.

Some attendings become so interested in their internes as to learn of their personal immediate problems and ultimate desires, and often are able to offer helpful suggestions.

I wish to repeat that the members of the attending staffs of our general hospitals need a greater enthusiasm and sense of responsibility toward the teaching of their internes. It is their duty to help in continuing the practical and idealistic education of these men. To do this well we must set high standards for ourselves; we must be sympathetic to their needs; we must keep abreast of developments in our work; we must think clearly; we must be thorough; and we must approach each case with such an eager enthusiasm that it will prove contagious and an inspiration to these doctors in the making.

GUIDE FOR OBSTETRICAL INTERNES

From the Obstetrical Department, Mountainside Hospital,
Montclair, New Jersey

The following notes are to aid you in your relationship to the Obstetrical Department and its routine. We feel that the patients on the Obstetrical Ward Service should be regarded by you as your direct responsibility, and that you should use the junior and senior attendings in the capacity of consultants. In this capacity they may need to give you daily guidance and help, but you should try to meet your responsibilities to each patient as seriously as though you were the only doctor on the case. You should also be stimulated to the serious degree of your responsibility, not only by humanitarian and scientific reasons, but also by those which would spur you on if there were to be a generous financial reward for a successful result of your efforts.

Take care of your patients with kindness,—they are human beings. Treat them psychically as well as physically. Take the proper steps for making your own diagnosis. Be decided about your diagnosis. Don't hedge. Refresh your memory upon the etiology, pathology, and treatment of your diagnosis. Be thorough. Outline the treatment in your mind. Don't over-treat the patients. Estimate a prognosis.

RESPONSIBILITY FOR PATIENTS

The patients belong primarily to the interne on service. He is not obliged to relinquish his care during the time he is expected to "take off". He may remain on duty and look after the cases on his service without interruption if he so desires. But if he does go off call for any time at all, no matter how brief, he must assure himself that he has a substitute, and that that substitute knows all about every case for which he is to be responsible; also that the substitute shall not follow his own dictates, but rather try to carry on uninterruptedly the general program and purpose of treatment laid down by the regular man on service. The substitute shall be responsible for all the duties of the regular man.

ADMISSION OF PATIENTS

Every patient shall be seen not later than fifteen minutes after she has been admitted. You should ascertain at that time:

a. If she is a clinic case. Her clinic history and physical examination should then be procured at once. This antepartum record is to be looked upon merely as a record by you. The responsibility for the working diagnosis and its treatment must be based on your own examination. If you are satisfied with and concur in the examination made by the clinic, all well and good. You need not write out a second history and physical in that case. But at least you should make a written note on that chart and initial or sign it, of every examination made, and major treatment instituted or modified by you.

b. If the patient comes from outside doctors or other sources, you should make and record a complete history and physical. You should keep the outside doctor informed concerning the major happenings in the case; and especially at the time of her discharge you should recommend her back to his care, being sure he has transferred to him a written summary of her hospital experience.

c. No patient with a contagious disease should reach or remain on your obstetrical ward. Especially guard against contagious throat infections contaminating your ward. Your effort in this regard must be rigorous in times of a community epidemic of respiratory infections.

ANALGESIA AND ANESTHESIA

The relief of pain in obstetrics is an art, and each case must be individualized. Try to learn more about it. Adopt at the onset of a case a certain outline for the handling of her pain. Stick to its basic principles and course, and modify it only to meet her individual needs. Read up on analgesia, and draw on your attendings for advice and tutelage. Above all things, don't let your patients "pound away" unrelieved while you are off elsewhere, quite thoughtless of them.

Your attention is directed to a special folder on analgesia and anesthesia prepared by this department. It contains notes of general interest relevant to these topics and also an outline for the analgesia and anesthesia in typical primiparous and multiparous labors.

CONSULTATIONS

Consultations should be consummated as quickly as possible. Many times this means your going out of the routine way of securing them. By personal effort and contact you may tactfully and promptly secure a note recorded on the patient's chart by the consultant, which will answer the question raised for consultation. You must be present when the consultant examines the patient.

ABNORMALITIES

The application of forceps and the management of breech deliveries or other definite obstetrical abnormalities may not be handled and cared for by you. Upon recognition, the responsibility for their care must be turned over at once to the attending on service.

LABOR RECORDS

The interne will keep careful and detailed notes on the appropriate sheet, of the progress of the labor, acquired by constant observation. At the completion of the labor he will fill out the labor records and the special record card.

POSTPARTUM NOTES

A daily record of puerperium progress will be kept on the appropriate sheet.

DISCHARGE OF PATIENTS

Mother: Each patient shall be examined at the time of her discharge. Written notes shall convey her physical status at the time of her discharge, etc.; future course of any treatment you desire shall be detailed and the appropriate clerical work carried out to assure her proper follow-up at the end of four weeks, and to cover the findings of your examination.

Baby: The obstetrical interne will be responsible for the examination of the babies at discharge and the appropriate chart records for this examination.

GENERAL

You should be punctual for all your appointments. You are obliged to attend, and share in, and learn from your work in the antenatal and follow-up clinics.

You should cooperate with the nursing staff.

You should make your daily rounds before 11 a. m. Rounds shall be made each evening, and every patient seen.

You will find our Obstetrical Library unusually complete and modern.

STATE SOCIETY ACTIVITIES

PRESIDENT'S ANNOUNCEMENTS

By SPENCER T. SNEDECOR, M.D., Hackensack, N. J.

We are beginning our year of presidential service by outlining the projects which the Society is conducting, and by assigning the personnel to carry them on. In this issue of *The Journal* there is a complete list of our committee appointments. In order to find the best man as chairman and workers on these all-important committees, we have spent the last month in interviewing the former members, and consulting the President of each County Society and various key men throughout the State. We are now pleased to announce the appointments which we have made, and to tell the Medical Society at large that we believe these men will be most efficient in the work to which they have been assigned.

PARTICIPATION IN THE SOCIAL SECURITY PROGRAM

The implications of the Social Security legislation which was passed by Congress last year have been considered by The Medical Society of New Jersey. In addition to the old-age pensions and unemployment provisions, the law provides funds for Federal Aid in the several health fields of maternal welfare, child health, crippled children, the blind, venereal disease control, and general public health activities. During the past year, The Medical Society has studied and developed participating shares in each of these programs which, after endorsement by the State Department of Health and the Federal bureaus, are now getting under way. Our part is being carried on by the committees advisory to Dr. Nichol's public health group. Already Dr. Bingham's Maternal Welfare Committee has a good start, and the field physicians are actively at work on it in each and every county. The child health and the venereal disease activities are started. The crippled children's plan is ready for adoption.

We accept the responsibility for the success of our share of these activities, as well as for the endorsement of doctors for appointment to the salaried physicians as field physicians, lecturers, and clinic workers. Here we have some of our major projects for the year upon which each county, as well as the State, must work diligently. We have accepted a large

order, and now we must prove that we can do our part. In it we cannot afford to fail.

HOSPITAL SURVEY

The questionnaires for the hospital survey have been sent out by Dr. Lewis and his Medical Practice Committee. It is now up to the key men in each county who have consented to share in this difficult task to gather the information for the questionnaire. Hospital superintendents, members of the Board of Trustees and groups of the staff must be interrogated. Considerable time must be spent in each hospital so that the questioners can formulate their own opinions of the workings of the staff arrangements.

This survey has the endorsement of the State Hospital Association; and Mr. Edgar Hayhow, the President of the Association and Superintendent of the Paterson General Hospital, has sent a personal letter to the superintendents of all the hospitals urging their cooperation in making the survey a success. Some counties, such as Essex and Hudson, have heavy tasks, but the survey must be made in the interests of the profession, and as quickly as possible. The inauguration of the work at this moment is the responsibility of the hospital key men in each county.

SEPTEMBER MEETINGS

We shall call a meeting of the Presidents and Secretaries of every County Society in Trenton at about the middle of September. At that time we will present the program and objectives of the Society in order that the officers may take a personal message back to their members, and that we may assist them in planning their own year's work.

The Chairman of the Welfare Committee is also expecting to hold a large organization meeting of all the members of the groups connected with the Welfare Committee. This meeting will probably be held late in September. It is the expectation to have the subcommittees and a number of the advisory committees meet in the morning at Trenton. After luncheon the whole Welfare group will gather to organize for the year, and to take up the plans which will be presented by the Chairmen of the various subcommittees.

THE WELFARE COMMITTEE

A STATEMENT OF ITS POLICIES AND METHODS

By HILTON S. READ, M.D., Chairman, Atlantic City, N. J.

This communication is the outgrowth of a request from our President, Dr. S. T. Snedecor, to consult with him in an effort to increase the usefulness of the State Society to the individual members,—one of the prime objectives projected for his administration. It is thus in the nature of a prospectus of a possible budget of activities for the Welfare Committee for the year 1936-1937.

ORGANIZATION OF THE WELFARE COMMITTEE

Everyone is familiar with the mechanics of the Welfare Committee, appointed each year by the President of the State Society, with representation for each county. Section 10 of Chapter VIII of the By-Laws of The Medical Society of New Jersey states as follows:

"The Welfare Committee shall consist of thirty-five (35) members, appointed annually, which number shall include the President and Secretary of this Society, ex-officio. Each component society shall be represented by at least one member, and candidates for such appointment may be suggested to the President by each component society. The committee shall elect one of its members to act as chairman and executive officer. It shall keep minutes and records of its transactions. It shall have supervision over legislative matters, public health, and public relations, subject when necessary to direction from or approval by the Board of Trustees or the House of Delegates. To this committee shall be referred all questions of professional welfare not included in the specific work of the Judicial Council. It shall be empowered to employ a special agent or agents, and to expend such moneys as shall be approved by the Committee on Finance and the Board of Trustees."

Dr. Snedecor has carefully considered the appointments to this important committee and wishes it understood that this responsible trust has been delegated to each appointee because of his initiative, interest and ability, and his faithfulness in attendance in the discharge of that trust.

Exceeding the constitutionally limited membership is possible only for emergency needs, and only upon request of the committee to the President. Such right was exercised last year and granted by the President when it was found desirable to appoint the then existing Public Health Committee to the Welfare Com-

mittee en masse, in order to round out the constitutionally delegated duties of the Welfare Committee. This action met with unanimous approval and proved a potent cohesive agent in preventing duplication of effort, and the making of false moves, as well as insuring better distribution of valuable information back to the County Societies.

SCOPE OF ACTIVITIES

The Welfare Committee of the Medical Society is unique in organized medical circles. It meets periodically between conventions. Made up, as it is, of representatives of all the component societies and including the chairmen of the advisory committees and the State Officers ex-officio, it should serve to:

1. Acquaint the various members of the committee (and through them the component society that they represent) with the thoughts and activities of the State Society officers and committees.

2. Acquaint the State Society officers and committees with the problems, sectional or otherwise, of the individual members of the component societies.

3. Obtain the reactions of the various component societies to the aims and activities of the State Society plans and developments.

4. To integrate effectively into a united front the work of the various committees to whom are assigned special activities and problems.

The Sub-Committees of the Welfare Committee are:

1. Medical Practice
2. Legislation
3. Public Health
4. Public Relations.

SUB-COMMITTEE ON MEDICAL PRACTICE

The Medical Practice Sub-Committee of the Welfare Committee has made many monumental contributions to the science of Medical Economics during the past few years. Ever mindful of its responsibility to both physician and patient, this committee, under able leadership, has devoted countless hours of research before making any pronouncement on either broad philosophical questions or individual problems. With the collapse of the Emergency Relief Administration, and the ever-increasing evil of lay encroachment in professional fields and other dangers confronting the profession

in general, this sub-committee can expect little respite this year from its previous laborious duties, except in the form of assistance from additional sub-committees and the new members thereof. It is hoped that, by the appointment of sub-committees, the Chairman of the Medical Practice Committee, Dr. Thomas K. Lewis, can be relieved of some of the detail work and be able to devote more of his time to counsel, the direction of surveys, and the preparation of briefs. Some of his previous contributions along this line have attracted national attention. The following Advisory Committees to the Medical Practice Committee have been proposed:

1. Medical Care of the Indigents
2. Contract Practice
3. Workmen's Compensation
4. Hospital Relationships
5. Nursing and Nursing Education
6. Pharmaceutical Problems.

SUB-COMMITTEE ON LEGISLATION

The Sub-Committee on Legislation has a record that speaks for itself. This committee has performed yeoman service in the defeat of vicious legislation, and in the support of progressive medical legislation.

With the acceptance of the draft of the proposed Uniform Medical Practice Act by the Welfare Committee and the Board of Trustees, it now devolves upon the Welfare Committee to decide upon the advisability of attempting to secure its passage by the State Legislature. In all probability, this matter will require serious thought upon the part of this sub-committee as well as of the Welfare Committee as a whole.

Legislation on Workmen's Compensation will have to be considered during the coming legislative session. Aside from these two pieces of legislation there is none under active consideration, but this committee can never sleep due to the playful habit of certain legislators of introducing bills with misleading (expressed or implied) medical aspects. An added responsibility of this committee is to watch Federal legislation as well.

SUB-COMMITTEE ON PUBLIC HEALTH

The Public Health Committee has labored long and well in the discharge of its duties. The Federal Social Security Bill and the New Jersey administration thereof are a multilateral responsibility of various sub-committees of the State Society. However, the Public Health Committee is designed to act as a Public Health Council (a clearing house of information) and will perforce assume the responsi-

bility of much of this Federal legislation. With the thought of better organization, less duplication of effort, and the presentation of a united front, the appointment of the following advisory committees to the Public Health Committee is being considered, with each chairman as a member of the Welfare Committee:

1. Maternal Health
2. Child Health
3. Mental Hygiene
4. Cancer Control
5. Tuberculosis Control
6. Venereal Disease Control
7. Crippled Children Program.

Funds are being made available for some of the medical aspects of the Social Security Act, for surveys and other activities, and it is the urgent responsibility of the members of the various sub-committees to give generously of their time and ability to the analysis of the problems and to the resultant recommendations. We must be ever mindful of our dual responsibility to the practicing physician and to the individual who is sick. If the medical aspects of this social legislation are to be kept under medical control (where they rightfully belong and where they have the best chance of being unselfishly interpreted), it is imperative that we have the active participation of a large number of the non-office-holding members of the State Society, in addition to the officers and the members of committees.

SUB-COMMITTEE ON PUBLIC RELATIONS

The most recent sub-committee of the Welfare Committee to be appointed is the Public Relations Committee. Of all times in recent history, today offers the greatest opportunity in the public relations of medicine. When we are being attacked on such a broad front (largely through ignorance or misinterpretation of facts), it is urgent that we place our philosophy before all manner of organizations such as health, educational, welfare, industrial, financial and labor, and assume the leadership in the practical applications thereof. It is perfectly astonishing how rapidly the blistering attack from certain quarters subsides when treated with an honest and full exposure of the philosophy and accomplishments of organized medicine and the present form of medical practice. Opponents become converts and missionaries when they realize the complementary nature of our purposes and efforts. We have a splendid record of accomplishment, and a long history of unswerving devotion to the common weal. Centuries of background, ever progressive and unselfish, can well stand the critical scrutiny of our opponents and the re-

strained eulogy of our proponents.—particularly when our opponents have years of anti-social background though they now find it propitious to resort to soap-box oratory as proof of their complete conversion. We can well afford to forsake our habits of silent martyrdom and assume the rôle of constrained crusaders in the interest of the public good.

With this in mind, the Public Relations Committee has proposed the establishment of a Speakers' Bureau made up of physicians and laymen alike who are informed and articulate on the many-faceted problem of medical economics. Through the Woman's Auxiliary and the County Societies unnumbered contacts will be made leading to opportunities of presenting the case of organized medicine. We should invade every possible field of public relations, proud of our accomplishments, secure in our philosophy, and confident of the future if entrusted to progressive medical hands for medical-social problems.

County Societies have been requested to allot ten minutes a meeting to the Speakers' Bureau, and one entire meeting a year to the problems of medical economics. Speakers may be secured upon request to the Chairman of the Public Relations Committee, or through the Executive Officer.

Another activity of the Public Relations Committee will be the establishment of a Package Library at the Executive Offices in Trenton. Here we expect to have available information on problems of medical economics that can be had on loan for members who wish to prepare papers for either lay or professional consumption.

The sub-committees of the Public Relations Committee that are being projected are:

1. Speakers' Bureau
2. Contact and Coöperation
3. Aims and Scope of Function.

The work of this last-named sub-committee would be to clarify aims and scope to the members of the State Society; and incidentally it is equally important that this clarification take place in some of the organizations investigated so that we all may know the very definite aims, as well as the proper scope of function of each organization with whom we endeavor to co-operate. It seems utterly impossible economically and effectively to integrate the work of different organizations until we are sure that we agree as to their aims, and that duplications and omissions are minimized by a clear statement as to the scope of function which each such organization should recognize. This is particularly applicable to our allied professions.

SUMMARY

Organized medicine is besieged with powerful forces opposed to the continuance of the present form of the practice of medicine who are perhaps ignorantly and unintentionally moving to bring about a theoretically better distribution of an unquestionably inferior form of practice. Organized medicine must be truly representative of the dispensers of medical care, and unselfishly dedicated to the welfare of the recipients thereof. Otherwise dismal failure is assured. The Welfare Committee of The Medical Society of New Jersey represents the sincere effort of an alert, progressive, sympathetic organization to better the plight of both the physicians and the people who are candidates for the administration of their skill.

GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE

The Graduate Fortnight has been a leading feature of the New York Academy of Medicine since its establishment in 1928, and will be held this year from the 19th to the 31st day of October. The Fortnight has grown in scope and importance, and now ranks among the most practical facilities for receiving medical instruction in New York City. All its features are open to physicians generally, and no fee is charged. The only formality required is registration in order to arrange the attendance at the demonstrations and clinics.

The Fortnight will be conducted along three lines:

1. Clinics and demonstrations in twenty-three hospitals.
2. Evening lectures in the large auditorium of the Academy.
3. Scientific exhibits in the assembly rooms, open during the day and evening.

The subject of this year's Fortnight will be trauma, occupational diseases, and hazards.

A cordial invitation to attend the Fortnight, or any part of it, is extended to the physicians of New Jersey. A complete program and registration blank may be secured by addressing the Medical Secretary, Dr. Frederick P. Reynolds, 2 East 103rd Street, New York.

IDEALS AND ACTUALITIES

Thoughts are fleeting things; they take their wings, unless I catch them alive, and pen them tight on paper white, as soon as they arrive. A long time I waited, my thinking trap baited with socio-medical junk; and now I have brought a whole brain-full I caught from an owl and a timid chipmunk.

As a hunting ground for ideas profound, the County Society, where prophets surmise and the dull criticize, seemed a likely place to me. To the meeting I hied and my pencil I plied, to catch the orator's thrills, and his vision glorious of health victorious, in a world of weakness and ills, where doctors agree, with heavenly glee to dispense their life-saving pills to a people pleading for the help they are needing, no matter who pays the bills.

* * * * *

The doctors awoke and their ranks they broke when they heard the refreshment call;

and I followed along with the eager throng in their rush for the banquet hall, where they could compare the bills of fare with the speaker's dream, while all his winged words, like soaring birds, flew away beyond recall.

Full many a bit of wisdom and wit soars aloft with the curling smoke in the murky air of the rathskeller, where doctors argue and joke on things as they are, while over the bar their household gods they invoke that what they are getting shall ever be fitting for the common run of folk.

* * * * *

So now when I yearn, with painful concern, the fate of the world to know, and the mystery of what ought to be, to the meeting room I go. But the social hour has more potent power to calm my feverish mood, as clashing factions find kindly reactions in a friendly brotherhood.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING BIOLOGICALS FOR MONTH OF JULY, 1936

County	Diphtheria Toxoid	Smallpox Vaccine	Mercer	1	16
Atlantic	132	2	Middlesex	41	38
Bergen	198	229	Monmouth	237	291
Burlington	68	96	Morris	17	139
Camden	6	7	Ocean	12	87
Cape May	15	9	Passaic	279	390
Cumberland	12	28	Salem	22	2
Essex	1620	619	Somerset	21	8
Gloucester	35	42	Sussex	24	109
Hudson	2	1	Union	174	103
Hunterdon	19	9	Warren	15	40
			Totals	2950	2265

BOOK REVIEWS

DISEASES OF THE NOSE AND THROAT, by Charles J. Imperatori, M.D., F.A.C.S., and Herman J. Burman, M.D. Published by J. B. Lippincott Company, Philadelphia, Pa. Copyright 1935. Cost \$7.50.

This book was read with great interest. The first half of the book follows closely the good lectures expected of a high-grade post-graduate medical school. The arrangement of the entire context make for easy reference, and there is a comprehensive index. The illustrations are largely new and show definite improvement over the older texts.

Endoscopy is considered in some detail, as well as the more frequent laryngeal surgical procedures.

The chapter on x-ray examination of the sinuses was written by the incomparable Dr. Frederick M. Law. Dr. Ira I. Kaplan has written the chapter on Radium and X-ray Therapy. Dr. Andrew A. Eggeston has written on Laboratory Methods. Physical Therapy is given considerable space.

In many instances where subjects are considered which are still in dispute, the didactic nature of the subject matter unavoidably fails to present both sides of the case.

This is a first edition, and contains remarkably few misstatements of fact and typographical errors. In all, it should be considered the best text to date.

FUNDAMENTALS OF BIOCHEMISTRY IN RELATION TO HUMAN PHYSIOLOGY, by T. R. Parsons, B.Sc. (Lond.), M.A. (Cantab.); Sidney Sussex College, Cambridge. Fifth edition. William Wood & Company, Baltimore. W. Heffer & Sons, Ltd., Cambridge, England, 1935. Price, \$3.00.

This pleasant little volume must appeal to physicians who, for lack of time or preliminary training in the intricacies of organic chemistry, have missed the fascinating field of structural formulas of the human laboratory. The author leads us gently from the more simple formulas, like that of formic acid, to a rather complicated architectural edifice of carotene. At times the strides are too wide for the so-called average physician; but such a book is almost a necessity for those who want to read the present-day works on physiology and biochemistry.

The chapter on pigments is altogether too short. Such pigment as melanin is entirely omitted. One wonders why such standard works as that of Eugenheim on amino acids are omitted from bibliography, and why in the chapter on colloids is there only one reference to Jacques Loeb? The amines are not discussed thoroughly, and one of the most important of them, histamine, is not mentioned.

The chapter on physical chemistry is very easily readable because of its lack of mathematical formulas,—and there are very few mathematicians among those practicing medicine. The author gives us facts and does not dwell on theories. One would like to see some other medical subjects besides diabetes treated more thoroughly in a book of that kind. It is indeed, however, a very valuable contribution to the library of a student of medicine, as well as a laboratory technician and a general practitioner.—M. Openchowski.

DISEASES OF THE THYROID GLAND, by Arthur E. Hertzler, M.D.; 3rd Edition. C. V. Mosby Company, St. Louis, Mo. Price \$7.50.

This practical treatise on the subject of goiter records the author's conclusions drawn from a long and active experience and in his own unusual but forcible style. Some of the statements are at variance with the generally accepted theories; as for instance, "that goiter is always due to dysfunction", and "that evidence to show that there is simple increase or decrease of function is wanting". But the statement that goiter is a continuous process and that complete thyroidectomy offers the best assurance of success, seems justified by the rather large proportion of recurrences following partial removal. "Logically", he says, "the only way we can claim to cure goiter is by removing all of it." His statement, too, that myxoedema does not always follow complete thyroidectomy, while at first surprising, yet is borne out by experience. This refers, as he says, to operations on adults, and not on young persons.

Many efforts have been made to find a concise and comprehensive classification of goiters, and we believe that of the American Society for the Study of Goiter is very satisfactory. It must be said that the author's subdivision is rather confusing, and it

is not easy to understand the chapter on toxic colloid goiter.

No exception will be taken to the judgment on basal metabolism readings. They are unreliable and often misleading and, except in cases of neurasthenia and neuro-circulatory asthenia, clinical experience is a sufficiently accurate guide.

The chapters describing the various types of goiters are very informative and helpful, and especially that upon diffuse toxic goiter. The statements that one may have toxicosis without apparent enlargement of the gland, and that there can be no toxicosis without characteristic pathological changes, will bear repetition.

One likes also his emphasizing the fact that Lugol's solution should be given, except in emergencies, only as a preparatory step to operation.

The chapter on the hospital management of goiter patients by Dr. Chesky is especially good. It contains simple yet complete instructions as to the pre-operative preparation and post-operative treatment, and to the post-operative complications.

The author is convinced that the cure of goiter rests upon efficient surgical treatment, supported by good judgment as to time of operation and intelligent after-care, and expresses his preference strongly for local anaesthesia for reasons which seem to the reviewer very sound.

The book is well illustrated, especially with plates showing the pathology of the different types. The author's sincerity and style, together with his thorough understanding of the subject, makes the book valuable for those away from the large goiter centers.

JOHN F. HAGERTY, M.D.

PERIODIC FERTILITY AND STERILITY IN WOMAN—A NATURAL METHOD OF BIRTH CONTROL, by Professor Hermann Knaus, Head of Clinic for Gynecology and Obstetrics of the German University of Prague. Translated by D. H. Kitchin and Kathleen Kitchin, M.Sc., M.B., B.S. London. Price \$6.00.

This intensely and generally interesting subject is causing much discussion in medical circles. It apparently proves that the periodicity calendar can be 100 per cent accurate, and Dr. Knaus easily explains all slips in this natural method of birth control in a scientific manner.

The publisher requests that you make known that this book is obtainable at "The Concup Company" in Hobart, Indiana, and wishes two copies of the journal containing the review forwarded to Medizinische Verlagsbuchhandlung, Wilhelm Maudrich, Wien, IX, Spitalgasse 1B.—E. P. C.

THE WOMAN ASKS THE DOCTOR, by Emil Novak, M.D., F.A.C.S. Published by The Williams & Wilkins Co., Baltimore, Md. Copyright 1935. Cost \$1.50.

This deservedly popular book is authoritative, scientific and yet simply written. Dr. Novak answers questions to which every woman wants an answer, thereby disseminating knowledge helpful to the civilized women of the world.

COUNTY SOCIETY REPORTS

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

A special meeting of the *Camden County Medical Society* was held on May 26th, 1936, for the purpose of discussing the ways and means of coöperating with the municipalities in the conducting of the Emergency Relief, with the President, B. F. Buzby, presiding.

EMERGENCY RELIEF

Dr. Lippincott introduced the subject of Emergency Relief by stating that the State E. R. A. has passed into the hands of the municipalities and that because of the limited finances the fees must be reduced.

Dr. Lewis stated that the committee felt that the doctors should offer a lower fee, with prescription writing and less secretarial work.

General discussion was lively and several suggestions were made by the general practitioners.

A motion was introduced by Dr. Lowry and passed by the Society that the Camden County Medical Society:

1. Go on record as being against the panel system of the care of the indigent.
2. Accept a reduced fee of 50 per cent less the regular fee, to be effective for one year if accepted.

CHILD HEALTH

Dr. Hummell drew the Society's attention to the fact that Child Welfare Stations will be located throughout the County, and that certain doctors who apply for this work and are appointed will be paid \$5.00 a clinic for their services. The doctor for this work must have some special qualifications in Child Health.

Dr. Stone stated that the Federal Government would send some of these men for post-graduate work in child welfare work.

A vote of thanks was given to the Liaison Committee and its Chairman, Dr. Lippincott, for its splendid work throughout the year.

A special meeting of the *Camden County Medical Society* was called to order by Dr. B. Franklin Buzby, President, at 9:15 p.m., July 14th, 1936, at the Camden City Dispensary Building.

President Buzby explained the purpose of the meeting as being two-fold:

1. Approval by the Society of the appointment of a field physician for Camden County, to function under the State Maternal Welfare program which is a part of the National and State Social Security program.
2. To discuss certain phases of contract practice.

FIELD PHYSICIAN

Dr. E. I. Deibert, President of the State Board of Health and a member of this Society, was asked by the President to explain the inception and subsequent development of the Social Security Act as

it affected the State Board of Health and the various component Medical Societies of the New Jersey State Medical Society. Dr. Deibert gave a complete resumé of the work of the past eighteen months upon this project. He stated the desire of the governing bodies that a uniform procedure be taken by each Society in the selection of its field physician, and that the most competent and experienced in this particular work be chosen. The Maternal Welfare Committee recommended Dr. George B. German, of Camden, and he was approved for the position.

EMERGENCY RELIEF

Dr. Lewis described the sequence of events which have followed the abolition of National and State E. R. A. He described the efforts which have been made in some of the northern counties of the State to establish the old system of contract physician for the poor and indigent. Dr. Lewis recommended to the Society that a special committee be appointed to consider the problem of contract practice and make proper recommendations to the Society at its first regular meeting in the Fall.

It was duly moved and passed that a special committee be appointed by the President to investigate contract practice and what it entails, with a proper definition of contract practice, and the relationship to the County Medical Society to procedures of this character.

Dr. George P. Meyer suggested that the committee have open hearings for those members who desire to place special problems or phases of this field before the committee.

DEATH OF DR. LEAVITT

On July 22nd, 1936, Dr. John F. Leavitt, an honorary member of the Camden County Society and a distinguished member of the profession, died at the age of 79. He had been Health Officer of Camden for thirty-five years until his retirement in 1931. (For obituary, see page 491.)

MONMOUTH COUNTY

O. R. Holters, M.D., Reporter

The regular monthly meeting of the *Monmouth County Medical Society* was held on Wednesday evening, June 24, 1936, at the Monmouth County Country Club.

GOLF TOURNAMENT

Preceding this the afternoon was devoted to a golf tournament in which various members of the Society participated.

Dr. James Fisher and Dr. Carlos Pons were tie for the lowest score, which is to be played off at a return match to determine the victor.

The meeting was also preceded by a dinner in the Mon Peri room of the Country Club.

SCIENTIFIC

The meeting itself was very largely attended by invited guests, who constituted many members of the legal and dental professions.

Dr. Harrison Martland, Medical Examiner of Essex County and Professor of Forensic Medicine of the University of Bellevue Hospital Medical College, delivered an illustrated paper on the "Medical Detection of Crime".

It was discussed by Mr. Theodore Parsons for the legal profession and Dr. William G. Herrman for the medical profession.

SOMERSET COUNTY

Albert W. Pigott, M.D., Reporter

The June meeting of the *Somerset County Medical Society* was held on the evening of the eleventh at the Nurses' Home of the Somerset Hospital, with the twenty-two members present. President Hegeman presided.

Dr. Lawton read the report of the Resolutions Committee on the death of Dr. A. L. Stillwell. (Journal, July, p. 436.) This report was accepted and ordered spread upon the minutes.

BIOGRAPHICAL FILES OF MEMBERS

Dr. Sferra, Secretary, explained in detail his plan for a file system that will contain all pertinent data concerning each member of the Society. This file will contain a brief biographical sketch of all present members, and each new applicant for membership will be required to supply such information before his application is considered. Thus the Society will have a permanent record of the various activities of each member.

AUTOMOBILE INSIGNIA

The attention of the members was called to the pasters being distributed by the State Society to be attached to the windshields of automobiles. The members were requested to display this emblem signifying his membership in the State Society.

Dr. Smalley informed the Society of the illness of Dr. Meigh, who is in a New York hospital undergoing treatment. The Secretary was instructed to send a letter of greeting from the Society.

There being no further business, the regular meeting was adjourned to be followed immediately by the annual meeting.

The 120th annual meeting of the *Somerset County Medical Society* was held on June 11th, immediately following the regular meeting.

The minutes of the 119th annual meeting were read and approved.

The Treasurer rendered his report, and an auditing committee certified to its accuracy.

Dr. A. A. Lawton, Chairman of the Election Committee, submitted the following nominations for officers for the coming year:

President, W. B. Gray
Vice-President, A. F. W. Sferra
Treasurer, A. A. Lawton
Secretary, L. C. Fritts
Reporter, A. W. Pigott
Member of Board of Censors, R. F. Hegeman
Member of Nominating Committee, Dan S. Renner
Alternate, J. L. Young

Delegates to the State Convention:

Dan S. Renner, 1935-36-37; Alternate, J. H. Cooper
R. F. Hegeman, 1936-37-38; Alternate, E. T. Flint
W. H. Long, 1937-38-39; Alternate, E. G. Brittain

No additional nominations were made and the Secretary was instructed to cast the ballot for the above slate.

Since the next meeting is the annual dinner meeting, the President appointed Drs. Fritts and Greenberg as a committee to make arrangements for this meeting.

DECEASED PHYSICIANS—NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Jerome L. Artz	75	June 12, 1936	Camden	Same	Coronary thrombosis.
James F. Bell	76	June 16, 1936	Englewood	Same	Lobar pneumonia.
Andrew D. Carter	64	June 21, 1936	Ocean City	Philadelphia, Pa.	Arterio sclerosis.
William Davis	70	June 2, 1936	Woodbridge	Same	Cerebral hemorrhage.
Michael E. Flaherty	58	June 12, 1936	Jersey City	Same	Lobar pneumonia.
Attilio F. Galasso	31	June 29, 1936	Morristown	Same	Coronary embolus.
James B. Lansing	78	June 9, 1936	Pine St., Paramus	Same	Carcinoma.
Thomas W. Lauterborn	77	June 13, 1936	Belleville	Montclair	Pulmonary tuberculosis.
Charles E. Shivers	83	June 28, 1936	Atlantic City	Same	Lobar pneumonia.
A. Harry Van Riper	87	June 29, 1936	Passaic	Nutley	Pulmonary embolism.

OBITUARIES

DR. MARTIN I. MARSHAK

Dr. Martin I. Marshak, of 679 Avenue C, Bayonne, died on Thursday, July 16, 1936, aged 50 years, from cardiac failure following an acute attack of renal colic.

Dr. Marshak was born in Russia. His family settled in Bayonne, and he graduated from School No. 5 and Bayonne High School. He then attended the College of Pharmacy at Columbia University, where he received his degree in pharmacy. He then attended the Bellevue School of Medicine and received his degree as a Doctor of Medicine. He began practice in Bayonne in 1911.

He became interested in tuberculosis and qualified as a specialist in this line. In 1913 he became Assistant Superintendent at Cook County Hospital in Chicago. On the strength of his record there, he was called to become Superintendent of the Jewish Consumptive Relief Sanitarium in Denver two years later, where he stayed for the next eight years. He returned to Bayonne in 1922, where he again entered practice as a heart and lung specialist.

He was Attending Physician at the Bayonne Hospital, and Chief of the Medical Clinic for heart and lung ailments. He was also Supervising Physician of the Hudson County Tuberculosis Clinic, Acting physician and Attending Physician of the Hudson County Parental Home. He was City Physician in Bayonne from 1922 to 1927.

Dr. Marshak was an active member in medical organizations. He was a member of the American Medical Association and The Medical Society of New Jersey, and also of the Hudson County Medical Society, in which Society he was Editor of the Bulletin for a number of years.

He was founder and Past Master of Menorah Lodge 249, F. & A. M., and a member of the Arion Lodge 69, Knights of Pythias. He was an officer of the Bayonne Scout Council, and of the Bayonne Red Cross Chapter, and an officer of the National Tuberculosis Society.

He is survived by his wife, Ann Marshak, nee Sussman, and three daughters, Mrs. Ruth Roff, Hilda and Leyetta.

DR. MICHAEL E. FLAHERTY

Dr. Michael E. Flaherty died at his home, 36 Glenwood Avenue, Jersey City, on Friday, June 12, 1936, from lobar pneumonia.

Dr. Flaherty was born in Scranton, Pa., in 1878. He received his early education in the schools there and the State Normal School of Pennsylvania, and then went to Jefferson Medical College at Philadelphia, from which he graduated in 1906. He came to Jersey City, where he became an intern in the old Jersey City Hospital, where he served for two years and then went to Hudson Street Hospital, New York, for a short period, spending most of his time in the study of skin diseases and cancer.

Dr. Flaherty then returned to Jersey City and made his home there; and from 1910 until 1917 he

was a visiting physician at the City Hospital. During the War he was in charge of the Sixth Medical Inspection District and was connected with the exemption boards of the city.

He was a member of the American Medical Association, The Medical Society of New Jersey, Hudson County Medical Society, Phi Chi Fraternity, the Jersey City Elks, and the Union League Club, and was a Director in the West Side Savings and Trust Company.

He is survived by his wife, Mrs. Catherine Flaherty, nee Hill; two sons, Edward Michael Flaherty, 23, a student at Georgetown Medical College, and Robert, 18, a student at St. Peter's College, and a daughter, Miss Mary Flaherty.

DR. JAMES B. W. LANSING

Dr. James B. W. Lansing, a resident of Tenafly for more than forty-five years, died at Pine Rest, Ridgewood, on June 9th, 1936, from carcinoma of the prostate gland. Dr. Lansing was a graduate of Union College, a member of Alpha Delta Phi fraternity, and a graduate of the College of Physicians and Surgeons.

He was President of the Bergen County Medical Society in 1893, and has been an honorary member since 1932. Dr. Lansing was an active member of the Englewood Hospital staff for many years. In

recent years he has been on the consulting staff of the hospital. For many years he was identified in borough affairs. He served as a member of the Tenafly Borough Council for several terms. He was a charter member of the local Board of Health from April 5th, 1894, until December 31st, 1928. For the entire time that he was on the Board he acted as Registrar of Vital Statistics. He was school physician from 1916 to 1932.

Dr. Lansing is survived by two sons, Charles T. Lansing, of Englewood, and Sanford G. Lansing, of Ridgewood, and four grandchildren.

DR. JUAN L. PAYAWALL

Dr. Juan L. Payawall, of Ramsey, New Jersey, died on July 26th, 1936, at the St. Joseph's Hospital in Paterson, New Jersey, of peritonitis following a ruptured appendix. He was born in San Quentin, Phillipine Islands, in 1895. His father was a physician and his family lives in the Phillipine Islands.

Dr. Payawall graduated from the University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, in 1917, and has been practicing in Ramsey since 1926.

Dr. Payawall was an associate member of the Bergen County Medical Society.

DR. J. C. POLEVSKI

Funeral services for Dr. Jacob C. Plevski, senior attending physician at Beth Israel Hospital, Newark, and assistant professor of cardiology at the University of Pennsylvania School of Medicine, were held on July 29, 1936, at his home, 682 High Street, Newark. He died at Johns Hopkins Hospital, Baltimore, after an operation.

Coming to the United States from Russia with his parents at the age of nine, Dr. Plevski was graduated from Bellevue Medical College in 1909

and served his internship at Beth Israel Hospital. He specialized in diseases of the heart and had written many articles on cardiac ailments. Last year he published a book, "The Heart Visible", which became a standard for the profession on the subject.

His wife, Mrs. Dora Plevski, and three sisters and a brother in Los Angeles survive.

Burial was at King Solomon Cemetery in Nutley.

DR. JOHN F. LEAVITT

Dr. John F. Leavitt died on July 22nd at the house of his daughter, Mrs. Myron Miller, in Collingswood, aged seventy-nine years. He was born on October 8, 1856, in Hunterdon County. He operated an apothecary shop in Philadelphia and then studied medicine, graduating from the New York Medical College in 1881. He practiced for a few years in Hunterdon County and went to Camden in 1887.

Dr. Leavitt was deeply interested in public health from his first year's practice. It was through his efforts that Camden's first Board of Health was

organized in 1889. Dr. Leavitt became Health Officer in 1896 and held the position for thirty-five years, retiring in December, 1931.

Credited among Dr. Leavitt's accomplishments during his long term of office was the elimination of typhoid fever and the wiping out of smallpox in the city. Before Camden built a municipal water supply system, hundreds of typhoid and smallpox cases occurred yearly. The physician advocated the new water system and vaccination as means of stamping out the diseases. He originated the first "vaccination-wise" campaign in Camden.

DR. JOHN NEVIN

Dr. John Nevin, of 131 Kensington Avenue, Jersey City, died Sunday, April 26, 1936, at 2:30 p.m. of a cerebral hemorrhage.

Dr. Nevin was born in Jersey City in 1863. His early education was received in the Jersey City schools. He continued his studies at Manhattan College, and received his M.D. degree from the New York University Medical School at Bellevue Hospital in 1886. He specialized in cardiac and pulmonary ailments.

Dr. Nevin was Chief Police Surgeon of Jersey City for forty-three years, retiring about five years ago. He became Medical Director of the city in 1917, and supervised all public medical services. Original steps in connection with the erection of the Medical Center were taken while he was Medical Director, and he laid the cornerstone of the building in 1917.

During the seven years he was in charge of the Jersey City Hospital, Dr. Nevin established a health center there, which controlled all medical activities in the city, including the Board of Health, Child Hygiene division, public health nursing, and the

school nurse department. He retired from the Medical Center in 1925.

He served as a member of the Board of Managers of the State Hospital at Greystone Park for fifteen years under appointment by former Governor Franklin Fort. He was also a member of the first State Board of Institutions and Agencies, having been named by the former Governor Edge. He also served on the committee which planned the erection of the State Hospital at Marlboro. Dr. Nevin was one of the founders and Medical Director of the Colonial Life Insurance Company organized in 1895. He was also a member of the Board of Directors of the company.

Dr. Nevin was widely known in medical circles throughout the State. He was twice President of the Hudson County Medical Society, 1893-1894 and 1918-1919. He was also a member of the American Medical Association, The Medical Society of New Jersey, and the Osler Medical Society.

He is survived by his wife, Nellie Doherty Nevin, and one son, John Nevin, Jr., a lawyer in Jersey City.

THE WOMAN'S AUXILIARY

REPORT OF THE ANNUAL MEETING

The minutes of the ninth annual meeting of the Woman's Auxiliary to The Medical Society of New Jersey fill pages 41-58 of the Transactions, which are published as a supplement to this August Journal. They are evidence of great progress in both the objectives and the organization of the Auxiliary. The officers had a definiteness of purpose, and a straight-forward way of dealing with each subject of the program. The committeemen came with clear-cut reports, and demonstrated that they understood their subjects.

The officers also gained a new comprehension of their work as they realized that their

duties did not cease at the time of the installation of their successors; but that they were responsible for reporting the proceedings, and thereby informing the members of what took place. In past years, the new officers have truthfully said that they were not familiar with the events and purposes of the annual meeting, and so the minutes in 1935 filled less than two pages. This year the out-going President and the Secretary made special efforts to secure full reports of every phase of the annual meeting. The resulting reports in the Transactions will be an inspiration to all the members who read them.

Burlington County

Reported by Mrs. M. M. Schisler

The *Auxiliary to the Burlington County Medical Society* held a luncheon at the Riverton Country Club March 3rd, 1936, at one p.m.

After luncheon a business meeting was held. President Mrs. Howard Hornberger presided.

Twenty-five members and one guest were present.

Reports of Officers and Committee Chairmen were received and approved.

Mrs. J. M. Davis reported Widows and Orphans' leaflets sent out to all members.

A letter from Mrs. Salasin was read relative to State Convention to be held in June. The following Delegates were appointed: Mrs. L. B. Hollingshead, Mrs. Carleton Hogan. Alternates: Mrs. Jacob Davis, Mrs. Dean LaFavor.

Mrs. Daniel Reamer was appointed to act as hostess for the Arts and Hobby Exhibition.

Mrs. Mulford was appointed a delegate to the A. M. A. Convention in Kansas City.

No other business, the meeting adjourned, after which a social hour was enjoyed by all.

On Tuesday, May 5th, 1936, a Public Relations Tea was held in the Moorestown Community House. One hundred guests were present from various county organizations.

Hudson County

Reported by Mrs. J. A. Murray

The *Auxiliary to the Medical Society of Hudson County* held its annual Spring "Play Day" at the Ridgewood Country Club on Monday, May 25th. The affair was a success both socially and financially. A delicious luncheon was served, after which the members and their guests enjoyed several hours of card playing. Mrs. Louis Dodson was in charge,

assisted by Mrs. Peter Maras and an able committee.

Many door prizes that had been donated by members of the Auxiliary were won by both members and guests, and uniform prizes were provided for each table.

The door prizes were won by the following members and guests: Mrs. Eugene Blankinhorn, Mrs. Frank Nicholson, Mrs. James Harney, Mrs. H. Kinne, Mrs. A. E. Jaffin, Mrs. Paul Andreae, Mrs. J. Buhl, Mrs. H. B. Nelson, Mrs. Philip Stout, Mary E. Bowen, Mrs. J. B. Faison, Lillian E. Reich, Mrs. Sidney Chayes, Mrs. L. Vanderback and Mrs. M. J. Wickstrom.

Middlesex County

Reported by Mrs. William H. McCormick

The *Woman's Auxiliary to the Middlesex County Medical Society* held its regular monthly meeting on Wednesday, April 15th, at the Hotel Pines in Metuchen with the President, Mrs. John J. Mann, presiding. After the regular business was disposed of the following delegates to the State Convention at Atlantic City in June were chosen: Delegates, Mrs. John J. Mann, of Perth Amboy; Mrs. H. L. Stranberg, of Carteret; Mrs. B. M. Howley, of New Brunswick. Alternates, Mrs. R. J. Faulkingham, of New Brunswick; Mrs. N. S. McLeod, of New Brunswick; Mrs. Mathew Molitch, of Jamesburg.

On Wednesday, May 20th, the final meeting of the season was held at the Hotel Pines in Metuchen. An interesting report of the National Convention at Kansas City was given by Mrs. Mathew Molitch, delegate of the Auxiliary.

Plans were made for the Fall season, when the new constitution and by-laws will be discussed and adopted. After the business meeting refreshments were served.

The NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

EYE, EAR, NOSE and THROAT

For the GENERAL SURGEON

A combined surgical course comprising General Surgery, Traumatic Surgery, Abdominal Surgery, Gastro-Enterology, Proctology, Gynecological Surgery, Urological Surgery, Thoracic Surgery, Pathology, Roentgenology, Physical Therapy, Operative Surgery and Operative Gynecology on the Cadaver.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City



15TH
Annual
SCIENTIFIC
AND
CLINICAL
Session

**AMERICAN
CONGRESS
of
PHYSICAL
THERAPY**

**SEPTEMBER
7 TO 11
1936**

**WALDORF
ASTORIA
NEW YORK**

precise **ACCURACY**
with Portability
and these exclusive features:

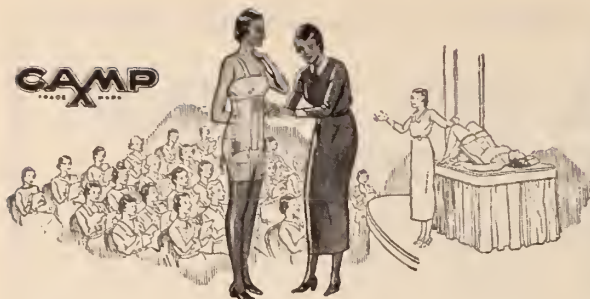
- Calibration 260 or 300 mm.
- Size 1 1/2" x 3 3/4" x 1 1/4".
- Weight 30 ounces.
- Inflation system self-contained.
- Cast Duralumin Case.
- Manometer encased in metal.
- Nameplate cast in cover.
- Air-Flo Control.
- Individually calibrated Pyrex glass tube.
- Steel reservoir.
- Unobstructed legible scale.
- Lifetime guarantee against glass breakage.
- Perpetual guarantee for accuracy.
- Price \$29.50.

KOMPAK MODEL
SMALLEST
LIGHTEST
HANDIEST

**A TRUE
MERCURY
GRAVITY
INSTRUMENT**

**Lifetime
Baumanometer**
STANDARD FOR BLOODPRESSURE

W. A. BAUM CO. Inc. NEW YORK
SINCE 1916 ORIGINATORS AND MAKERS OF
BLOODPRESSURE APPARATUS EXCLUSIVELY



WHY CAMP SUPPORTS ARE ACCURATELY FITTED

IT is no mere accident, or fortunate circumstance, that you are assured accurate fittings for those of your patients for whom you prescribe Camp supports. Camp Schools for Surgical Fitters are conducted from time to time in a great many cities, both large and small, throughout this country and in Canada and Europe. Classes range in size anywhere from three or four members of a department of one particular store to two hundred fitters from many stores. Class rooms are hotel assembly rooms or Camp branch offices. The larger schools—held in eight principal cities—last a full week.

Six lectures in all are given . . . on the anatomy and physiology concerned with the mammary gland, visceroptosis, hernia, postoperative, pregnancy and orthopedic conditions. A skeleton, charts, stereopticon slides and motion pictures: These are equipment used by the Camp medical director. A handbook carefully compiled is the textbook for the course, a textbook which the surgical fitter retains for reference.

After this technical background, there follows a practical exposition of the principles involved in the design of Camp supports. Actual patients obtained from clinics of leading hospitals serve as models and are fitted before the class.

Table talks and intimate discussions relating to everyday problems encountered by fitters in their store work are carried on following the classwork. Experienced Camp nurses and instructors are in charge, and they attempt to give each student-fitter personal attention. Fitters are instructed not to diagnose or treat disease, and do not fit garments except in coöperation with physicians.

S. H. Camp & Company has conducted these schools for surgical fitters for eight years. Several thousand fitters have thus learned why supports are prescribed and exactly how to adjust Camp garments typed to body build . . . all without cost to the stores or the fitters . . . and to the end that your patients may be accurately fitted. This is an important part of the Camp Professional Support Service.

S. H. CAMP & COMPANY, JACKSON, MICH.

Manufacturers

CHICAGO NEW YORK WINDSOR, CANADA LONDON, ENGLAND



CAMP PROFESSIONAL SUPPORT SERVICE
Accepted by the Council on Physical Therapy of the American Medical Association

NEWARK HEADQUARTERS FOR

CAMP
TRADE MARK

Surgical Supports

Horn's Quality Trusses

Kenalastic Elastic Hosiery

EXPERIENCED MEN AND WOMEN
FITTERS

Robert H. Wuensch

Surgical Appliances

520 Springfield Ave. (near So. 10th St.)

NEWARK, N. J.

- ◆ Open Evenings
- ◆ Outside Fittings
by Appointment.

Bigelow 3-7061

Medical Service Co.

INCORPORATED

370 WEST MARKET STREET

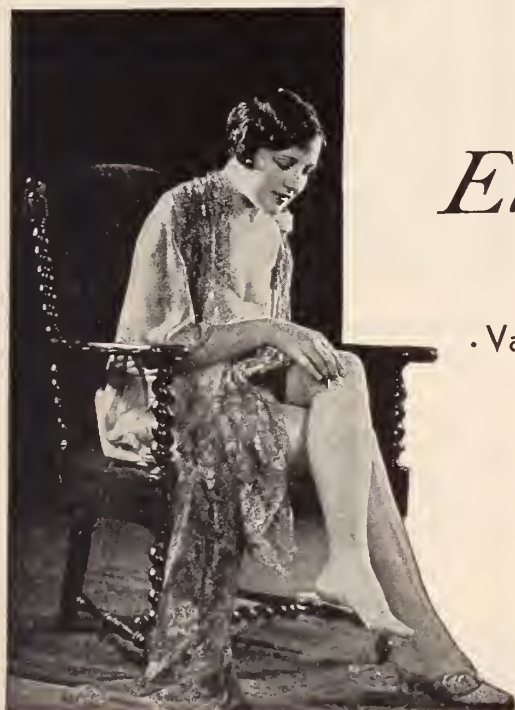
NEWARK, N. J.

**Physicians'
And Surgical
Equipment
And Supplies**

Rentals of:

**Oxygen Tents
Hospital Beds
Wheel Chairs
Diathermy Appts.
Etc.**

**WE SOLICIT YOUR
KIND PATRONAGE**



The "Master" *Elastic Stocking*

- Varicose Veins
- Swollen Limbs
- Sprained Muscles
- Weak or Enlarged Joints

The "Master" is preferred - Because

... it is hand-knitted to individual measurements from one continuous strand of rubber • The exact shape of the limb is knitted into the stocking • With each stitch the exact amount of pressure is under complete control.

• It assures support ... affords comfort ... wears exceedingly well.

POMEROY

SURGICAL APPLIANCES

901 Broad Street,

Newark, N. J.

New York • Bronx • Brooklyn • Detroit • Boston • Springfield • Wilkes-Barre

ORTHOPEDIC SHOES

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY

JAMES P. SMITH

X-RAY SUPPLIES

313-315 SO. ORANGE AVENUE

NEWARK, N. J.

"OF NEW JERSEY,
FOR NEW JERSEY"

Telephone Market 3-1296

CONVENTION GREETINGS FROM
Union County's Surgical Supply Store

SCHARFENBERGER'S

1141 E. Jersey St. (cor. Jefferson Ave.)

ELIZABETH, N. J.

Tel. EL. 2-2211—2-2212

SURGICAL APPLIANCES—Male & Female
Attendants.

Physicians and Surgeons Supplies

Wheel-chairs and Hospital Beds for Rent and for Sale

Keep your **JOURNALS**

*where you can
find them. . . .*

Ask your County Secretary about the filing box that will hold The Journals of a whole year.

A box will be sent from the Executive Offices on receipt of the price—thirty cents.



THE MEDICAL SOCIETY OF NEW JERSEY

137 EAST STATE STREET

TRENTON

NEW JERSEY

THE ALLERGIC NOSE

A LARGE number of allergic patients require the constant use of a vasoconstrictor to maintain the patency of the nasal passages. With prolonged use, most vasoconstrictors—such as ephedrine and epinephrine—not infrequently produce tolerance or atony.

Benzedrine Inhaler continues to give efficient shrinkage even when used over a prolonged period of time, and secondary returgescence following its application is reduced to a minimum.



FIG. 1. Nov. 27. Nose in unshrunk state after 14 days of spraying twice daily with ephedrine, 1% in oil. Mucosa engorged, bluish, turgid and irritated; inferior turbinate blocking nostril. Marked tolerance to treatment had developed.

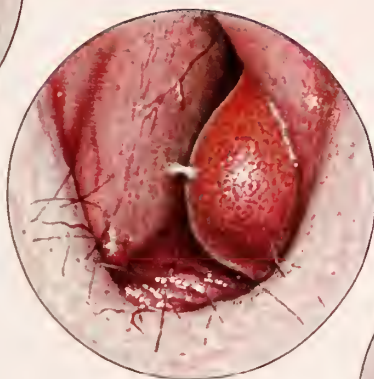


FIG. 2. Dec. 13. Nose in unshrunk state after 16 days treatment with Benzedrine Inhaler, three times daily. Engorgement reduced, tone good, irritation relieved. Note absence of atony.

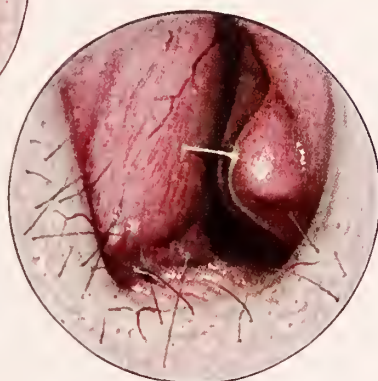


FIG. 3. Dec. 13. Nose in shrunk state seven minutes after application of Benzedrine Inhaler. High degree of shrinkage indicates no tolerance even after continued use.



**BENZEDRINE
INHALER**

A Volatile Vasoconstrictor

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

ESTABLISHED 1841



IN HAY FEVER *The Child Patient*

The ease of application which makes Benzedrine Inhaler so useful with adults renders it even more helpful in treating the child hay fever patient. The vapor form—in addition to its greater effectiveness—

overcomes the strenuous objections which children show to liquid inhalants as applied by drops, tampons or sprays.

Furthermore, the safety of Benzedrine Inhaler makes it especially suitable for pediatric use; it has been shown to have no deleterious effect even on the delicate cilia of the nose. Since it is volatile, it cannot disseminate a local infection by physical means—as it has been suggested that irrigations may do (Rucker: U.S. Pub. Health Reports, No. 30, 1927). Nor is there any oil to be aspirated and become a potential source of later trouble by accumulating in the lungs (Graef: Am. J. of Path., Vol. XI, No. 5, Sept. 1935).

Secondary reactions are "so infrequent and so mild as to be virtually negligible" (Scarano: Med. Record, Dec. 5, 1934), and, even in very young children, overstimulation or other undesirable reactions do not occur with proper dosage.



Each tube is packed with benzylmethylcarbinamine, .325 gm.; oil of lavender, .097 gm.; menthol, .032 gm.



B E N Z E D R I N E
I N H A L E R
A V O L A T I L E
V A S O C O N S T R I C T O R

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.

Dependable Gland Products

2-24 Mt. Pleasant Ave.

Newark, New Jersey

Behind

MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)



is a background of

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association



A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.
BALTIMORE, MARYLAND

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

AN AID FOR THE PREVENTION OF RINGWORM INFECTION

For Irrigating, swabbing and dressing infected cases wherever an antiseptic is needed

For Hand and Skin Sterilization

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity

**NON-POISONOUS
NON-IRRITATING**

Write for Literature

BETHLEHEM LABORATORIES
Incorporated
300 Century Building
PITTSBURGH, PENNA.

MEDICAL PRACTITIONERS RECOGNIZE US AS DEPENDABLE OPTICIANS

Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions
MAINTAINING

Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Est. Since

1895

Personal
Supervision
Eugene J.
Anspach

ANSPACH BROS. Prescription Opticians **838 BROAD ST., NEWARK**

533 Main St., East Orange, N. J. 382 Springfield Ave., Summit, N. J. 626 Cookman Ave., Asbury Park, N. J.
MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

NEW TESTS FOR NEW TIMES

Keystone Visual Safety Tests provide a quick, simple and conclusive method of measuring eye skills.

EYE COMFORT

Training Exercises to develop skill and comfort in those eyes which wear proper correction and yet suffer discomfort and inefficiency.

KEYSTONE VIEW CO.

Stereophthalmic Division

NEW YORK BRANCH

219 East 44th Street, New York

LOOK FOR THE CLOCK

FREUND BROS.

OPTICIANS

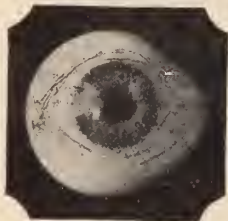
1006 PACIFIC AVENUE

(Next to Post Office)

ATLANTIC CITY NEW JERSEY

Phone 4-3863

EARLE C. SCHREIBER



Artificial
Human
Eyes
Exclusively

Made to order and from stock

LAURA MAGER SCHREIBER

Market 2-8376

Suite 711-12 Wiss Building
671 Broad St., Newark, New Jersey

LINCOLN HOSPITAL

(Est. 1920—New Building Completed 1929)

A. ROTHSEID, M.D., Pres.

A Private Hospital of 50 Beds Open to All
Qualified Physicians

A General Hospital for Medical, Surgical and
Obstetrics

No Contagious or Mental Cases Admitted

Modern Equipment
Fireproof Building
Clinical Lab. Facilities
X-Ray Department

Reasonable Rates
Flat Rates Maternity Cases
\$45 for 10 Days
Surgical Cases
\$55 for 10 Days
T. & A. \$8

65 AVON AVENUE
NEWARK, N. J.

Phone Bigelow 3-1630

Poulson & Van Hise HOME FOR SERVICES

408 Bellevue Ave.

Trenton, N. J.

Phones 8168 and 8169

The Medical Profession Can Rely Upon Us to Render **ACCURATE OPTICAL SERVICE**

No Glasses Are Supplied Except on Prescription—
WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is the oldest optical house in New Jersey, having been established in 1892. Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

J. C. Reiss
Optician

Hill Street

Is on the West side of
Broad St.

Opposite City Hall
Where parking is possible.

Member of the Guild of Prescription Opticians of America

1920

Prescriptions of the Eye Physicians for Perfect
Glasses Carefully Compounded

1936



Guildcraft Opticians

At the Centre
Tel. Montclair 2-6128

Member of the Guild of Prescription
Opticians of America

Eye Physicians Prescriptions Exclusively

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

Member of the Guild of Prescription
Opticians of America

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Personal and Dependable Service, Day and Night. Special Attention Given
to Hospital Calls, Train and Express Shipments

PLACE	NAME AND ADDRESS	TELEPHONE
NEWARK	Smith and Smith, 160 Clinton Ave.	Blgelow 3-2123
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
ORANGE	Weatherhead Funeral Home, 126 Main St.	ORange 3-5278-9

CARBONATED ALKALINE WATER**NOT A LAXATIVE
UNIFORM STRENGTH—PURITY****KALAK WATER CO. OF NEW YORK, INC.**
6 Church Street New York City**WALLACE, BURTON
and DAVIS****Wholesale Grocers****NEW YORK CITY****John Adams Henry, Inc.****WHOLESALE****FRUITS AND PRODUCE****DISTRIBUTORS GENERAL FOODS****58 HARRISON STREET
NEW YORK, N. Y.**

Walker 5-5552

BORDEN'S MALTED MILK

Physicians will be interested in the following description of Borden's Malted Milk, quoted from the Journal of the American Medical Association of March 7, p. 782:

"Malted milk prepared from whole milk, wheat flour, barley malt and sodium chloride.

"Manufacture—A mash of barley malt, wheat flour and water is maintained at a definite temperature until the starch has been completely converted, and filtered. The filtrate is partially neutralized with sodium bicarbonate, mixed with pasteurized milk, held for a period, concentrated in vacuum pans, and dried in finishing pans or on drum dryers to 2 per cent moisture content. The dried product is ground, salt is added, and it is packed.

"Analysis (submitted by manufacturer):

	Per Cent
Moisture	2.0
Ash	3.6
Fat	9.2
Protein (N X 6.25)	15.5
Crude Fiber	0.1
Reducing sugar as maltose (including lactose and maltose)	50.0
Dextrins (alcoholic precipitation method)	19.6
Carbohydrates other than crude fiber (by difference)	69.6

"Calories—4.2 per gram; 119 per ounce.

"Vitamins—Biologic assay shows approximately 180 U. S. P. units of vitamin A, 70 Sherman-Chase units of vitamin B and 60 Sherman-Bourquin units of vitamin G per ounce."

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

HENRY C. BARKHORN M.D., 45 Johnson Ave., Newark, N. J.

Change my address on mailing list

From

To

Journal is not being received

My correct address is

Date

Signed *M. D.*



ABBOTTS

the STANDARD of Fine Quality in **ICE CREAM**

ABBOTTS ICE CREAM HAS ALWAYS
BEEN PROTECTED BY
Rigid Laboratory Control

We are the FIRST large ice cream manufacturers to establish *Sanitary* Control of their cream supply from the cow to the consumer.

The Abbotts System of Laboratory Control has been in daily operation for 22 years.



ABBOTTS DAIRIES, Inc.—Phila., Newark, Trenton, Camden, South Jersey, Seashore, Elkton, Allentown, Reading

The cow is the foster mother of the human race.
Since the day of the ancient Hindoo until the present time
has this kindly and beneficent animal
been one of the chief sustaining forces of the human race.

Florham Farms, Madison, N. J.

O'DOWD'S DAIRY

Pure Milk and Cream

Butter and Eggs



DAIRY
Pine Brook, N. J.
Caldwell 6-2637

OFFICE
15 Midland Avenue
Montclair 2-6440

MORE THAN \$250,000.00

has been paid to Physicians, Surgeons and Dentists since January 1, 1936, for accident and sickness claims.

Total amount paid for claims to date over \$7,325,000.00.

Assets to protect contracts over
\$1,350,000.00.



\$200,000.00 Deposited with Nebraska Insurance Department for protection of all members wherever located.



OVER
34 YEARS'
SUCCESSFUL
OPERATION
UNDER
SAME
MANAGEMENT

PHYSICIANS CASUALTY ASSOCIATION
- PHYSICIANS HEALTH ASSOCIATION -
400 First National Bank Bldg. OMAHA, NEBRASKA



COSTS LESS ON THE JOB

Barreled Sunlight actually costs less per square foot on the wall than many paints that cost less per gallon in the can. The remarkable spreading power and the unusual ease of application bring Barreled Sunlight into favorable price comparison with wall finishes of less beauty and durability.

Favorite of Hospitals and Institutions.

HOCKENJOS

10 Washington Ave., Irvington, N. J.

Newark — Elizabeth — Paterson

East Orange — Morristown — Montclair

S. R. Laslocky

A. S. Laslocky

Millside Farms

PRODUCERS OF
GOLDEN GUERNSEY MILK

FROM

Golden Guernsey Cattle

Burlington Pike

Phone Riverside 470

RIVERSIDE, N. J.

"A Fuel Service—

Efficient and Friendly"

John Blondel & Son

MONTCLAIR, NEW JERSEY

SUPERIOR ANTHRACITE COAL
FUEL OILS COKE

PRINTERS SINCE 1908

Specializing in

CATALOGUES

STATIONERY

COMMERCIAL FORMS

BOOKLETS

MEDICAL SOCIETY BULLETINS

ENGRAVED PROFESSIONAL STATIONERY
MODERATELY PRICED

The Orange Publishing Company

12 SOUTH DAY STREET

ORANGE, N. J.

—Printers to the State Medical Society—

COMPLETE PRINTING SERVICE

FIREMEN'S PHARMACY

DEPENDABLE
PRESCRIPTION
SERVICE

NEW JERSEY
FORMULARY
PREPARATIONS

BIOLOGICALS

BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	South Orange 2-0063
NEWARK	DeI Plato, V., 99 New St.	Market 2-9094
NEWARK	Liss, Michael, 794 Mt. Prospect Ave.	HUmboldt 3-4749
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014

Belle Mead Sanatorium and Farm BELLE MEAD, NEW JERSEY

Long established and licensed. On the approved hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy. With a separate, attractive department for Convalescents and Elderly Persons. Five attractive buildings for thorough classification.* Physicians are invited to visit and cooperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a four hundred acre stock farm at the foot of the Watchung Mountains. Easily accessible by rail, bus and auto. Scientific treatment and nursing. Hydrotherapy, electrotherapy, suitable diversion. Occupational therapy. Arts and craft shop. RATES VERY REASONABLE for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phone Belle Mead 21. New York City Office, 667 Madison Avenue; hours 3 to 4 Tues., Thurs., Sat. Tel. Regent 4-2160.

SUNSHINE, REST and SPECIAL DIET

For DIABETICS, CONVALESCENTS or anyone needing a quiet retreat amid beautiful surroundings. TRAINED DIETICIAN. You can treat your own patients or have our physician in constant attendance take care of them.

\$25.00 to \$50.00 PER WEEK.

Mattinson Health Foundation, Inc.
Box 67, POMPTON LAKES, N. J.
Phone: P. L. 1398

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO RENT
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, \$1.00

CASH MUST ACCOMPANY ORDER
Forms Close 26th of the Month

FOR RENT OR SALE—Attractive modern house including offices and adjoining two-car garage. Vacant through death of successful practitioner of many years. Good opportunity for young doctor. Mrs. E. B. Woodward, 254 Allentown Road, Yardville, N. J.

AURORA INSTITUTE

A RESORT FOR HEALTH

Morristown, New Jersey

Telephone: 4-3260

COMPLETELY equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroid, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. NO CONTAGIOUS OR MENTAL CASES.

Write for further information

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

ADOLPH WEIZENHOFFER, M.D., Assoc.

WILLIAM S. COLLENS, M.D., Director of Metabolism

FAIR OAKS

SUMMIT N. J.

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous dis-

eases, exhaustion states and cases requiring rest, hygienic, dietetic and occupational therapy.

Insane and tubercular cases are not accepted.

D R. T. P. PROUT

Summit, N. J.

Telephone 6-0143

BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY



"Interpines"

GOSHEN, N. Y.

Phone 117



Ethical - Reliable - Scientific

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

Frederick W. Seward, M.D., Director

Frederick T. Seward, M.D., Res. Physician

Clarence A. Potter, M.D., Res. Physician

"Greater than he that taketh a city"
-part of the prescription that brought
this doctor extensive recognition



This man was missed by many when his weakness interfered with his business and home life. His physician realized that what he must have could best be supplied at Charles B. Towns Hospital in New York. So, once the patient was told the true nature of this national institution, and its methods, he came quite readily, in a helpful frame of mind. Today he cannot say too much for that physician! Doctor—send for "Drug and Alcoholic Sickness" and note that many are returned to respond to the physician's after care in from two to three weeks.



293 CENTRAL PARK WEST, NEW YORK, N. Y.

Mountain View Rest

Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651—1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism.

Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.



VIEW OF THE GROUNDS



APPROACH

BOOKLET AND TERMS ON REQUEST

Visiting Resident Physician

DR. GEO. DAVIES

15 Fairview Avenue

Verona, N. J.

Calcreose, Maltbie

THE ORIGINAL BRAND OF CALCIUM CREOSOTATE, U.S.P. XI.

A dependable aid in the treatment of chronic and persistent coughs

Calcreose is available in these two convenient forms:

COMPOUND SYRUP CALCREOSE

An expectorant cough syrup that tastes good,
is effective and does not nauseate.

Each fluid ounce represents:

Calcreose Solution (N.N.R.)	160 Minims
Alcohol	24 Minims
Chloroform (approximately)	3 Minims
Wild Cherry Bark	20 Grains
Aromatics and Syrup q.s.	

TABLET CALCREOSE 4 GRAINS

Each tablet equivalent to two minims
of pure creosote combined with cal-
cium oxide.

May we send
you complimentary samples
of both?

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY

Pure..Wholesome..Refreshing



THE JOURNAL

OF THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society

137 EAST STATE STREET, TRENTON, N. J. TEL. 9330

VOL. XXXIII, No. 9

SEPTEMBER 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 493-550

EDITORIALS—

	Page
ARGUMENTS AND JUDGMENTS	493
THE PRESIDENT'S ANNOUNCEMENTS	494
A MEDICAL SOCIETY AT WORK	494
MONEY VALUE OF FREE MEDICAL SERVICES	495
DIRECTORY OF PHYSICIANS OF NEW JERSEY	495
PUBLISHING COUNTY SOCIETY PAPERS	496
MEDICAL PHILOSOPHY	497
FIVE YEARS OF PROGRESS	497
FILLING POSITIONS IN THE MEDICAL SOCIETY OF NEW JERSEY	498
DATES OF MEETINGS OF COUNTY SOCIETIES	498

ORIGINAL ARTICLES—

MANAGEMENT OF TOXEMIAS OF PREGNANCY—By James Norton, M.D., and John W. Connell, M.D., Jersey City, N. J.	499
LIVER DEATHS—By Joseph A. Visconti, M.D., Hoboken, N. J.	502
CHRONIC ENDOCERVICITIS AND TREATMENT BY ELECTRO-COAGULATION—By Sydney G. Fine, M.D., Trenton, N. J.	507
MEDICAL COMPLICATIONS OF DIABETES MELLITUS —By I. M. Rabinowitch, M.D., Montreal, Canada	510
SURGERY AND DIABETES MELLITUS—By Leland S. McKittrick, M.D., Boston, Mass.	523

ORIGINAL ARTICLES—Continued

A SYNDROME RESEMBLING ANGINA PECTORIS— By Frederick H. vonHofe, M.D., East Or- ange, and L. A. Eigen, M.D., West Orange, N. J.	535
MATERNAL WELFARE—Article Number Eight, The Field Physician in Maternal Welfare in New Jersey	538
STATE SOCIETY ACTIVITIES—	
President's Announcement—By Spencer T. Snedecor, M.D., Hackensack, N. J.	540
The First Decade of The Medical Society of New Jersey, 1766-1775. Number Two, Source of Information, and Meeting Places—By Frank Overton, M.D., Editor of The Jour- nal, Trenton, N. J.	542
Testimonial to Dr. Wells P. Eagleton	546
List of Physicians Dying in New Jersey in July	548
Immunizations in August	548

OBITUARIES—

Dr. Dennis R. McElhinney	549
Dr. James F. Ackerman	549
Dr. John E. Anderson	549

BOOK REVIEW	549
-------------	-----

COUNTY SOCIETIES—

Dates of Meeting of County Medical Societies of New Jersey, September 1936-July 1937	550
---	-----

Roster of Officers and Committees, Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)
12 South Day Street, Orange, N. J.

Copyright 1936 by
The Medical Society of New Jersey



Entered as second-class matter, Sept. 5,
1906, at the post office at Orange, New
Jersey, under Act of March 3, 1879.

Acceptance for mailing at special rate of
postage provided for in Sec. 1103, Act of
Oct. 3, 1917, authorized July 29, 1918.

One of a series of advertisements prepared and published by PARKE, DAVIS & CO. in behalf of the medical profession. This "See Your Doctor" campaign is running in the *Saturday Evening Post* and other leading magazines.



Life is not all Milk and Rattles

Life is not as gentle to a tiny baby as it seems to be.

He comes into this world, never having breathed, never having eaten, never having digested food. Almost immediately, his little body must adjust itself to these vital functions.

If he is like most babies, he doubles his weight in the first few months; *triples* it in the first year. Every part of his body must make adjustments to accommodate this proportionately tremendous growth.

A new baby encounters disease-producing germs for the first time, and must build up resistance against them. If he does become ill, he is without the power to tell what the trouble is or where it lies. And when upset, he fre-

quently is further endangered by the well-meant, but often harmful, suggestions of relatives and friends who "know just what to do."

Yes, infancy is so hazardous a period that, last year, the number of deaths among babies under one year of age was more than *three times* the number of deaths from automobile accidents.

The doctor is the one person equipped to give parents competent guidance through this dangerous period of a baby's life.

The doctor who sees the baby regularly can often detect sickness or physical trouble *in its early stages*. He can prescribe correct diet, proper hours of sleep, healthful and sensible handling of the habit problem. And he can start an

important immunization program, to prevent such diseases as smallpox, diphtheria, and whooping cough.

Enlisting the doctor's help—entrusting growth, diet, and general health to his supervision—is one of the most sensible precautions parents can take in those dangerous days of the child's first year.

COPYRIGHT 1936—PARKE, DAVIS & CO.

*Parke, Davis
& Company*

DETROIT, MICHIGAN

*The World's Largest Makers of
Pharmaceutical and Biological Products*

THE MEDICAL SOCIETY OF NEW JERSEY

FOUNDED JULY 23, 1766

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

<i>President</i> , SPENCER T. SNEDECOR .....Hackensack	<i>Second Vice-President</i> , E. ZEH HAWKES.....Newark
<i>President-Elect</i> , WILLIAM G. HERRMAN .....Asbury Park	<i>Secretary</i> , J. BENNETT MORRISON .....Newark
<i>First Vice-President</i> , WILLIAM J. CARRINGTON...Atlantic City	<i>Treasurer</i> , ELIAS J. MARSH .....Paterson

TRUSTEES

FREDERIC J. QUIGLEY, <i>Chairman</i> (1939).....Union City	JOHN MAHER (1937) .....Long Branch
H. W. NAFETY, <i>Secretary</i> (1938) .....New Brunswick	WATSON B. MORRIS (1938) .....Springfield
SPENCER T. SNEDECOR .....Hackensack	HARRY R. NORTH (1939) .....Trenton
WILLIAM G. HERRMAN .....Asbury Park	THOMAS K. LEWIS (1939) .....Camden
WILLIAM J. CARRINGTON .....Atlantic City	WELLS P. EAGLETON (1937) .....Newark
E. ZEH HAWKES .....Newark	RALPH K. HOLLINSHED (1939) .....Westville
J. BENNETT MORRISON .....Newark	ANDREW F. MCBRIDE (1937) .....Paterson
ELIAS J. MARSH .....Paterson	BLASE COLE (1938) .....Newton
	ALDRICH C. CROWE (1938) .....Ocean City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....	CHRISTOPHER C. BELING, Newark (1939)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....	W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....	F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....	JAMES A. FISHER, Asbury Park (1939)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....	CHESTER I. ULMER, Gibbstown (1938)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

BLASE COLE, Newton	Term expires 1937
E. R. MULFORD, Burlington	" " 1937
WALT P. CONAWAY, Atlantic City	" " 1938
JOHN F. HAGERTY, Newark	" " 1938

Alternate Delegates

S. B. ENGLISH, Glen Gardner	Term expires 1937
ELMER PETER WEIGEL, Plainfield	" " 1937
LUCIUS F. DONOHUE, Bayonne	" " 1938
LANCELOT ELY, Somerville	" " 1938

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

CHARLES F. ADAMS, <i>Chairman</i> .....Trenton
D. M. YAZUJIAN, <i>Secretary</i> .....Trenton

Radiology

W. W. MAVER, <i>Chairman</i> .....Jersey City
P. S. AVERY, <i>Secretary</i> .....New Brunswick

Pediatrics

CHESTER R. BROWN, <i>Chairman</i> .....Arlington
KENNETH BLANCHARD, <i>Secretary</i> .....East Orange

Gastro-Enterology

LOUIS L. PERKEL, <i>Chairman</i> .....Jersey City
S. BERNARD KAPLAN, <i>Secretary</i> .....Newark

STANDING COMMITTEES

Scientific Work

LOUIS C. LANGE, <i>Chairman</i> (1937) .....Weehawken
ROBERT S. GAMON (1938) .....Camden
CLARENCE L. ANDREWS (1939) .....Atlantic City

Honorary Membership

LANCELOT ELY, <i>Chairman</i> (1938) .....Somerville
FREDERICK J. QUIGLEY (1937) .....Union City
EPHRAIM R. MULFORD (1939) .....Burlington

Program and Arrangements

CHARLES B. KAIGHN, <i>Chairman</i> (1938) .....Atlantic City
D. WARD SCANLAN (1939) .....Atlantic City
JOHN W. GRAY (1937) .....Newark
SPENCER T. SNEDECOR, Ex-Officio .....Hackensack
J. BENNETT MORRISON, Ex-Officio .....Newark

Hospitals and Medical Education

HARRY H. SATCHWELL, <i>Chairman</i> .....Irvington
STUART ZEH HAWKES .....Newark
ARCANGELO LIVA .....Hackensack
DAN S. RENNER .....Skillman
DAVID F. BENTLEY, JR. .....Camden

Publication

HENRY C. BARKHORN, <i>Chairman</i> (1939) .....Newark
EDWARD J. ILL (1937) .....Newark
FRANK J. McLOUGHLIN (1938) .....Jersey City
SPENCER T. SNEDECOR, Ex-Officio .....Hackensack
J. BENNETT MORRISON, Ex-Officio .....Newark

Medical Defense

CHRISTOPHER C. BELING, <i>Chairman</i> .....Newark
EDGAR A. ILL .....Newark
CHARLES F. BAKER .....Newark
WILLIAM J. ARLITZ .....Hoboken
LeROY W. BLACK .....Rutherford

Finance and Budget

HARRY R. NORTH, <i>Chairman</i> (1939) .....Trenton
HERSCHEL PETTIT (1942) .....Ocean City
WELLS P. EAGLETON (1937) .....Newark
WILLIAM J. SWEENEY (1938) .....Weehawken
ALFRED STAHL (1940) .....Newark
ANDREW F. MCBRIDE (1941) .....Paterson
ELIAS J. MARSH, Ex-Officio .....Paterson

Insurance

FRANK W. PINNEO, <i>Chairman</i> .....Newark
JOSEPH W. HURFF .....Newark
EDMUND N. HUFF .....Englewood
THOMAS J. SUMMEY .....Moorestown
LAWRENCE H. BLOOM .....Phillipsburg
IRVING OKIN .....Passaic
ALBERT J. WARD .....Morristown

WELFARE COMMITTEE

HILTON S. READ, *Chairman*, Atlantic City

SPENCER T. SNEDECOR, Ex-Officio	Hackensack	JULIUS LEVY	Newark
J. BENNETT MORRISON, Ex-Officio	Newark	WRIGHT MACMILLAN	Passaic
HUGO ALEXANDER	Hoboken	JACOB J. MANN	Perth Amboy
SAMUEL ALEXANDER	Park Ridge	STANLEY NICHOLS	Asbury Park
WILLIAM H. ARESON	Upper Montclair	HERSCHEL MURPHY	Roselle
ARTHUR W. BINGHAM	East Orange	HENRY B. ORTON	Newark
E. P. CARDWELL	Newark	JAMES S. PLANT	Newark
JOHN G. CLAYTON	Freehold	B. S. POLLAK	Jersey City
A. H. COLEMAN	Clinton	LOUIS A. PYLE	Jersey City
WILLIAM F. COSTELLO	Dover	D. WARD SCANLAN	Atlantic City
GEORGE F. DANDOIS	Wildwood	CHARLES H. SCHLICHTER	Elizabeth
NORMAN M. DINGMAN	Paterson	T. J. SCHUCK	Hoboken
S. B. ENGLISH	Glen Gardner	MILLARD F. SEWALL	Bridgeton
FRANK L. FIELD	Far Hills	R. L. SHARP	Camden
J. IRVING FORT	Newark	BYRON G. SHERMAN	Morristown
DAVID W. GREEN	Salem	C. H. DET. SHIVERS	Atlantic City
D. LEO HAGGERTY	Trenton	JAMES H. SPENCER	Franklin
HENRY HAYWOOD	New Brunswick	SAMUEL EMLEN STOKES	Moorestown
EUGENE G. HERBENER	Lakewood	R. G. STONE	Trenton
ERNEST G. HUMMEL	Camden	THEODORE TEIMER	Newark
A. G. IRELAND	Trenton	CHESTER I. ULMER	Gibbstown
J. H. IRWIN	Englewood	W. H. VARNEY	Washington
J. H. KLER	New Brunswick	ELMER P. WEIGEL	Plainfield
I. WARNER KNIGHT	Pitman	H. B. WILSON	Hackensack
THOMAS K. LEWIS	Camden	A. CHARLES ZEHNDER	Newark

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Health

STANLEY NICHOLS, <i>Chairman</i>	Asbury Park
THEODORE TEIMER	Newark
JULIUS LEVY	Newark
ALLEN G. IRELAND	Trenton
ERNEST G. HUMMEL	Camden
I. W. KNIGHT	Pitman

Medical Practice

THOMAS K. LEWIS, <i>Chairman</i>	Camden
J. IRVING FORT	Newark
CHESTER I. ULMER	Gibbstown
D. LEO HAGGERTY	Trenton
LOUIS A. PYLE	Jersey City

Legislation

B. S. POLLAK, <i>Chairman</i>	Jersey City
SAMUEL ALEXANDER	Park Ridge
WILLIAM H. ARESON	Upper Montclair
WILLIAM COSTELLO	Dover
D. LEO HAGGERTY	Trenton

Public Relations

HILTON S. READ, <i>Chairman</i>	Atlantic City
J. H. KLER	New Brunswick
S. EMLEN STOKES	Moorestown
E. P. CARDWELL	Newark
WRIGHT MACMILLAN	Passaic

ADVISORY COMMITTEES TO PUBLIC HEALTH SUB-COMMITTEE

Cancer Control

HENRY B. ORTON, <i>Chairman</i>	Newark
F. C. McCORMACK	Englewood
JAMES H. ROSECRANS	Hoboken
JOHN F. CONDON	Newark
CARL MENGE	Toms River

Child Health

STANLEY NICHOLS, <i>Chairman</i>	Asbury Park
ERNEST G. HUMMEL	Camden
WALTER B. STEWART	Atlantic City
L. CHARLES ROSENBERG	Newark
VICTOR A. BLENKLE	Teaneck

Crippled Children

ELMER P. WEIGEL, <i>Chairman</i>	Plainfield
F. G. DILGER	Hackensack
DAVID B. ALLMAN	Atlantic City
THOMAS K. LEWIS	Camden

Venereal Disease Control

C. H. DET. SHIVERS, <i>Chairman</i>	Atlantic City
STANLEY R. WOODRUFF	Jersey City
CLARENCE O'CROWLEY	Newark
C. BYRON BLAISDEL	Long Branch
GEORGE N. J. SOMMER	Trenton
A. HAINES LIPPINCOTT	Camden

Mental Hygiene

JAMES S. PLANT, <i>Chairman</i>	Newark
DAN S. RENNER	Skillman
MARCUS A. CURRY	Greystone Park
J. B. GORDON	Marlboro
MATTHEW MOLITCH	Jamesburg
GEORGE S. STEVENSON	Red Bank

Tuberculosis

SAMUEL B. ENGLISH, <i>Chairman</i>	Glen Gardner
B. S. POLLAK	Jersey City
J. R. MORROW	Oradell
FREDERICK W. LATHROPE	Plainfield
J. F. PESSER	Trenton
GEORGE M. LEVITAS	Westwood

Maternal Welfare

ARTHUR W. BINGHAM, <i>Chairman</i>	East Orange
J. CARLISLE BROWN	Atlantic City
P. DUBOIS BUNTING	Elizabeth
SAMUEL A. COSGROVE	Jersey City
F. D. FAHRENBRUCH	Mount Holly
CARL H. ILL	Newark
R. A. MACKENZIE	Asbury Park
WALTER B. MOUNT	Montclair
THEODORE F. THOMPSON	Lakewood
H. B. WILSON	Hackensack

ADVISORY COMMITTEES TO MEDICAL PRACTICE SUB-COMMITTEE

Contract Practice

R. L. SHARP, <i>Chairman</i>	Camden
EDWARD F. KLEIN	Perth Amboy
L. SAMUEL SICA	Trenton
JOSEPH A. VISCONTI	Hoboken
L. A. MARKLEY	Teaneck
HARVEY T. HEROLO	Newark

Hospital Relationships

THOMAS K. LEWIS, <i>Chairman</i>	Camden
EDWARD W. SPRAGUE	Newark
RAYMOND J. MULLIN	Newark
RUSSELL K. TETHER	Closter
LORRIMER B. ARMSTRONG	Westfield
FLORENTINE HOFFMAN	New Brunswick

Medical Care of Indigent

CHARLES H. SCHLICHTER, <i>Chairman</i>	Elizabeth
GEORGE W. FITHIAN	Perth Amboy
A. HAINES LIPPINCOTT	Camden
J. HOWARD HORNBERGER	Roebbling
FRED VOSBURGH	Passaic

Nursing and Nursing Education

A. CHARLES ZEHNDER, <i>Chairman</i>	Newark
HARRY H. SATCHWELL	Irington
GEORGE M. KNOWLES	Hackensack
THOMAS B. LEE	Camden
I. F. FROST	Morristown
DAVID B. ALLMAN	Atlantic City

Pharmaceutical Problems

CHESTER I. ULMER, <i>Chairman</i>	Gibbstown
MERWIN L. HUMMEL	Merchantville
SAMUEL BARBASH	Atlantic City
ALVIN E. KUHLMANN	Union City
SIGURO W. JOHNSON	Passaic

Workmen's Compensation

J. IRVING FORT, <i>Chairman</i>	Newark
DAVID A. KRAKER	Newark
GEORGE W. FINKE	Hackensack
V. EARL JOHNSON	Atlantic City
JOHN F. MCGOVERN	New Brunswick

SPECIAL COMMITTEES

Constitution and By-Laws

SAMUEL ALEXANDER, <i>Chairman</i>	Park Ridge
WAYNE W. HALL	Paterson
JOSEPH M. KUDER	Mount Holly

Woman's Auxiliary

EARL H. SNAVELY, <i>Chairman</i>	Newark
H. ROY VAN NESS	Newark
A. E. JAFFIN	Jersey City

Scientific Exhibits

ASHER YAGUDA, <i>Chairman</i>	Newark
ELWOOD E. DOWNS	Woodbury
JOHN W. GRAY	Newark
ROBERT A. KILOUFFE	Ventnor
WILLIAM J. MARQUIS	Newark
HARRISON S. MARTLAND	Newark
CARLOS A. PONS	Asbury Park
HARRY J. PERLBERG	Jersey City

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

JAMES J. MCGUIRE, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

WOMAN'S AUXILIARY

President, MRS. GEORGE A. ROGERS, 19 Mitchell Place, East Orange. Telephone ORange 5-5477

<i>President Elect</i> , MRS. SAMUEL SALASIN	Atlantic City
<i>First Vice-President</i> , MRS. H. D. CORBUSIER	Plainfield
<i>Second Vice-President</i> , MRS. G. E. McDONNELL	Mt. Holly
<i>Third Vice-President</i> , MRS. WILLIAM FREILE	Jersey City
<i>Recording Secretary</i> , MRS. DAN S. RENNER	Skillman
<i>Treasurer</i> , MRS. T. P. MCCONAGHY	Camden

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	J. Carlisle Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	John H. Irwin, Englewood	George M. Knowles, Hackensack..	LeRoy W. Black, Rutherford
BURLINGTON..	J. Howard Hornberger, Roebbling..	George T. Tracy, Beverly	Parry M. Scott, Beverly
CAMDEN	B. F. Buzby, Camden	R. S. Gamon, Camden	Harold D. Barnshaw, Camden
CAPE MAY	John B. Townsend, Ocean City...	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND ..	Burton H. Walker, Vineland....	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	A. Charles Zehnder, Newark....	Frank W. Punno, Newark	E. LeRoy Wood, Newark
GLOUCESTER..	M. F. Lummis, Pitman	E. E. Downs, Woodbury	Henry B. Diverty, Woodbury
HUDSON	Traugott J. Schuck, Hoboken....	Thomas McG. Brennock, Jer. City	John N. Connell, Jersey City
HUNTERDON ..	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner...	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX ..	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH ..	Walter A. Rullman, Red Bank...	Dan'l F. Featherston, Asbury Park	O. R. Holters, Asbury Park
MORRIS	William F. Costello, Dover	*Attilio Galasso, Morristown	Marcus A. Curry, Greystone P'k
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Norman N. Dingman, Paterson...	Wayne W. Hall, Paterson	Sigurd W. Johnson, Passaic
SALEM	C. L. Fleming, Pennsgrove	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	W. B. Gray, North Plainfield....	L. C. Fritts, Somerville	A. W. Pigott, Skillman
SUSSEX	Warren Smith, Newton	Leo Drake, Franklin	G. H. Groeschel, Sussex
UNION	Thomas J. Walsh, Elizabeth....	Lorrimor B. Armstrong, Westfield.	Russell A. Shirrefs, Elizabeth
WARREN	William Varney, Washington....	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.
* Deceased.

Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

for twenty years

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....

ALPHABETIC LIST OF ADVERTISERS

Abbotts Dairies	XXIV
American Can Company	XIII
Anspach Bros.	XX
Aurora Institute	XXVIII
Baby's Wash	XXII
Bancroft School, The	XXVIII
Baum Co., Inc., W. A.	XXV
Belle Mead Sanatorium and Farm	XXVI
Bethlehem Laboratories	XXV
Bilhuber-Knoll	IX
Carnrick, G. W.	XIX
Classified Advertisements	XXII
Corn Products Refining Co.	XV
Deuchler, H. C.	XX
Fairchild Bros. & Foster	IX
Fair Oaks	XXVIII
Firemen's Pharmacy	XXIV
Heinz Co., H. J.	XIV
Hynson, Westcott & Dunning	XXV
Interpines	XXVIII
Kalak Water Co.	XXIII
Lederle Laboratories, Inc.	XVII
Lilly and Co., Eli	XVIII
Lincoln Hospital	XXVI
Maltbie Chemical Co.	XXX
Marquier's Pharmacy	VII
Marshall, Ralph E.	XX
Mattinson Health Foundation	XXVI
McTague, Charles F.	XXIII
Mead, Johnson & Company	XI
Merck & Co., Inc.	VIII
Mountain View Rest	XXVII
Murdoch, Inc., J. T.	XXI
N. Y. Polyclinic Medical School & Hospital	XIX
Orange Publishing Co.	XXII
Parke, Davis & Company	II
Philip Morris & Co., Ltd.	VII
Physicians' Casualty Association	XXII
Pomeroy Company	XXI
Prescription Pharmacists	XXIV
Reiss, J. C.	XXX
Representative Funeral Directors	XX
Smith, Kline & French	XVI
Squibb & Sons, E. R.	X
Storm, Dr. K. L.	XXI
Towns Hospital, Charles B.	XXVII
U. S. Fidelity & Guaranty Co.	VI
Way Underwriting Agency	XXIX
Wernet's Powder, Dr.	XII

MARQUIER'S PHARMACY

THE REXALL STORE

SANFORD and SO. ORANGE AVENUE

Newark, N. J.

PROOF vs. CLAIMS

THE PROOF* of the lesser irritant properties of Philip Morris cigarettes distinguishes them from the many and varied claims made for other cigarettes.

It has been conclusively shown that Philip Morris, in which only diethylene glycol is used as the hygroscopic agent, are less irritating than ordinary cigarettes in which glycerine is used.

* *Proc. Soc. Exp. Biol. and Med.*, 1934, 32, 241-245.

Laryngoscope, 1935; XLV, 149-154

N. Y. State Jour. Med., 1935, 35, No. 11, 590

Arch. Otolaryngology, Mar. 1936, Vol. 23, No. 3, 306-309

Philip Morris & Co. Ltd. Inc. Fifth Ave., N.Y.



PHILIP MORRIS & CO. LTD. INC.
119 FIFTH AVENUE NEW YORK

Absolutely without charge or obligation of any kind, please mail to me

* Reprint of papers from

N. Y. State Jour. Med. 1935, 35 — ☐
No. 11, 590; *Laryngoscope* 1935 XLV,
149-154. *Proc. Soc. Exp. Biol. and Med.*,
1934, 32, 241-245.

For my personal use, 2 packages of
Philip Morris Cigarettes, English Blend. ☐

SIGNED: _____

ADDRESS _____

CITY _____ STATE _____

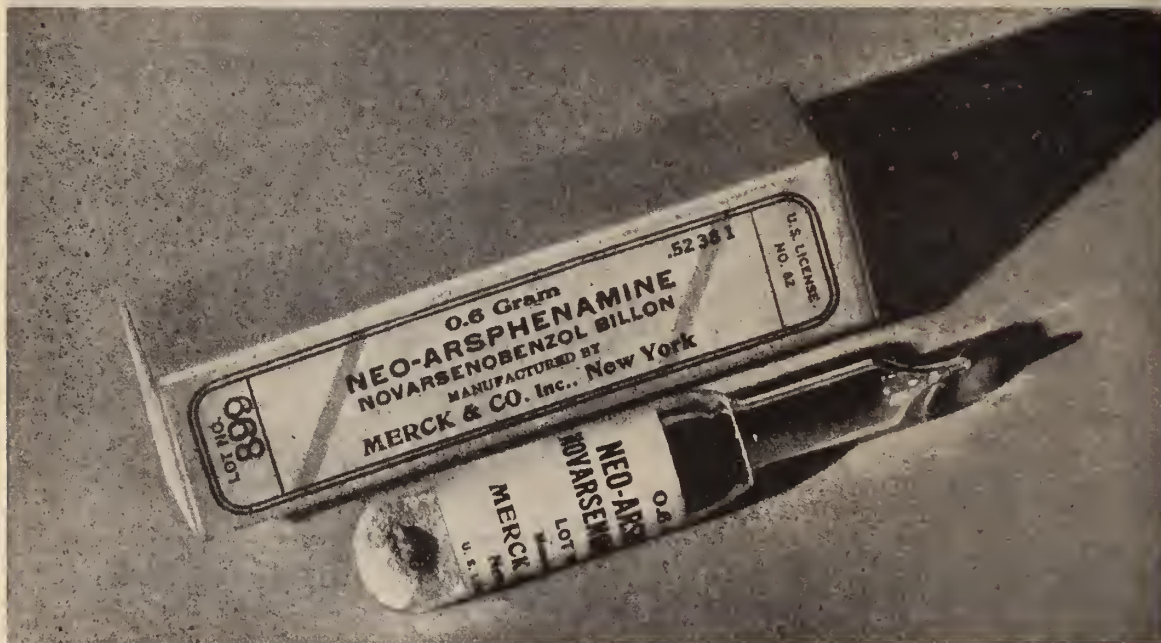
JER

THE TREATMENT OF EARLY SYPHILIS

Basic Principles suggested by
Five University Clinics in collaboration
with the U. S. Public Health Service

- The use of an arsphenamine as the foundation of the treatment.
- The use of a heavy metal as an adjuvant (preferably bismuth intramuscularly).
- Continuation of treatment without a rest period for a period of a year after all symptoms and signs of the disease have disappeared.

The use of Neo-arsphenamine Merck in the Continuous Method of Treatment may be relied upon to produce satisfactory results.



MERCK & CO. INC.
RAHWAY, N. J.

Please send me detailed information relative to THE CONTINUOUS METHOD OF TREATMENT FOR EARLY SYPHILIS
and a sample of

NEO-ARSPHENAMINE MERCK

NAME _____ M. D. CITY _____

STREET _____ STATE _____

THEOCALCIN

**BILHUBER-
KNOLL CORP.**

In angina pectoris Theocalcin is often employed for a prolonged vasodilator action on the coronary vessels, or to guard against constriction and reduce the frequency and severity of painful attacks. Treatment is best begun with 2 or 3 tablets several times a day; then the improvement may be continued with smaller doses

THEOCALCIN (theobromine-calcium salicylate) *Council Accepted*

Available in 7½ grain tablets and as a Powder



BILHUBER-KNOLL CORP. 154 OGDEN AVE., JERSEY CITY, N.J.

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

"Owing to the fact of their ready secretion by the liver cells bile salts are the most reliable chologogues with which we are acquainted." Starling.

Powder, in ¼ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

FAIRCHILD BROS. & FOSTER
NEW YORK



Carry the patient through the crisis with **RESTFUL SLEEP..**

SLEEP is important for the favorable outcome of operative procedure—of serious disease and of certain mental and nervous conditions. Ipral Sodium has been used to advantage in producing a sound sleep closely resembling the normal, from which the patient awakens generally calm and refreshed.

Ipral Sodium (sodium ethylisopropylbarbiturate) is a safe, effective sedative which is readily absorbed and rapidly eliminated. With proper attention to the dosage, undesirable cumulative effects may be avoided. No untoward organic or systemic effects have been observed when given in therapeutic doses. Ipral Sodium is supplied in $\frac{3}{4}$ -gr. tab-

lets as a sedative; in 2-gr. tablets as sedative and hypnotic; and in 4-gr. tablets for pre-anesthetic medication. Ipral Sodium 2 gr. is also available in capsule form—in bottles of 100 and 1000.

Ipral Calcium (calcium ethylisopropylbarbiturate) is supplied in 2-gr. tablets for use as sedative and hypnotic.

Tablets Ipral Aminopyrine (2 gr. Ipral, 2.33 gr. Aminopyrine Squibb) provide both analgesic and sedative actions.

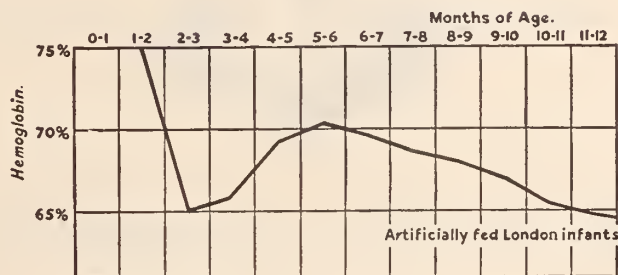
These preparations are supplied in bottles of 100 and 1000 tablets. For descriptive literature address Professional Service Department, 745 Fifth Ave., New York.

E. R. SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



IPRAL *Sodium*

Nutritional Anemia in Infants



Hemoglobin level in the blood of infants of various ages. Note fall in hemoglobin, which is closely parallel to that of diminishing iron reserve in liver of average infant. Chart adapted from Mackay. It is possible to increase significantly the iron intake of the bottle-fed from birth by feeding Dextri-Maltose With Vitamin B in the milk formula. After the third month Pablum offers substantial amounts of iron for both breast- and bottle-fed babies.

Reasons for Early Pablum Feedings

1. The iron stored in the infant's liver at birth is rapidly depleted during the first months of life. (Mackay,¹ Elvehjem.²)
2. During this period the infant's diet contains very little iron—1.44 mg. per day from the average bottle formulae of 20 ounces, or possibly 1.7 mg. per day from 28 ounces of breast milk. (Holt.³)

For these reasons, and also because of the low hemoglobin values so frequent among pregnant and nursing mothers (Coons,⁴ Galloway⁵), the pediatric trend is constantly toward the addition of iron-containing foods at an earlier age, as early as the third or fourth month. (Blatt,⁶ Glazier,⁷ Lynch⁸.)

The Choice of the Iron-Containing Food

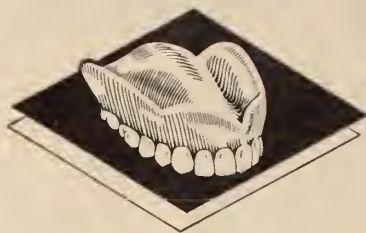
1. Many foods reputed to be high in iron actually add very few milligrams to the diet because much of the iron is lost in cooking or because the amount fed is necessarily small or because the food has a high percentage of water. Strained spinach, for instance, contains only 1 to 1.4 mg. of iron per 100 gm. (Bridges.⁹)
2. To be effective, food iron should be in soluble form. Some foods fairly high in total iron are low in soluble iron. (Summerfeldt.¹⁰)
3. Pablum is high both in total iron (30 mg. per 100 gm.) and soluble iron (7.8 mg. per 100 gm.) and can be fed in significant amounts without digestive upsets as early as the third month, before the initial store of iron in the liver is depleted. Pablum also forms an iron-valuable addition to the diet of pregnant and nursing mothers.

Pablum (Mead's Cereal thoroughly cooked and dried) consists of wheatmeal, oatmeal, cornmeal, wheat embryo, brewers' yeast, alfalfa leaf, beef bone, iron salt and sodium chloride.

¹⁻¹⁰ Bibliography on request.

MEAD JOHNSON & COMPANY, Evansville, Indiana, U. S. A.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons



The Artificial Denture *in relation to* **GASTRIC DYSFUNCTION**

WITH gastric dysfunction forming a large portion of the ills he is called upon to treat, the physician, whether a gastroenterologist or a general practitioner, has an *especial* and *major* interest in patients wearing artificial teeth.

For one thing, such patients generally are of late middle age or older, when it is not uncommon for the digestive apparatus to begin to show some organic impairment or functional aberration, and hence be more liable to the various ills of gastric dysfunction.

Dentures Must Fit Comfortably

Furthermore, such impairment or aberration is of necessity aggravated in the case of a patient with false teeth. *For the very fact of an artificial replacement presupposes a former edentulous state of some duration, with all its attendant evils:* physical inability to masticate food properly, a habit of bolting food insufficiently prepared for gastric digestion, and a consequent overtaxing or breaking down of the digestive organs.

Thus the patient with false teeth is more likely than not to present symptoms of some gastric disorder, which is certain to grow worse unless the artificial denture is sufficiently stable and efficient to promote com-

fortable and thorough mastication. A wobbly denture, a denture that is maloccluded, or that is irritating to the tender tissues, may not only be the cause of atonic, catarrhal, or fermentative dyspepsia, *but, by keeping a patient under a constant strain and creating nervous tension, it may also reflexly affect the function of the entire alimentary canal.* This is a fact clinically demonstrated, and corroborated by the innumerable dentures that patients allow to repose idly in bureau drawers, as being worse than no denture at all!

An Aid to Greater Denture Comfort

● It is often a problem calling for understanding and co-operation between physician and dentist. At other times, however, nothing more is necessary than a proper aid to help the patient through the trying period of learning to use a denture.

Such, for nearly 30 years, has been the function of **DR. WERNET'S Powder** for dentures. It forms an elastic, adhesive, and protective cushion between the denture and the tissues. It holds the denture, *mechanically*, more firmly in place, and soothes and protects tissues that are tender. By promoting comfort and greater masticating efficiency, it not only hastens the patient's mastery of a denture, but is instrumental, as well, in arresting and preventing some of the worst ills of gastric dysfunction.

SEND FOR A FREE SUPPLY to try. Simply mail the lower portion of this page with your card or letterhead to **WERNET DENTAL MFG. CO.**, 882 Third Avenue, Brooklyn, N. Y.



DR. WERNET'S Powder

AIDS DIGESTION BY PROMOTING BETTER MASTICATION!

VITAMINS IN CANNED FOODS

III. VITAMIN A

• The most characteristic evidence of severe human vitamin A deficiency, and one which is increasingly rare in this country, is xerophthalmia. Night-blindness, one of the manifestations that usually precedes xerophthalmia, has been recognized as a deficiency disease since the time of Hippocrates who described the disease, and its cure by eating liver. Infrequent reports of this disorder, however, still appear in the American literature. Most if not all of the symptoms accompanying a deficiency of vitamin A are thought to be the result of an impairment of the epithelial tissue (1). In this connection, a new method for the quantitative determination of this vitamin is based on the keratinization of germinal epithelia (2).

That vitamin A exerts an influence on the growth of human infants and children is also generally accepted.

As early as 1919, a relationship between vitamin A in plant foods and plant pigments was postulated. Research since that date has indicated that beta-carotene and some related compounds may be considered as provitamin A (3).

The vitamin A potency of fruits and vegetables is apparently due to their carotene

content, since vitamin A as such has never been found in plant tissue. Ingested carotene is believed to be converted into vitamin A by enzyme action in the liver of the animal (4), in which organ the vitamin is stored.

Vitamin A in the form of carotene may be present in yellow, green or red pigmented fruits and vegetables—in the two latter cases, the yellow color of carotene being masked by other pigments present. Color alone, therefore, is not always a reliable index of potential vitamin A potency.

Both vitamin A and carotene are relatively stable to heat but are subject to destruction by oxidation. However, foods of both animal and plant origin, when canned by modern methods, have been found to retain their vitamin A potencies in high degree (5).

In fact, in some instances, practically no loss of vitamin A potency can be detected by formal bio-assays (6).

Commercially canned foods, therefore, may be used with the knowledge that they will contribute to the American dietary amounts of vitamin A entirely consistent with those contained in the raw materials from which they were prepared.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

- (1) 1927. J. Exp. Med., 46, 699
(2) 1935. J. Nutrition, 9, 735
(3) 1929. Biochem. J., 23, 803

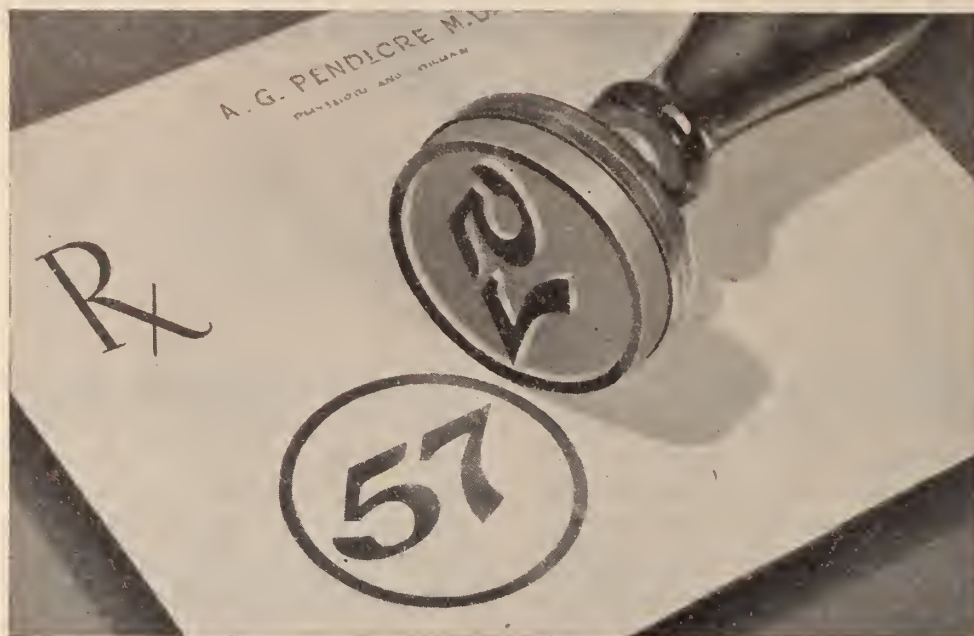
- (4) 1931. J. Biol. Chem., 94, 185
(5) a. 1933. J. Am. Diet. Assoc., 9, 295
b. 1931. J. Nutrition, 4, 267

- c. 1935. Am. J. Pub. Health, 25, 1340
(6) a. 1925. Ind. Eng. Chem., 17, 69
b. 1926. Ind. Eng. Chem., 18, 85

This is the sixteenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.



Why Take a Chance?

You can be absolutely sure, doctor, when you recommend Heinz Strained Foods for babies and soft diet patients, that expected nutrient values are present. Chance—so large an element in home cooking—is eliminated. Fixed and uniform quality are assured at all times.

For one thing, Heinz Strained Foods bear the famous "57" Seal of Quality. This symbol of integrity has achieved its meaning through almost 70 years of constant endeavor to produce foods as fine, safe and wholesome as it is possible to make.

In addition, Heinz Strained Foods carry the approval of your own exacting profession. Each tin bears the Seal of Acceptance of the American Medical Association's important Council on Foods.

Depend on it, too, that baby will enjoy Heinz Strained Foods. They are as delicious as they are wholesome. Selective feeding tests have shown that infants actually seem to *prefer* these finer tasting foods.

So do not hesitate to recommend Heinz Strained Foods. You can do so confidently—with complete assurance that claims for their high quality and nutrient value are true in every respect.

NEW FREE BOOK of Heinz Nutritional Charts has just been published. You will find it helpful in prescribing to convalescents and soft diet patients as well as infants. Write for it care of H. J. Heinz Co., Dept. NJ308, Pittsburgh, Pa.

HEINZ STRAINED FOODS



11 KINDS—1. Strained Vegetable Soup. 2. Peas. 3. Green Beans. 4. Spinach. 5. Carrots. 6. Beets. 7. Prunes. 8. Cereal. 9. Tomatoes. 10. Apricots and Apple Sauce. 11. Mixed Greens.



KARO

BEFORE AND AFTER OPERATIONS

WATER BALANCE (24 HOURS)	
<i>Intake</i>	<i>Outgo</i>
Drinking Water (600 cc.)	Urine (800 cc.)
Beverages (600 cc.)	Skin (700 cc.)
Solid Food (700 cc.)	Lungs (600 cc.)
Metabolic Water (300 cc.)	Feces (100 cc.)

SURGEONS prepare patients pre-operatively to prevent acidosis and post-operatively to protect nutrition. Karo serves this dual purpose. Given with a soft diet before operation the patient will better resist surgical acidosis. And Karo forced with fluids after operation provides vital energy the patient craves.

Acidosis accompanies anesthesia and toxicity follows surgical trauma. Their effects may be moderated by the administration of Karo. It enriches the glycogen reserves thereby helping to prevent surgical acidosis, decrease post-anesthetic vomiting, stim-

ulate the strained heart and combat shock.

After operation nutrition wanes when the patient cannot tolerate food. Karo with fluids helps maintain the water balance of the body and tides the patient over with basal energy. Karo provides 60 calories per tablespoon. It is relished added to milk, fruit juices and vegetable waters. Karo is a mixture of dextrans, maltose and dextrose (with a small percentage of sucrose added for flavor), well tolerated, not readily fermentable, and effectively utilized.



Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. SJ-9, 17 Battery Place, New York City.

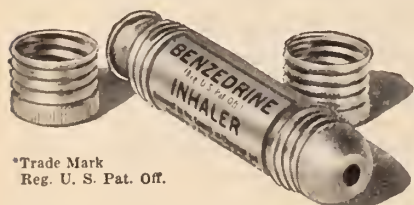


FOR Children's Colds

In prescribing Benzedrine* Inhaler for children's head colds, you are providing a first-aid remedy which may prove of constant service throughout the winter months.

At the first sign of a cold the child is instructed to use the inhaler to reduce congestion and to maintain the patency of the nasal passages. Benzedrine Inhaler has been shown to have no deleterious effect even on the delicate cilia of the nose. Since it is volatile it penetrates to areas usually inaccessible to liquid inhalants, and there is no oil to be aspirated and become a potential source of later trouble by accumulating in the lungs. (Graef: Am. J. of Path.; Vol. xi, No. 5, Sept. 1935.)

For the adult members of the family, Benzedrine Inhaler is as useful as it is for your young patients. Secondary reactions "are so infrequent and so mild as to be virtually negligible" (Scarano: Med. Record; Dec. 5, 1934); and even in very young children overstimulation and other undesirable reactions do not occur with the proper dosage.



*Trade Mark
Reg. U. S. Pat. Off.

BENZEDRINE INHALER



A VOLATILE VASOCONSTRICTOR

Each tube is packed with benzyl methyl carbinamine, .325 gm.; oil of lavender, .097 gm.; menthol, .032 gm.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.
ESTABLISHED 1841

Adequate treatment of Pernicious Anemia

WITH A MINIMUM OF INCON-
VENIENCE TO THE PATIENT MAY
BE OBTAINED BY THE USE OF

1 cc. CONCENTRATED SOLUTION LIVER EXTRACT

Lederle

THE CHOICE OF A LIVER EXTRACT for the treatment of pernicious anemia should depend primarily on the potency of the extract. Since treatment must be continued at definite intervals, it is also important to consider the discomfort caused by the injection of the extract.

The newest of the *Lederle* parenteral preparations, 1 cc. CONCENTRATED SOLUTION LIVER EXTRACT, has now had nearly two years of clinical use. With this preparation it is possible to effectively treat pernicious anemia with a minimum of inconvenience to the patient.

Available only in boxes of 3 vials—each containing, in a volume of one cubic centimeter, active substance obtained from 100 grams of liver.

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.





ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products



Ephedrine Relieves Congestion

The local application of ephedrine to mucous membranes causes capillary contraction and reduces swelling. Relief of congestion in upper respiratory passages is prompt and well sustained.

For topical treatment:

Inhalant Ephedrine Compound, Lilly, containing aromatics.

Inhalant Ephedrine, Plain, Lilly, without aromatics.

Solution Ephedrine Sulfate, Lilly, and Solution Ephedrine Hydrochloride, Lilly.

These products and other ephedrine preparations for oral or parenteral use are supplied through the drug trade.

Prompt Attention Given to Professional Inquiries

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK OVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 9

SEPTEMBER, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

Arguments and Judgments

A witness in a law court swears that he will "tell the truth, the whole truth, and nothing but the truth"; and then the judge informs the jury that it must decide the credibility of contradictory witnesses, each of whom is conscientious in his statements.

Physicians, as a class, are keen in their judgments of Medical Society propositions, for their daily practice trains them to form accurate judgments based on the medical histories given by their patients; but even physicians have their prejudices which affect their diagnoses and their treatments. For example, it is a fundamental principle of medical ethics that physicians shall not advertise. It has taken years for the medical profession to distinguish between publicity by a physician for his own gain, and that for the benefit of the Medical Society and the public; and for a long time it was the usual decision of a County Medical Society that a member might give an address on public health to a lay audience in an adjoining county; but not in the vicinity of his usual field of practice.

The present attitude of Medical Societies is to encourage physicians to give addresses in their own communities, provided they do so under the auspices of their County Societies. The virtue and justice of this principle is recognized by the Welfare Committee of The Medical Society of New Jersey by the establishment of a Committee on Public Relations, one of whose major objects is to arrange for medical addresses to lay audiences by members assigned to that duty by the Medical Societies, both State and county. The set opinions of a decade ago have become broadened into the realization that the County Medical Society is the medical adviser of the community, just as the doctor is the medical instructor of the well individuals of the family of his sick patients. It is now the exception, rather than the rule, that a physician objects when one of his local colleagues addresses a lay audience on a medical subject.

To secure a list of physicians who are willing to address lay audiences is one of the projects of the Sub-Committee on Public Relations.

The President's Announcements

The President's announcements which appear on page 540 are much more than his own individual opinions. They are the result of consultations with the other officers and committeemen, and are preparations for the series of formal committee meetings which will begin in September.

The preliminary survey of the field of activities of the State Society made by the President's Cabinet reveals a list of essential activities whose length might seem almost impossible of execution. As a matter of fact, the work of the coming year will consist principally in the practical development of activities already initiated, some of which have already

been fruitful of results, especially in responsive communities.

The essential activity of the Welfare Committee during the Fall and Winter will be to develop the responsiveness of the County Societies to its projects. The work will continue in ever-widening circles until every County Society participates in the activities.

The essential characteristic of the State Society program is that it does not consist in one or two great projects, but in inspiring each County Society to develop a number of projects from which a County Society can choose those which meets its own most pressing needs.

A Medical Society at Work

A decade ago the threat of State Medicine became a very real menace to the medical profession, and to the people generally; and the years of depression developed the menace into the passage of Federal Laws appropriating millions of dollars to institute a system of medical service to be given by physicians and welfare workers hired by the government. The threat afforded the opportunity for the members of the medical profession to assume the leadership which they had been unable to exercise because of the indifference and parsimony of public officials. The quick demand of the members of the Medical Societies that they be recognized as the dispensers of the proposed services was convincing proof that they had always desired to plan and deliver all the services of medicine to those who were unable or unwilling to secure them from their family doctors.

On the other hand, the acquiescence of the Federal officials to the plans proposed by The Medical Society of New Jersey demonstrated that the threat of "State Medicine", as proposed and promoted by theorists and idealists, has been transformed into an offer of coöperation with the Medical Profession. In this controversy, as in all social conflicts in the United States, the good sense of both parties

has triumphed; and projects that seemed impossible of execution five years ago are already in operation under the leadership of practicing physicians.

To supervise the immense amount of detail of the new developments is impossible if the task devolves upon the State Society President alone. Plans are now in process of development to recognize the Chairman of the Board of Trustees, the two Vice-Presidents, and the President-Elect as active members of the President's cabinet, with duties which carry both responsibility and honor.

It is also planned that the officers and committeemen of the County Societies, over 700 in number, shall be recognized as active participants in the newer phases of State Society activities, with the expectation that they will dignify and honor their offices by their leadership in local projects.

Every officer and committeeman of the State Society is a graduate from the school of the County Medical Society, and has been drafted into the larger field of service because of his medical experience and leadership in his local community. The Medical Society of New Jersey is truly representative of the County Societies, whose members will share in the benefits of the newer regime.

Money Value of Free Medical Service

Every physician knows that he renders a large proportion of his services free of charge, or at greatly reduced rates; but he seldom has any accurate knowledge of the value of those free services. A few doctors who are naturally-born bookkeepers record every call and charge it on their books, and then at the end of the year announce how many dollars' worth of practice they have done; but at the same time they complain of poor collections. The practice of these physicians is an example which all physicians might adopt with profit to themselves and to the community.

Most Medical Societies have adopted a standard scale of fees to be charged for every kind of medical service; but physicians generally are not able to tell how much service they render free.

The most illuminating study of the amount of free service given by physicians is that by Dr. T. K. Lewis into the number of calls made by 151 physicians upon ward patients in the hospitals of the City of Camden during the year 1935 (Journal, Feb., 1936, p. 105). Dr. Lewis gave the following table:

Value of physicians' services to ward patients at two dollars per day (the minimum standard rate per call)	\$200,000
To Dispensary patients	400,000
For surgical operations at \$50	281,000
Free calls on maternity cases at \$50	45,000
Total	\$926,250

Amount contributed for hospital maintenance:	
By private subscription	\$ 87,000
By public funds	150,000
Total	\$237,000

The money value of free services in the hospitals and dispensaries contributed by physicians was four times that contributed by all other groups, private and public, and this in-

cluded only those services contributed in public institutions. It is probable that the physicians of Camden contributed a larger amount in the value of free services given in their offices and the homes of their patients.

This subject came up in another form on August 31 at a conference of the Advisory Committee on the Care of Crippled Children when the representative of the Social Security Administration announced that the sum of one thousand dollars was all that would be available during 1936 to pay the practicing physicians of the State for operating on the children. The suggestion was made that physicians giving surgical and medical care to the crippled children should accept the small amount that is offered to them; but, more important, that they should keep an accurate record of their calls and services, and assign the minimum charge provided in the scale of the Medical Society. At the end of a year the medical committee and the crippled children officials would have an accurate basis for agreeing on a reasonable appropriation for next year.

If every doctor would keep a record of all the calls which he makes, and the standard minimum charges for those services, and the amounts actually collected, the Medical Society would have an accurate record by which they demonstrate the value of their services, and could make a definite proposal to the welfare officials regarding payment for services now rendered free.

In order to carry out this plan it will be necessary that a committee of each County Society review the bills and figures of the physicians according to the plan followed under the Emergency Relief Administration.

This or a similar project must needs be undertaken before the State will relieve practicing physicians of a part of the financial burden which they now bear almost alone.

Directory of Physicians of New Jersey

There has long been a great need for a New Jersey Medical Directory that shall include far more facts than are available in any existing publication. The Official List issued by The Medical Society of New Jersey contains only the names of the members. The New Jersey section of the directory issued by the American Medical Association differs widely from the New Jersey section of the directory issued by the Medical Society of the State of New York. No one knows how many physicians are practicing medicine in New Jersey, and how many who are listed either practice in New York City or not at all; and no directory contains a list of the members of the staffs of the hospitals.

During the past two years, the staff of the Executive Offices has been collecting data of all practicing physicians of New Jersey regardless of their membership in the Society. This Fall the Welfare Committee is sponsoring a survey of the hospitals which shall include list-

ing the members of their staffs. A great part of the information for a directory will therefore soon be available in the Executive Offices.

The Medical Society of the State of New York, acting on its own initiative, has invited the Societies of New Jersey and Connecticut to coöperate in securing data so that the information in the New Jersey and Connecticut sections will be like that in the New York section. The New York Society is bearing the cost of securing and publishing the data, except the clerical expense of checking the lists. When the directory is completed, it may be purchased by any member; but if the Society will secure the information and edit the list, the publishers will supply a copy to each member of the New Jersey Society for a nominal sum.

Whether or not the data regarding the physicians is published, the information will be available in the Executive Offices for all who wish it.

Publishing County Society Papers

The two major sources of scientific articles published in this Journal are the Annual Meetings of The Medical Society of New Jersey, and the meetings of the County Societies. In general, the papers read before the State Society cover the scientific phases of the subject, and bring out the relations of a disease to other conditions of similar nature.

Papers read before a County Medical Society deal more directly with diagnosis and treatment, and are more immediately "Practical". They are often case reports, and bring out the points by which a diagnosis was made. These are among the most useful of all the papers that are received for publication; and their comparative brevity has a strong appeal to the reader.

The professional standing of an author is

always a factor in deciding upon the acceptance of an article. The outstanding reputation of an author of a paper read before the State Society is certified by the fact that a scientific committee has chosen him because of his reputation as a clear thinker and speaker.

It is always best that a paper read before a County Society should be sent to the editorial office by the Secretary of the Society, for his letter has the weight of an official approval of the Society.

A paper read before a hospital staff should have the official request of the staff for its publication.

It is the policy of the Publication Committee to accept as many County Society articles as possible, and to encourage the members to report their interesting cases in The Journal.

Medical Philosophy

A distinctive feature of The Medical Society of New Jersey is the system of philosophy which it promotes. Every physician has a creed, the evidence of which is the words "I believe", which is one of most common expressions heard in County Medical Societies.

A doctor's belief controls his actions, and if it were analyzed it would constitute his philosophy.

The philosophy of physicians as a group is expressed in the written code of ethics of the medical profession; but in addition every doctor has his own individual code which he may not consciously confess or profess.

The most common article in the private creed of every physician is that he shall respond to every call to serve a sick patient.

This is the glory of the medical profession as a class, and of its individual members.

An equally insistent call comes to Medical Societies that they shall minister to the medical needs of their community. The monopoly to practice medicine issued by the State to every physician implies that he shall serve the community as faithfully as he serves his private patients. If he fails in giving this civic service, the State will surely take away his monopoly, and will hire medically trained men to give the service. The leaders of The Medical Society of New Jersey have assured the government officials of the willingness of practicing physicians to develop and supply those services which are of a civic nature. Physicians are responding by accepting that call to service as a part of their philosophy and creed.

Five Years of Progress

It is a common saying that there is nothing new under the sun. That this aphorism is true would be the first impression of one who reads the issues of The Journal for several years. But convincing evidence of progress will appear when The Journal of the year 1931 is compared with that of 1936. The 1931 volume records discussions and propositions on the following objectives and conditions which were classed as new:

1. The Iowa plan of medical service to the indigent given by County Societies under contract with the county welfare officials.

2. A public relations committee in every County Society.

3. Recommendations by the National Child Welfare Conference, from prenatal examinations to county health departments.

4. Care of crippled children.

5. Advertising in daily papers by County Societies.

6. Protests against the appointment of unlicensed physicians to medical positions.

7. Misleading tobacco advertisements.

8. State medicine threats.

9. Legislators to be approached in their own homes by representatives of County Medical Societies.

A careful reader will be impressed with the wisdom and good judgment of the leaders in their constructive *diagnoses* of fields of medical service. The great progress in Medical Society administration during the past five years has been in methods of *treating* the conditions which were diagnosed.

The state-wide enterprises outlined in the announcements by the President and the Chairman of the Welfare Committee, contained on page 540, and on page 482 of August, have the common factor of seeking to secure the coöperation of the County Societies and their individual members in actually carrying out the projects which were suggested by the Society leaders as desirable five years ago. The Welfare Committee assigned the projects to four sub-committees,—those on Public Health, Medical Practice, Legislation, and Public Relations, each consisting of five members.

The suggestion made five years ago that every legislator be approached in his own home has been in operation for two years with

signal success, through the appointment of key men in every county.

The development of the projects in Public Health and Medical Practice in their several fields has been assigned to fourteen advisory committees, on whom seventy-five members of County Societies are serving. It is expected that the field of Public Relations will be ac-

tively developed along the same lines which have been proved successful in Public Health.

It may confidently be expected that, in the coming year, what were far-off *objectives* of a few leaders five years ago will be actual *enterprises* today, carried on by every County Medical Society in New Jersey and the support of every member.

Filling Positions in The Medical Society of New Jersey

The announcement of the President of The Medical Society of New Jersey reveals a surprisingly large list of specific projects in which the Society is engaged. The members of County Societies are rapidly outgrowing the preconceived impression that the leaders of the State Society seek to "dominate" the County Societies. Two facts have been potent in dispelling that opinion.

In the first place, the rank and file of members of County Societies are coming to realize that the State Society leaders have received their training in the school of their County Societies. It is no longer true that positions of trust in the State Society are "sought" because of the honor of the office,—rather the officeholders are drafted into service because they have demonstrated their abilities in their home societies.

In the second place, it has become the policy of State Presidents to request the county officers to suggest the names of county members for State positions because of their outstand-

ing work in their home communities. This policy has been necessary because of the large number of State committee members to be appointed. The list of State officers and committeemen fills three pages of The Journal, and contains the names of two hundred officeholders. To fill the positions requires the coöperation of the County Societies in nominating those of their members who have demonstrated their fitness to do work in the larger field of service.

It is the policy of The Medical Society of New Jersey that every active committee shall be duplicated in each County Society. Only in this way can its projects be carried out and the services delivered to the people. The people's acceptance of the services offered by the Medical Profession depends in a very large measure on the promotion of those projects by the County Medical Societies.

The State Society has a place of honor for every active worker in a County Society. The office will seek the man, and will recognize his activities and achievements.

Dates of Meetings of County Societies

The twenty-one County Medical Societies of New Jersey will resume their meetings in the early Fall after three or four months of vacation. The regular meetings that are scheduled for the year number 146, according to the list that is printed on page 550 of this Journal. The information from which the list was compiled is found on page 36 of the 1936 Official List of Members of the County Societies.

The list of meeting dates will be of practical value to the State Society, for it will enable the officers and committeemen to arrange their schedules of visitations to the County Societies, and of conferences with local officers, at convenient dates. The earlier the State Society can announce its plans and schedules, the more efficient will be the response of the County Societies.

ORIGINAL ARTICLES

MANAGEMENT OF TOXEMIAS OF PREGNANCY

By JAMES F. NORTON, M.D., and JOHN N. CONNELL, M.D., Jersey City, N. J.

Read before the Hudson County Medical Society March 3, 1936

There are many different classifications of the toxemias of pregnancy, but we will consider only the more frequent and more easily understood.

1. Pernicious vomiting of pregnancy.
2. Low reserve kidney.
3. Chronic nephritis complicating pregnancy.
4. Preëclampsia.
5. Eclampsia.

PERNICIOUS VOMITING OF PREGNANCY

Ordinary nausea and vomiting occur in about 50 per cent of all cases of pregnancy. It is not severe. The severer form occurs frequently enough to demand attention.

The Cause: The exact cause is still unknown and time will not permit a discussion of the theories. Clinical cases are divided into:

1. Toxic.
2. Neurotic.

It is now felt that practically all cases are on a toxemia basis, and that the toxemia merely acts as a predisposing cause in neurotic women. Differentiation between the two for reasons of therapy is extremely important. The neurotic type should be handled in an altogether different manner from the toxic type, which, in a high percentage of cases, runs a very severe and serious course.

The chief argument in favor of neurotic vomiting is afforded by the surprising regularity with which cure can be effected by suggestion.

Management of Severe Forms: The patient is placed on a systematic regime, preferably in a hospital, which insures isolation from friends or members of the family.

The urine is examined daily for specific albumin, sugar, acetone, diacetic acid and urobiline. Acetone and diacetic acid is present even in the milder forms of vomiting. The in-

take and output of fluids is measured every twenty-four hours, emeses being subtracted from intake. Blood is examined daily to determine the amount of N.P.N., uric acid, creatinine, sugar, chlorides and carbon dioxide combining power and the changes from the normal values which may influence prognosis and treatment. As Tillman and others have emphasized, regular examination of the ocular fundi is important to rule out evidence of retinitis: The presence of retinitis changes the picture from a severe to a desperate one, demanding prompt termination of the pregnancy. The mortality is high with and without interruption in this case. To continue with the management—a cleansing enema is given. All fluid food and medication by mouth is prohibited for twenty-four to forty-eight hours.

The main objectives are to combat nervous irritability and to supply food and fluid to the patient. The first is accomplished by giving adequate amounts of bromides and chloral by rectum. Fluids are given intravenously, ordinarily 1000 c.c. of 10 per cent glucose, three times a day or 1500 c.c. twice a day. Opinion is divided as to the use of insulin. It is not used on the first division.

If the hyperemesis has continued for some time, if there is a sharp weight loss, more calories may be required than regularly given by vein. The Levine tube passed to the duodenum affords a valuable method by which 500 to 600 calories, and 1000-2000 c.c. of fluid, may be given daily, in addition to the intravenous fluids.

How successful are these methods in the treatment of pernicious vomiting? The percentage of women who do not respond to this intensive treatment is very small. If in spite of adequate treatment vomiting persists, dehydration with dry skin and mucous membranes is not improved, if the pulse continues rapid

and fever and jaundice develop, interruption of pregnancy must be considered.

LOW RESERVE KIDNEY

Stander and Peckam in 1926 suggested this term "for want of a better name", to apply to a rather definite group of pregnant women with the following general symptoms:

A moderate rise in blood pressure usually at about 150 over 90 in the last few months of pregnancy.

Small amounts of albumin in the urine.

Some edema and rarely a complaint of headache. (Some prefer to call this mild pre-eclampsia.)

At the end of the puerperium, the blood pressure has returned to normal. The edema and albumin have disappeared.

The blood chemistry is always normal.

Renal function tests are normal.

Before delivery these patients improve rapidly with bed rest and fluid restriction. It was thought first that pregnancy did not injure this type of kidney, and that anxiety need not be felt over the course of subsequent pregnancies. These opinions have had to undergo a very recent and decided change. Sixty-three "low reserve patients" were followed by Peckam for five years; and at the end of this time it was found that only thirty-one were negative as far as signs or symptoms of nephritis were concerned, while thirty-two showed evidence of definite renal involvement, usually arteriosclerotic.

The original feeling that the low reserve kidney offered a favorable prognosis for subsequent pregnancy is no longer possible in view of the 50 per cent incidence of nephritis.

The condition is limited now to primiparae and it manifests itself not before the last month of gestation by the presence of moderate hypertension and a small amount of albumin in the urine. It clears up rapidly in the puerperium and does not recur with subsequent pregnancies. Clinically the course is mild and resembles true pre-eclampsia.

CHRONIC NEPHRITIS COMPLICATING PREGNANCY

This is not a true toxemia, but a clinical entity associated with pregnancy. The nephri-

tis antedates the pregnancy and is dependent upon scarlet fever, previous eclampsia or some streptococcus infection. With the exception of syphilis, chronic nephritis is the most usual cause of repeated prematures and stillbirths.

Clinically, the disturbance is manifested by hypertension and albuminuria. The earlier in pregnancy this disturbance arises, the more likely is the condition to be nephritis. As pregnancy progresses the condition almost always becomes worse.

DIAGNOSIS OF CHRONIC NEPHRITIS COMPLICATING PREGNANCY

Blood chemistry may show nothing of particular significance early because we are dealing with an early nephritis before there is evidence of nitrogen retention. The earliest changes found are low urea clearance values, low concentration tests and delayed P. S. P. output. Later on, however, there may be significant changes with a high N. P. N. and urea nitrogen, eye grounds may show retinal hemorrhages, with albuminuric retinitis (these changes are not found in pre-eclampsia). If the patient is not seen until uremia develops, it is mistaken for eclampsia. If the patient is not seen until late in the third trimester of pregnancy, the differentiation between pre-eclampsia and chronic nephritis may be difficult. If, after a period of six or eight weeks postpartum the blood pressure remains up and there is still albumin in the urine, we are probably dealing with a nephritis.

PROGNOSIS AND TREATMENT

Immediate prognosis for the mother is good, except with the reservation of chronic nephritis, but each succeeding pregnancy makes it worse and this should be explained to the patient.

Prognosis for the foetus is poor because of the occurrence of placental infarcts which throw out of function a good portion of the placenta, also because of the effect of the toxin, a small premature baby results.

TREATMENT

In general, it may be said as far as treatment is concerned, that having once established the diagnosis of chronic nephritis, unless we

are dealing with a very mild one, the woman should not undertake more pregnancies until a careful study of her renal function is made. The pregnancy can be carried on only at the risk of the woman sustaining further damage to an already severely damaged renal system.

Some clinics are very radical in the management of these cases. Stander, in a follow-up of 800 toxic cases, 35 per cent of which were chronic nephritides, found that 40 per cent of these were dead in five or seven years. For that reason they have adopted a radical attitude. If the diagnosis is made early in the second trimester, a therapeutic abortion is done. If the diagnosis is made late, section is performed. This is not entirely unchallenged, and Goodhall feels that they all do not have to be treated so radically. The answer to this very difficult question seems to lie in the life expectancy in the women who are interrupted.

PRE-ECLAMPSIA

This condition occurs late in pregnancy. It is *the* toxemia of pregnancy. It runs a far more acute course than chronic nephritis. There is hypertension, perhaps 200/100, albuminuria, visual disturbances, headaches, precordial and epigastric pain, edema, sharp weight gain and diminished excretion of urine. In severe cases the urine is suppressed entirely. The uric acid is high and the CO_2 is low.

The underlying pathology and etiological factor is the same in eclampsia. All the symptoms and findings which one meets in pre-eclampsia are present in eclampsia. There is only this difference, that in eclampsia there occurs a convulsion. Unlike nephritis, pre-eclampsia usually returns to normal within a few weeks postpartum. Pre-eclampsia is the toxemia of pregnancy against which the prenatal work is directed.

MANAGEMENT OF PRE-ECLAMPSIA

If not severe, bed rest with sedation, low protein salt-free diet, and with the presence of edema, restriction of fluids. These may suffice.

In the more severe forms, more energetic treatment must be employed; 20 c.c. of 10 per cent solution of magnesium sulphate (popularized by Lazard and McNeile and frowned upon by Stander) and hypertonic glucose 300 c.c. of a 25 per cent solution. These are repeated when indicated by a rising blood pressure or other evidences of increasing toxemia. McNeile feels that 60 to 120 can safely be given in twenty-four hours. We are of the same opinion. Stander fears its toxic effect on the liver. Chloral hydrate grains 20 and sodium bromide grains 60 are given by rectum or morphine is given by hypodermic.

If the symptoms do not improve or if they become more severe after a reasonable period, labor is induced by artificial rupture of the membranes, or with a Voorhees bag or in some primigravidae by Caesarean section under local or spinal anesthesia.

ECLAMPSIA

The same clinical course, same findings, same complaints apply as in pre-eclampsia except for convulsions.

Whether the treatment follows the principles of the Rotunda in Dublin, Stroganoff in Russia or Arnold and Fay, of Philadelphia, the by-word at present is conservatism.

Twenty c.c. of 10 per cent magnesium sulphate is given by vein as soon as possible after the first convulsion. The dose is repeated every hour until convulsions are controlled. Morphine, grain one-quarter, is given and repeated as required. Bromides and chloral may be given by rectum if they can be retained. Inhalations of oxygen are given after each convulsion. Administration of hypertonic glucose solution, usually 300 c.c. of a 25 per cent solution every four to six hours.

There is no operative interference during seizures or coma. If the patient is in the second stage of labor and progress is not being made, she is delivered with forceps or some other indicated procedure. Caesarean section is done for obstetric indications only and then upon recovery from convulsions or coma.

LIVER DEATHS

By JOSEPH A. VISCONTI, M.D., Hoboken, N. J.

Read before the Staff Meeting of St. Mary's Hospital, Hoboken, October 17, 1935

A review was undertaken of a particular type of unexpected death that follows competently performed operations on the gall-bladder or gall ducts. Consideration was given to those mortalities taken from a report of over 6000 cases at the Mayo Clinic, 600 at the Lahey Clinic, and 500 reported by Stanton.

Selected cases were taken from the death records of St. Mary's Hospital. These were supplemented by statistics of the New York Post-Graduate Hospital, reported by Dr. Charles Gordon Heyd.

The average mortality rate was about 5 per cent.

About 50 per cent of this total died from cardio-respiratory complications. About 10 per cent died from post-operative hemorrhage. One-half of them occurred in cases of obstructive jaundice. About 15 per cent died from peritonitis. About 15 per cent of the deaths were classified under the heading of "Liver Deaths".

The scope of this paper is limited to those unexpected post-operative deaths that are proximately caused by failure of the liver to stand the ordinary stress and strain of operation. Post-operative liver death is the end result of liver insufficiency, insolvency, and failure. The liver may fail alone, or it may have concomitant kidney insufficiency.

In order to obtain a better understanding of the complex mechanism that causes a complete breakdown and fatal disturbance in the pathologic and physiologic status of the liver and its biliary system, one must keep in mind certain pertinent facts concerning the liver, its pathology, and its functions.

Consideration must also be given to the *liver reserve*, which can be said to be the inherent vital power, residing in the liver, capable of resisting the acute stress and strain of operative interference on its biliary system.

The liver is the largest organ of the body. It is interposed between the portal and the

system circulation. It is endowed with power to regenerate itself by hyperplasia, in contradistinction to the heart which is characterized by the work-hypertrophy process. In a rat, 70 per cent of the liver was removed; and in six weeks the liver had completely regenerated itself. One may safely remove 75 per cent of the liver and still have a functioning organ. Material liver loss, however, is not without danger of impaired liver function.

In its continuous reception of deleterious matter, the liver may be, and often is, subjected to residual changes in its own structure. These deviations from the normal are loosely termed hepatitis. Depending on the degree of residual fibrosis, especially when it is a proliferative type, the material liver loss may be sufficient to bring about a marked reduction in liver function. Graham, later Heyd, have pointed out hepatitis macroscopically during operation. They went further by excising portions of liver tissue and subjecting them to microscopic study. Every case of cholecystic disease showed a presence of hepatitis, which was either primary or secondary to gall-bladder disease; and so it has been proven that most if not all cases that come for operation have some degree of liver tissue loss. Notwithstanding this fact, impairment of liver function is not proportionate to liver loss.

The liver is composed of three cell types: (1) The polygonal cells, exclusively liver cells; (2) the cuboidal cells of the bile canaliculi, which are also liver cells; and (3) the cells of Kupffer, which in reality form a part of the reticulo-endothelial system, the greater portion of which is extra-hepatic.

When the liver is removed, the blood shows there is a *decrease* in sugar, *increase* in the bile pigments, and an *increase* in uric acid.

The functions of the liver are four in number:

1. *Sugar Metabolism*: The liver is the sole

regulatory mechanism for blood sugar. All glycogen of the body, including that of the muscles, must be submitted to liver metabolism before it becomes available for body needs. Test of carbohydrate tolerance is by galactose test or Bauer lactose test.

2. *Protein Metabolism:* In the blood stream there are circulating two kinds of nitrogenous substances. One is the permanent blood protein. The other is what is designated as non-protein nitrogen, which consists partly of food-stuffs and partly of waste products, which are the end products of protein metabolism. It is the function of the liver to act by aminizing some of them, and turning them over to the kidney for excretion. The liver deaminizes amino acids, forms urea, and destroys uric acid.

Tests for the functions of the liver in the analysis and synthesis of the intermediate products of protein metabolism are determined by the carbon dioxide combining power of the blood and blood chemistry.

3. *Bile Metabolism:* Cholesterol, bile salts, and bilirubin are the chief metabolic substances in the bile. They are supposed to aid in the digestion and absorption of fats. The bile salts are exclusively liver products. They accelerate the action of lipase, and aid in the digestion and absorption of fats. The metabolism of cholesterol is not definitely known. Bilirubin is formed out of hemoglobin by the reticulo-endothelial system, part in the liver, but a greater part from the bone marrow and spleen. The function of the liver is to form some and excrete all bilirubin, to which it adds its bile salts.

4. *Detoxifying Action of the Liver:* The liver removes toxic substances from the blood, at a considerable expense in injury to its own tissue.

5. *Coagulation of Blood:* The liver is supposed to maintain fibrinogen level in the blood. Liverless dogs showed constant fibrinogen level (Mann). Therefore, there must be some extra-hepatic control.

TYPES OF LIVER DEATH

Analysis of cases of liver death crystallizes out three distinctive types.

TYPE ONE

Type One is the most frequent.

Woman, about forty years of age, complaining of recurrent attacks of pain in the upper right quadrant, associated with gas and indigestion. Pain is of such intensity as to require hypodermics of morphine. Blood count normal. Wassermann negative. Phenolsulphonthalein test for kidney function is normal. Carbon dioxide, combining power and blood chemistry, within normal range.

A simple cholecystectomy was done under ether anesthesia. Abdominal exploration was made to exclude duct involvement, pancreas, or any other discoverable intraabdominal pathology. The liver is the seat of a concomitant hepatitis. It is enlarged slightly, consistency is leathery, edges are crenated. White bands of fibrous tissue extend away from the gall-bladder area, throughout the inferior surface and the dome of the liver.

The post-operative reaction was fair. After twelve hours the patient became semicomatose. Temperature ascended, 102, 103, 104, 105, 106. Pulse rate and respiration rose proportionately. Pneumonia and other probable complications were reasonably excluded. Blood examination showed a normal icteric index. Urea nitrogen showed a progressive rise. Increase in urea nitrogen is due either to an increase in metabolic activity, resulting in this case from fever, or due to failure of the kidney to excrete, which is not so in our case.

Hyperpyrexia, coma, and death from alkalosis occurred within eighteen to thirty-six hours.

What happened here? The effect of the surgical removal of an infected gall-bladder is to leave a gall-bladder bed from which is expected some degree of protein absorption and transudation, besides causing a sudden change in the hydrostatic effect of the bile flow. When the gall-bladder is removed, the sphincter of Oddi becomes paralyzed, the intermittent flow of bile affected by rhythmic synchronization of gall-bladder and sphincter of Oddi changes to a continuous flow. The common duct also dilates.

The heat center of the brain and the heat production of the liver are intimately associated, since liver activity accounts for at least one-third of the heat production of the body.

Clinical observations, substantiated by laboratory findings, have conclusively demonstrated that acidosis and alkalosis are associated with marked liver impairment, ketogenesis, and ultimate secondary kidney failure.

In this Type One case there was no pre-operative renal impairment. Fourteen gall-

bladder cases were studied from the standpoint of carbon dioxide combining power of the blood. The normal range is 40 to 50. Below 35 was considered approaching acidosis. Above 80 was considered approaching alkalosis. Six of these cases had a carbon dioxide combining power of over 80. All six died. The patient died of alkalosis. The clinical picture was similar to our Type One case. There was hyperpyrexia, and sudden death.

Another of the most outstanding points of importance in gall-bladder cases is the pre- and post-operative protection obtained by maintaining the water-salt-entero-hepatic circulation. Loss of 20 per cent of tissue water is usually fatal. Vomiting is usually associated with alkalosis, and diarrhea with acidosis. Vomiting causes a loss of chlorides. This is replaceable by a 5 per cent solution of calcium chloride, which incidentally also increases blood coagulability. Alkalosis calls for use of intravenous dil. HCL 10 c.c. of 1 gm. in 1500 c.c. PRN.

The addition of glucose intravenously, 10 per cent, 1000 c.c. of saline, pre- and post-operatively, is beneficial and desirable in the case of approaching alkalosis. It primarily prevents dehydration, and secondarily prevents protein destruction and the formation of ketogenic bodies. Fats burn in the flame of carbohydrates. Ketones are the products of incomplete catabolism of fats.

In acidosis, again glucose is beneficial, pre- and post-operatively. By being oxidized, it destroys the ketogenic bodies.

From a practical standpoint, the acid-base balance of the blood plasma should be accurately determined in all gall-bladder cases. Type One represents a case of liver failure without jaundice and without concomitant kidney failure. Its chief characteristics is a terminal hyperpyrexia.

TYPE TWO

Type Two is the most infrequent case, and following is an illustrative case history:

Common duct disease without jaundice, but with pancreatitis. Kidney function normal.

Operation: Drainage of the common duct. Palpable glands along the common duct. Pancreatitis confirmed.

Post-operative: Normal for the first twenty-four to thirty-six hours. Pulse then became accelerated. Patient became prostrated. Blood pressure fell. Urine became suppressed, then ceased entirely. Extremities were cold, clammy and moist. Infection, hemorrhage, gastric dilatation and other conditions have been reasonably excluded.

Course: Although coming on, twenty-four hours after operation, nevertheless, the picture is one simulating shock. It can be said to be an overwhelming intoxication, producing a complete vasomotor collapse.

The case is characterized by liver shock, terminal anuria and kidney failure. Some suggest that its clinical picture may be due to a liver or pancreatic toxin or ferment as a result of surgical trauma with inadequate liver protection.

These cases respond favorably to treatment. Transfusion and 10 per cent glucose in physiological salt solution intravenously are usually enough to build up the liver protection and rescue the patient.

TYPE THREE

Type Three may be either with or without cholecystectomy.

Case Report: Patient jaundiced. Diagnosis: common duct obstruction with cholangitis.

Operation: Drainage of the common duct.

Post-operative: Normal convalescence, until the fourth or fifth day. No evidence of hemorrhage or infection. Drainage becomes watery. Icteric index shows a gradual diminution. In spite of this, the patient becomes delirious, comatose, and death occurred, simulating a terminal cholemia, similar to the death that occurs in a case of an unrelieved obstructive jaundice.

What happened here? Conceding that we already have a compromised liver, have we induced a reaction in the form of an acute hyperemia? Do the liver cells function for a while, and then succumb shortly thereafter?

The presence of jaundice puts the patient into a distinct class as to operability and anticipatory mortality probability. It adds insult to an already injured liver. It introduces a new chemical, physiological, and pathological entity that has far-reaching effect on liver function.

Jaundice is the sum total of the retention of an accumulation of bilirubin in the blood stream. The normal content of bilirubin at all times is called *physiological* bilirubin. It is

measured quantitatively by the icteric index. It varies from three to six. When the index is above twenty, clinic evidence of jaundice is present, as shown by the visible discoloration in the skin, and sclera.

Icteric index of six to twenty is not clinically discernable. It is called *latent* jaundice.

Bilirubin is formed from the hemoglobin. It is produced by the reticulo-endothelial system, partly in the liver, but more so in the bone marrow and the spleen. The qualitative determination of this bilirubin per se is by the Vandenberg test, which gives what is known as indirect reaction. It occurs in hemolytic jaundice.

The function of the liver is to excrete bilirubin. Before doing so, it adds to bilirubin its exclusive liver product, the bile salts. In so doing, the bilirubin is altered from colloid to crystalloid form. The qualitative determination responds with a direct Vandenberg. It signifies an obstructive jaundice, in contradistinction to non-obstructive or hemolytic jaundice. It is a hepatogenous jaundice. It indicates some obstructive phase due to the reabsorption of a completely formed bile. It may be the result of intra- or extra-hepatic obstruction of the biliary passages, or the result of degeneration or dysfunction of the hepatic cells.

Icteric index determination, when repeated, shows whether jaundice is arrested or advancing.

The clinical estimation of the patient's resistance, aided by serial icteric estimations, is the most valuable of all means to ascertain in pre-operative estimation of the expected mortality possibilities.

The presence of jaundice also raises the question of incidence of hemorrhage, post-operatively. Clinical evidence of hemorrhagic tendencies may be seen in the skin. If the coagulation or clotting time is over eight minutes, hemorrhage is said to be likely. Some clinicians attempt to forestall this by the intravenous injection of 10 c.c. of 10 per cent calcium chloride for three successive days. It may be and usually is supplemented by transfusion, pre-operatively and post-operatively.

In this connection, the recent work of Lin-

ton is most interesting and important. His work was substantiated by Clute and Veal of the Lahey Clinic. By specific case proof in operative cases, they have shown that the estimation of the clotting or bleeding time was of little or no value in the prediction of the tendency to bleed. They proved that they could predict, pre-operatively, with great probability, hemorrhage in obstructive jaundice, by the use of the sedimentation rate of red blood cells.

In normal persons, the red cells tend to settle slowly 30 mm. in 30 minutes.

If the rate is accelerated, then the patient is said to have a tendency to bleed. This has been found in seven reported cases of obstructive jaundice at the Lahey Clinic.

From this we can deduce that blood transfusions are the more efficacious before and after operations in cases of obstructive jaundice. Such was resorted to in those where the sedimentation rate was speedy.

One more test is worthy of mention. It is the dye excretion test of liver function, analogous to that of dye kidney function test. Phenoltetrachlorophthalein can be removed from the blood stream within thirty minutes after its injection. The test can be combined with cholecystography. Any retention of the dye after thirty minutes is a manifestation of liver disease. Fifty per cent retention after thirty minutes indicates that the patient is a poor surgical risk and is most likely prone to hemorrhage and liver shock. Depending upon the degree of liver pathology in the associated hepatitis cholecystitis with jaundice gives about 55 per cent dye retention. Cholecystitis without jaundice gives a reading of about 27 per cent in thirty minutes. The test is therefore not useful in our Type One hyperpyrexia case; it is definitely useful in Type Three,—obstructive cholemia jaundice cases. It may be useful in Type Two,—liver shock cases.

Note the significant reduction in mortality figures by Graham since he instituted this test routinely at the Barnes Hospital in St. Louis Hospital, St. Louis, Missouri, in 1927. Before 1927, his death rate was 6 per cent; after, it was .4 per cent. He attributes this to the application of the dye test.

I purposely omitted the galatose tolerance test. Its use as a practicable test is obviated by the fact that before an abnormal finding is had (over 3 gms. in the urine), other tests will give advance information by inference, and also by clinical manifestations that are demonstrable. The liberal use of glucose also obviates this necessity.

It may be well to mention at this time the effect of liver bile saturation and retention on liver glycogen.

Forsgren showed experimentally that the percentage of glycogen in the liver is inversely proportional to the saturation of the liver bile. This is marked in common duct obstructions.

In the light of these experiences, rational therapy from a pre- and post-operative standpoint makes it incumbent upon the surgeon to enter a patient to the hospital at least two days prior to operation. A clinical estimation is made of the patient's resistance. Two definite objectives must be met: (1) Adequate water balance, and (2) setting up and increasing the glycogen reserve in the liver. The patient is not given any cathartics prior to operation. Each day an enema is given to evacuate the lower bowel. Patient is encouraged to drink fluids freely, particularly orange juice, lemonade, ginger ale, or any other fluid containing sugar. Tap water is given by rectum; saline under the skin; and glucose in the vein up to

2000 c.c. daily. The diet should be high caloric and carbohydrate, and low protein.

The routine tests of urine and blood are made. Blood chemistry, carbon dioxide, combining power is estimated, a kidney function is done, and the icteric index is determined.

In the presence of a jaundice, supplemental inquiries are made, serial icteric index measurements, Vandenbergh test, clotting time, and R. B. C. sedimentation, and liver function dye test.

Likewise, supplemental therapy may include intravenous calcium chloride, dilute hydrochloric acid, and last but not least, blood transfusion.

CONCLUSION

Various tests have been devised to detect some specific phases of failure of liver function. But no test or series of tests afford reasonable certainty as to what physiological or biological response one may expect from a liver subjected to surgical trauma when a laparotomy is performed.

Tests for liver function are important only when they confirm or supplement clinical evaluations, and when they have definite practical application.

However, certain criteria stand out like sore thumbs. By respecting them, one may minimize mortalities due to liver death; but one can never guarantee against these unexpected mortalities.

BIBLIOGRAPHY

1. E. A. Graham: Hepatitis, an Accompaniment of Cholecystitis; Surgery, Gynecology and Obstetrics, May 1918.
2. Peterman, Priest and Graham: The Association of Hepatitis with Experimental Cholecystitis in the Human; Archives of Surgery, January 1921.
3. Charles Gordon Heyd: Hepatitis Associated with or Sequential to Inflammatory Diseases of the Abdomen; Long Island Medical Journal, January 1923.
4. Charles Gordon Heyd: Hepatitis, an Associated Condition with Gall-Bladder Disease; Transactions of the Twenty-sixth Annual Meeting of the American Gastro-Enterological Association, 1923.
5. Charles Gordon Heyd: Surgery of the Gall-Bladder; The Canadian Medical Association Journal, 1927, XVII, 1023, 1029.
6. Charles Gordon Heyd: "Liver Deaths" in Surgery of the Gall-Bladder; The Journal of the American Medical Association, Dec. 19th, 1931, Vol. 97, pp. 1847 and 1848.
7. E. Starr Judd: Surgery of the Biliary System; Dean Lewis' Practice of Surgery.
8. Clute and Veal. Prediction of Hemorrhage in Obstructive Jaundice by the Sedimentation Rate; Lahey Clinic.
9. M. Baker: Liver Function Tests and Their Value to the Surgeon; New Jersey State Journal, August 1932.

CHRONIC ENDOCERVICITIS AND TREATMENT BY ELECTRO-COAGULATION

By SYDNEY G. FINE, M.D., Trenton, N. J.

From the Gynecological Service of the New Jersey State Hospital, Trenton, N. J.

Before discussing endocervicitis, let us briefly review some of the histology and pathological physiology of the cervix. The vaginal portion of the cervix is normally covered by stratified squamous epithelium similar in type to that of the vagina. At the external os, the epithelium changes to a columnar type with deep penetrating racemose mucous glands. Normally, the secretion here is of a thin, transparent, viscid and glistening nature.

When infection sets in, there is a destruction of the stratified squamous epithelium, with a resulting proliferation of the columnar epithelium and its branching cervical glands. Thus chronic endocervicitis, or erosion as it is commonly called, is essentially an infection of the endocervical glands.

It is recognized that cervical infection is one of the important sources of focal infection; a point of focal infection as important as the teeth, sinuses, tonsils, or prostate. It is also conceded by many leading authorities to be a factor in uterine cancer.

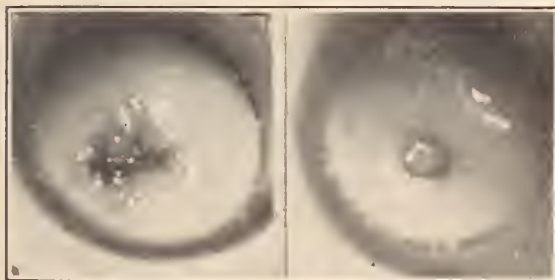


Fig. 1.—Enlarged Cervix with Erosions Around External Os. Mucoid Discharge Was Present. Cervix Bled after Wiping.

Fig. 2. — After Three Electro-coagulations. Cervix Normal.

therein, producing salpingitis and oophoritis, and pelvic abscesses.

ETIOLOGY

The causes of chronic endocervicitis are many and varied. The most common are trauma, due to instrumentation or childbirth, gonorrhea, exanthemata, protracted diarrheas and debilitating diseases. The organisms frequently found present are the gonococcus, the streptococcus, the staphylococcus and the colon bacillus.

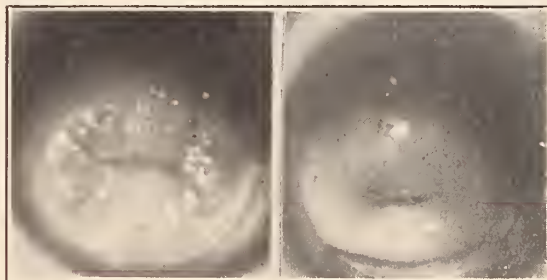


Fig. 3.—More Advanced Erosion and Marked Redness Around External Os. Profuse Yellowish Discharge Was Present. Cervix Bled Easily after Wiping.

Fig. 4.—After Two Electro-coagulations. Cervix Normal in Appearance. Canal Normal Size.

SYMPTOMS

In many cases the symptoms found are leucorrhea, backache, pelvic pain, bearing down sensations, dysmenorrhea and sterility. There may be no symptoms produced by the endocervicitis. This is an important reason for doing routine speculum examinations.

Upon examination with a speculum, the following conditions may be found to exist:

Chronic endocervicitis is also a forerunner of other pelvic infections. The infection spreads by way of the lymphatics to the myometrium and to the uterine ligaments, and structures

1. A normal sized, enlarged or conical cervix with an area of redness around the external os. Upon wiping the area with a pledget of cotton, slight bleeding and irregularity of the surface may be found. There is a discharge

present, usually yellowish—opaque and quite tenacious; this contains pus and pathogenic products. This is the *simple or virginal chronic endocervicitis*. (See photos Nos. 1 and 3.)

2. Enlarged, swollen cervix with lacerations present; single, bilateral or multiple. The discharge is of a similar type to the previous one described. The surface is irregular in appearance and where the infection is of long duration. The lips of the cervix may be everted, producing an ectropion. *Chronic endocervicitis with laceration*. (See photo No. 5.)

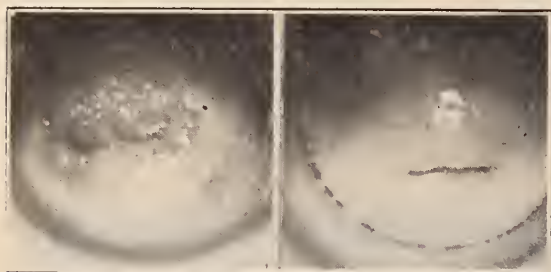


Fig. 5.—Cervix Enlarged. Transverse Os. Multiple Lacerations Present. Muco-purulent Discharge Exuding from Cervical Canal.

Fig. 6.—Cervix Normal after One Electro-coagulation.

3. Enlarged, swollen cervix with symmetrical or irregular elevation on cervical face due to nabothian cysts. *Chronic endocervicitis with nabothian cysts*. (See photo No. 7.)

4. Cervix enlarged with infected areas from whose external os protrude mucous polyp. *Chronic endocervicitis with polyp*. (See photo No. 9.)

5. There may be combinations of the above

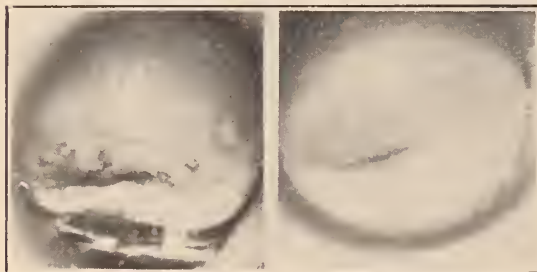


Fig. 7.—Cervix Enlarged. Profuse Discharge Present. Can Be Seen in Bottom of Speculum. Many Nabothian Cysts Visible on Surface of Cervix.

Fig. 8.—Cervix Normal after Four Electro-coagulations.

as a cervix with nabothian cysts and polyps, etc. (See photo No. 9.)

TREATMENT

Chronic endocervicitis can be and should be cured. In order to effect the cure, we must remove the entire infected area. For many years at the New Jersey State Hospital, Trenton, the Sturmdorf enucleation operation was the means of accomplishing this. About seven years ago, the simpler method of electro-coagulation was instituted and is now being used exclusively.

Electro-coagulation is the destruction of tissue by high frequency electric currents. The heat is generated within the tissue.

We use the unipolar method. That is, two electrodes are used. The active one is a small one. The indifferent one is a large electrode. The high frequency current passing through the body forms an apex at the smaller electrode, at which point coagulation occurs.

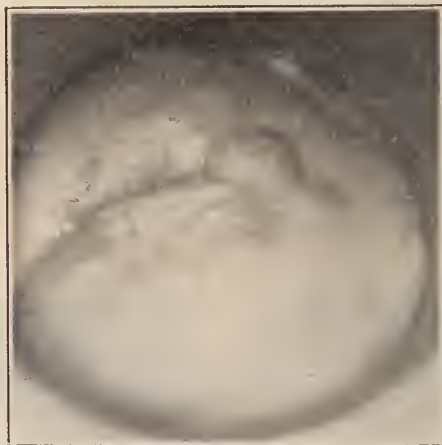


Fig. 9.—Cervix Enlarged. Polyp in Left Angle. Multiple Nabothian Cysts Present.

TECHNIC

The diathermy machine is set so that a spark is obtained which is about one-thirty-second of an inch in length and is bluish in color. On the machine used, the diatherm, the rheostat, is set at three and the spark gaps are closed down so that the spark is obtained when the active electrode is touched to an indifferent one. There is no pain associated and no anesthesia is required.

The patient is placed in the dorsal recum-

bent position with the heels in stirrups, knees flexed and thighs abducted. Light is obtained by using a head-lamp. The cervix is exposed by inserting a speculum (the Graves bi-valve is commonly used, but in obtaining these photographs a cylindroid form had to be substituted). The cervix is wiped dry with a pledget of cotton. The indifferent electrode (a piece of sheet lead, six inches by six inches) is applied to a thigh and held securely in position. The other electrode, the active one, one-sixteenth inch tapered aluminum needle which is contained in a hard rubber handle, is inserted into the cervical canal. Current is applied through a foot-switch.

The color of the tissue changes immediately. It becomes gray and opaque looking. The electrode is rotated within the canal so that all infected areas are reached. The current is shut off. The electrode is then removed from the canal and the cervix is examined to determine if further coagulation is necessary.

Nabothian cysts and polyps may be treated by same procedure. During the coagulation of the cysts, the heat generated causes the cysts to rupture and the contents to escape.

It is better to do as superficial a coagulation as possible. Care should be taken not to move the indifferent electrode, as minor burns may result if it is moved while the current is on. By placing the indifferent electrode on the thigh instead of on the abdomen, less complaints of cramps have occurred and also less discomfort.

For a day or more following the treatment an increased leucorrhea may result. The patient should be instructed about this. To overcome the excessive discharge, mild douches are used for a few days.

In about two weeks, the coagulated area sloughs out leaving a clean surface which is

covered over by normal squamous stratified epithelium.

Our patients are reexamined after four or five weeks and another coagulation treatment is given if evidence of infection remains.

The author has subjected more than 3000 patients to the number of treatments necessary in the past three years, and no case has failed to respond.

- 39% of patients required 1 electro-coagulation.
- 29% of patients required 2 electro-coagulations.
- 13% of patients required 3 electro-coagulations.
- 8% of patients required 4 electro-coagulations.
- 2% of patients required 5 electro-coagulations.
- 91% of patients required 5 or less electro-coagulations.
- 9% of patients required 6 or more.

No serious results have occurred in any of these. No selection was made in cases. There has been no lighting up of old pelvis inflammation; on the contrary, following healing of endocervicitis the pelvis inflammation has been more amenable to treatment. Bleeding occurred in a few cases at the time of separation of coagulated material but was never serious and was controlled by placing patient in bed for a few days.

A badly lacerated cervix may be repaired by the same technic as in treating simple chronic endocervicitis.

CONCLUSION

Endocervicitis is an infection of cervical glands. It is an important focus of infection. There may be no subjective symptoms. A speculum examination should be made in all cases. Endocervicitis can be cured by electro-coagulation and has many advantages over more radical operations.

The author is deeply appreciative of the kind courtesy and aid given in the preparation of this paper by Dr. R. G. Stone, Medical Director, and Dr. J. B. Spradley, Assistant Medical Director. He is also greatly indebted to Mr. R. James Foster, photographer, for the preparation of original and perfect photographs of these cases.

MEDICAL COMPLICATIONS OF DIABETES MELLITUS

By I. M. RABINOWITCH, M.D., Montreal, Canada

Delivered at the General Session of the Annual Meeting of The Medical Society of New Jersey, Atlantic City,
June 3rd, 1936

I have been asked to speak about *medical* complications of diabetes mellitus by which, I take it, was meant conditions controllable by methods other than surgery and due only directly to the diabetes, since diabetics are no less liable to illness than non-diabetics.

The complications of diabetes, as a whole, may be divided into two groups; namely, (a) those due to the disease; and (b) those due to treatment of the disease.

DIGESTIVE DISTURBANCES

Fortunately, complications due to treatment have greatly decreased within recent years with better knowledge of the metabolism of diabetes and more liberal use of carbohydrates. The digestive upsets which were common with the high fat diets are now rarely met with. These disturbances were, however, not due entirely to the fat. Because of the low carbohydrate contents of the diets, bran was used in large quantities and many of the digestive disturbances were due to its irritant action. There is, however, as yet, much to be known about the gastro-intestinal tract in diabetes. That the two are intimately related is suggested from the hypertrophy of the duodenal mucosa in diabetic coma and clinical and laboratory experiences with duodenal extracts. Constipation is another example. It is still a very common complaint; and though diet, drugs and exercise are helpful, they do not cure it. In some of our cases where there was also achlorhydria, dilute hydrochloric acid has been found helpful, though curiously enough it would appear that achlorhydria also predisposes to diarrhoea.

The achlorhydria itself appears to be a complication, since it is rarely found in children when the diabetes is under proper control.

PERNICIOUS ANAEMIA

Achlorhydria is a characteristic finding in pernicious anaemia, and there has been much speculation about the relationship between this blood dyscrasia and diabetes. The association

of the two diseases is certainly not as rare as was at one time believed, but, in my opinion, there is very little to suggest a causal relationship. The data which suggest such relationship appear to be due to the fact that, to use a life insurance term, we are "selecting against" the disease. Pernicious anaemia is not very common. It is certainly less common than diabetes, and when consideration is given to the fact that the diabetic who also has pernicious anaemia is more likely to seek treatment than the diabetic who is free of this disease, and the fact that the only individuals with pernicious anaemia who consult clinics for diabetes are those who also have glycosuria, the statistical evidence is very much against such relationship.

CANCER

This, incidentally, I believe, may also be said of the alleged relationship between cancer of the pancreas and diabetes. According to our own statistics at least, when due consideration is given to age, malignancy is no more common amongst diabetics than amongst non-diabetics. Amongst the last 2500 diabetics admitted to the wards of this hospital, the disease was complicated by malignancy in seventy-eight cases—an incidence of 3.1 per cent; whereas 2.9 per cent of the non-diabetic patients had cancer. Cancer of the pancreas accounted for 3.8 per cent of all malignant growths amongst the diabetics; whereas, it was found in 1.5 per cent only of the non-diabetics. It would thus appear that cancer of the pancreas is more common amongst diabetics than amongst non-diabetics; and this is supported by data of other clinics where much higher incidences have been found, ranging between 13 and 30 per cent; but to assume an important aetiological relationship between cancer of the pancreas and diabetes because of these high percentages is, in my opinion, erroneous, for, here, also, as with pernicious anaemia, we are "selecting against" the disease. These high incidences found in clinics for diabetes no more reflect

true conditions than do mortality rates of maternity hospitals reflect the true maternal mortality rates of large populations in general.

There is no doubt that a malignant growth can destroy the pancreas and produce a condition somewhat similar to the partially depancreatized animal, but this, because of the anatomy of the pancreas, must be very uncommon. Cancer of the pancreas generally involves the head and body; whereas, the greater part of the insulin-producing tissue is in the tail. There is also the fact that even with widespread distribution of the malignant growth, the islet tissue may escape owing to the anatomical arrangement of the blood supply to this organ. Proof of the uncommon occurrence of diabetes with cancer of the pancreas is the uncommon finding of glycosuria; statistics show an incidence of about 15 to 20 per cent only. The very high incidence of cancer of the pancreas found in clinics for diabetes is, in my opinion, due to the fact that it is the glycosurics only who seek treatment in such cases. There is, therefore, a "selection against" the disease. Cancer is more a complication than an aetiological factor, and there is no doubt that, within recent years, as in non-diabetic populations in general, the incidence of this disease has increased. The reason, however, is largely the fact that the majority of diabetics develop diabetes at about middle age, and the fact that owing to better methods of treatment both with diet and insulin once they develop the diabetes they now live long enough to develop cancer.

WEAKNESS

It was not uncommon in the past to meet with diabetics who looked and felt quite ill, in spite of apparently perfect control of the disease, judging from the laboratory data; and amongst these individuals, weakness was a very common complaint. This complication is also disappearing. In the past, it was generally attributed to the under-feeding. This does not, however, appear to have been the cause, since the caloric contents of our new diets are not only not greater, but, in many instances, less than those of the older diets. The chief rea-

son, in my opinion, was failure to maintain nitrogen equilibrium. Carefully controlled nitrogen studies have shown that it was very difficult to keep patients in nitrogen equilibrium with the high fat diets; whereas, retention of nitrogen is one of the earliest metabolic changes noted when the older diets are replaced by the new.

SKELETAL GROWTH

Inability to maintain nitrogen equilibrium was, I believe, also a very large factor in the stunting commonly met with in the juvenile diabetic. The tendency was to suspect lack of growth hormone. Our nitrogen data and correlation of growth rates with the old and new diets, however, clearly indicate that the nitrogen metabolism was a much more important factor. One of the most striking metabolic findings in such cases of stunting is retention of nitrogen when the diets are made liberal with respect to carbohydrates and the diabetes is brought under control.

AMENORRHOEA

Much the same may also be said of disturbances of menstruation. Though these may undoubtedly be caused by disturbances of pituitary function, with control of the diabetes, with or without insulin, they disappear in the majority of cases. Control of the diabetes does not, however, merely mean keeping the urine free of sugar and the blood sugar at the normal level; nitrogen equilibrium is much more important. Failure to reestablish the proper menses by control of the diabetes should arouse suspicion. Amenorrhoea or menstrual irregularities may obviously be due to a variety of conditions—thyroid disease, mode of life, etc. Neuritis in a diabetic is not necessarily due to the diabetes. This also applies to menstrual irregularities.

TUBERCULOSIS

Nitrogen equilibrium, I believe, also explains largely the decrease of tuberculosis and of morbidity rates in general—furunculosis, upper respiratory infection, etc. The experiences with tuberculosis are very impressive, in view of

the constant dread of this disease in the past. This disease is now no more common amongst diabetics than amongst non-diabetics and, as with weakness, it is difficult to attribute the difficulties in the past to under-feeding alone. The decrease of tuberculosis in our clinic is still more impressive when consideration is given to our routine practice; practically all of our patients are referred to the Chest Clinic of the hospital at regular intervals and they also have x-ray examinations periodically. By paying special attention to it, we are thus here also "selecting against" the disease. Our statistics should, therefore, tend to show an increase rather than a decrease.

NITROGEN METABOLISM

If we are to judge from the literature, very little attention is now being paid to the nitrogen metabolism of the diabetic. I have, therefore, purposely referred to a number of conditions where nitrogen studies may be at times very helpful. Insulin has been such an overwhelming therapeutic success that there has been a tendency to do away with the elaborate methods of examination which were made use of prior to the advent of this drug. I am not suggesting that the general practitioner cannot treat his diabetics successfully without intricate knowledge of the respiratory and nitrogen metabolism in this disease. In my opinion, however, there is still much we may learn from such data; and, I believe, it is the duty of hospitals with laboratories properly equipped for this type of work to continue it. I must say that I still, at times, enjoy seeing our Kjeldhal apparatus functioning to its full capacity.

COMA

Coma is, of course, a complication of diabetes and, fortunately, the incidence of this condition has greatly decreased not only because of better diagnosis, but better appreciation of its metabolism. Diabetic coma is not due to sugar in the urine, but to ketone bodies in the blood; and the latter have their origin largely in fat. This alone suggests a relationship between diet and coma. Proof is found in actual practice. Last year, we published our

experiences with ketonuria since the discovery of insulin (*J. Can. Med. Assoc.*, vol. 33, p. 136, 1935). This study was based upon 10,725 examinations, and the cases were divided into three groups, according to the diets. They clearly showed that, as we increased the carbohydrate contents of our diets, the incidence of acetone decreased from a maximum of 9.0 per cent to 1.8 per cent. We can now report further progress. Early in April of this year, as I was preparing a clinic for our students, I asked Dr. A. F. Fowler if he would examine our records of last year *at random* and count the number of patients until he found ten with "acetone" in the urine according to the sodium nitroprusside test. The count was 1526. With the institution of treatment with the high carbohydrate-low calorie diet, the incidence of ketonuria in our clinic has therefore decreased from a maximum of 9 per cent to approximately 0.6 per cent; and this decrease, as in the previous study, is reflected in our clinical experiences with coma. In spite of our large diabetic population, we now see three or four cases only of diabetic coma a year. During the last trimester—a period of twenty weeks—we were unable to show our McGill students at the Montreal General Hospital a single case.

DEATHS FROM INSULIN

I shall not deal with the details of diagnosis and treatment of diabetic coma. These are, and should by now be, well known. I should, however, like to say that, from my own experience at least, the fear of insulin is still too common, in spite of the fact that the diabetic in coma is obviously dying; and is dying because of a condition which insulin can prevent. Coma accounted for about two-thirds of all deaths amongst diabetics before insulin. The institution of the principle of undernutrition in the treatment of diabetes alone reduced the mortality from this condition about 33 per cent; but, with insulin, except in cases of infection, coma should be a negligible cause of death, since it is preventable and curable. There is no doubt that deaths from coma have greatly decreased, but they are still too common; whereas death due to insulin is very rare.

These two facts cannot be emphasized too much. Millions of people throughout the world are being treated with insulin and there are probably many millions of hypoglycaemic reactions every year. There are, however, about thirty cases only of death from insulin recorded in the literature; and with more liberal use of carbohydrates, such deaths should be still rarer. The rarity of death from insulin is probably due largely to liberation of adrenalin when the hypoglycaemia reaches the convulsive stage. The excess adrenalin, in turn, leads to mobilization of the glycogen from its stores in the body and this, in turn, leads to an increase of blood sugar.

COMPLICATIONS OF DIABETIC COMA

Insufficient use of insulin may not, however, be the only cause of death in coma. Though of paramount importance, three other possible conditions should never be overlooked, namely, (a) dehydration, (b) circulatory collapse and (c) anuria. Treatment of these conditions are too well known to require further comment, except to say that, with newer knowledge of physiology, we now appear to have the explanation of the success in the past with sodium chloride. Before the days of insulin, it was a well-known clinical fact that the diabetic with acidosis and oedema tended to live longer than the diabetic with acidosis but with no oedema. It would now appear that this was not due to the oedema, but to the salt which led to the oedema; sodium chloride in some as yet unknown manner appears to aid in the utilization of carbohydrates.

LOCAL REACTIONS FROM INSULIN

One or two of the milder complications of insulin should also disappear with a better understanding of their conditions. Painful lumps largely disappear when "rubbing" alcohol is replaced by the pure ethyl product. The former may contain appreciable quantities of formic acid and formaldehyde, both of which are irritants. Avoidance of undue trauma and frequent change of site of injection tend to prevent atrophy of subcutaneous fat; though this condition is of very little importance.

From many years of experience, we now know that atrophy of subcutaneous fat, following insulin generally met with the fat and, in the juvenile diabetic, is perfectly compatible with good health, long life, and gain of carbohydrate tolerance.

PROTAMINE-INSULIN

Brief mention may be made here of the "insulin-waster". Uncontrollable wasting of insulin may be rightly included amongst complications because failure to control the marked hyperglycaemia often met with in such cases means uncontrollable diabetes, the complications of which are many. An additional complication in these cases are the severe hypoglycaemic reactions when an attempt is made to increase insulin dosage. Fortunately, for the treatment of this complication, we now have protamine-insulin. With the high carbohydrate-low calorie diet, at least, we have found this new compound of insulin very satisfactory. Two, three and more injections of the regular insulin have been replaced with large single doses of the protamine compound, and we have not, as yet, met with the severe reactions reported in the literature. There are probably a number of reasons for these differences of results. Firstly, our diet is rich in carbohydrates; secondly, with the high carbohydrate-low calorie diet the food is not divided into three equal meals, but some food is taken between meals and at bedtime; lastly, no attempt is made in our cases to treat the diabetes with both types of insulin.

That our method of treatment does not, however, alone account for absence of severe reactions is clearly shown by our experiences with perfectly normal individuals (medical students). We have repeatedly given these experimental subjects as much as fifty units of the protamine-insulin at one injection and, though deprived of food and fluids of any kind, except water, for the following twenty-four hours, none of these normal subjects has, as yet, had a severe reaction. In isolated instances, there were very mild disturbances for which no treatment of any kind was necessary. We have, to date, given hundreds of injections

of as much as eighty to one hundred and more units of protamine-insulin to well-controlled diabetics who, we found, had reactions with much smaller quantities of the ordinary insulin.

These results, I believe, are due to the disproportion between the rate of mobilization of glycogen and the rate at which the blood sugar is lowered by the insulin. With ordinary insulin, when the hypoglycaemic level is reached, adrenalin is liberated and this, in turn, leads to mobilization of glycogen, but the action of the adrenalin is not as marked as the action of the insulin. The blood sugar, therefore, continues to fall; whereas, with protamine-insulin, owing to the slow rate at which the insulin is liberated from the protamine-compound, the effects of the adrenalin are much greater than the effects of the insulin. There are, therefore, very slight reactions, or none at all.

We are also now obtaining much better results than in the past by not using the protamine-insulin mixture until it is five days or more old. It would appear that, in the freshly prepared product, an appreciable amount of insulin is not chemically bound with the protamine; some of it is still in solution, but the major portion is absorbed onto, rather than chemically bound with, the precipitate. We now also know that protamine-insulin is quite stable. We have kept it in the refrigerator of the laboratory and exposed it to room temperature for different lengths of time; and material exposed to room temperature for as much as four months has been found to be as effective in the lowering of the blood sugars of the diabetics as the freshly prepared product.

I know that these experiences with protamine-insulin do not agree with others, according to published data. Severe and unpredictable hypoglycaemic reactions have been met with to such an extent that they have prompted editorial comment. My explanation of the absence of reactions in our cases may be proven to be incorrect; but the incontestable and practical fact is that with the method used we are having very satisfactory results with this compound; and as yet have not observed any harmful effects. I wish here to acknowledge my indebtedness to Professor C. H. Best for the free

supply of this insulin from the Connaught Laboratories for our experimental work.

GALL-BLADDER

What to do with the "gall-bladder" diabetic is not a simple problem. The necessary surgical measures in acute and sub-acute cases—acute and sub-acute cholecystitis and cholelithiasis—are obvious. The difficulty is with the fairly quiescent case, for there is no doubt that disease of the gall-bladder and diabetes are intimately related. Our own statistics have shown that, approximately, nine times as many patients with disease of the gall-bladder and its passages had diabetes as would have been expected, had the influencing factors been completely independent. A detailed analysis of the various forms of the disease showed that the incidence of diabetes was greater in cholecystitis than in cholelithiasis; and that in acute pancreatitis the incidence was forty times greater than chance alone would allow. From a biometrical point of view, a causal relationship between the diseases was therefore definitely demonstrated. The consensus of opinion is that diseased gall-bladders should be removed, not only to prevent diabetes, but also in the hope that the operation might alleviate an existing diabetes; and, from our own experiences at least, it would appear that, when the patient is properly prepared for the operation, and with proper control of the diabetes during and after the operation, the surgical risk is no greater than amongst non-diabetics. In fact, the risk has been less; one of our surgeons, Dr. A. T. Bazin, has now performed fifty-four consecutive cholecystectomies amongst our diabetics without a single death. The gall-bladder diabetic is, however, as a rule, a mild diabetic; and though we no more fear surgery in the diabetic, providing the patient is properly prepared and receives proper post-operative medical care, it is wise to postpone operation for a number of reasons, unless conditions are ideal. Contrary to expectation, the diabetes in an appreciable number of such cases is not only not cured by operation, but there may also be no improvement of carbohydrate tolerance, except in cases with acute infections of

the gall-bladder and here, judging from experiences with infection in general, the improvement is more likely due to the relief from the acute infection. The gall-bladder diabetic, as stated, is, as a rule, a mild diabetic, and there is very little to support the view that such operations have led to prolongation of life. The fact that diabetes has often occurred *after* operation is also disturbing and, in selecting such cases for surgery, careful attention should be paid to family history. An individual with a family history of diabetes is less likely to benefit by operation than one with no hereditary tendency towards the disease.

Parenthetically, it is of interest to note that there has been a marked decrease in the incidence of cholelithiasis in our clinic. Dr. A. F. Fowler, who has taken a special interest in this phase of diabetes, first brought this decreased incidence to my attention and has suggested that it may be due to the alteration of the metabolism of cholesterol which usually follows institution of treatment with the high carbohydrate-low calorie diet.

ARTERIOSCLEROSIS

Arteriosclerosis is the outstanding medical complication of diabetes today; it accounts for more than half of all deaths and it has thus replaced coma as the major cause of death; and the more we know of its pathology, the more reason we have to believe that it is caused by, rather than the cause of, diabetes. Theoretically there would appear to be no reason why advanced arteriosclerosis should not interfere with the blood supply to the pancreas as elsewhere and thus lead to a condition corresponding to the partially depancreatized animal. Opposed, however, to this view is the decreased incidence of diabetes with advanced age beyond fifty-five years and improvement of the diabetes with age amongst arteriosclerotics who had developed diabetes past middle life. Suggestive, also, is the newer knowledge of "glomus" sclerosis.

CORONARY ARTERY DISEASE

In persons with arteriosclerotic heart disease particular attention should be paid to the

history with regard to the possibility of previous attacks of coronary occlusion, for this condition may be, and has been, precipitated by hypoglycaemic reactions. Fortunately, with the more liberal use of carbohydrates, the possibility of this occurrence is greatly diminished; in our experience, fewer patients require insulin with the high carbohydrate-low calorie diet than with the older diets of higher fat and lower carbohydrate content and amongst those who do require insulin the requirements are appreciably less than with the older diets. The effects of change from the old to the new diets in the cases with coronary artery disease have at times been most striking not only clinically, but, also, according to the electrocardiograph. Incidentally, in view of the care with which insulin must be used in these cases, it may not be entirely out of place here to again warn about the danger of assuming that the hyperglycaemia and glycosuria met with in acute attacks of coronary occlusion are always due to diabetes.

GANGRENE

Gangrene of the lower extremities is a surgical condition and is also too well known to require much comment. It has, however, its medical aspects. I should, therefore, like to emphasize a few facts.

Gangrene is one of the most difficult complications to treat in the diabetic and, like coma, is in the vast majority of cases preventable. Nevertheless, amongst the last 2500 diabetics admitted to the wards of our hospital, 159—6.5 per cent—were admitted because of gangrene, and of these 159 cases there were thirty-six deaths—an incidence of 22.6 per cent. Until 1927, gangrene accounted for 3.5 per cent only of the total admissions of diabetics to our wards. The incidence has thus practically doubled. This increased incidence is, however, more apparent than real. Owing to the limited number of beds, we have, for a number of years, made it a practice to admit to the wards of the hospital patients with complications only. Practically all mild diabetics are now treated in the out-door clinic, and even moderately severe diabetics are taught to take insulin without admission to the wards.

The onset of the diabetes and the ages of these 159 patients with gangrene clearly emphasize a very important fact in the prevention of this complication, namely, the older the individual at the time of the development of the diabetes, the greater is the probability of the development of gangrene and, therefore, the greater are the precautions which are necessary to prevent it. We have much to learn from the Japanese in the care of feet; gangrene is extremely rare amongst diabetics in that country.

GANGRENE SIMULATING NEURITIS

Neuritis in the lower extremities is common in the diabetic, and herein lies one of the greatest dangers of incomplete physical examination, because of the marked similarity at times between sciatica and early gangrene. Pain extending to the toes, coming on suddenly, and at times causing limping, should arouse suspicion. Special inquiry should be made as to discoloration of the same limb, and special attention should be paid to sudden changes of temperature of the skin as it is examined from the hip downwards. This combination suggests threatening gangrene. This applies, particularly, if, on examination the foot is found to be pale and cold and at other times congested. The diagnosis of early gangrene is probably correct if the pulse in the posterior tibial artery is obliterated and almost certain if there are no pulsations in the popliteal artery.

ARTHRITIS AND NEURITIS

Nor having excluding threatening gangrene should pain be lightly dismissed with a diagnosis of diabetic neuritis. Failure to respond to proper control of the diabetes may be due to some disease of the spinal cord or of the pelvis—an arthritis or fibrositis. X-ray examination should be a routine in all such cases when the clinical picture is not clear, especially when the condition is obstinate, in spite of control of the diabetes. Pain relieved by reduction of activity or rest in bed points towards arthritis; whereas, the pain of true diabetic neuritis is generally more marked during the night and is relieved by walking.

INFECTION OF THE TOES

I should like to say a word about another form of threatening gangrene—infection of a toe. Though, theoretically, it is more surgical than medical, it is the physician who first sees the condition and upon whom depends much of its progress. As a matter of fact, as I shall presently show, in our experience at least, the proper treatment is largely medical. The picture is characteristic. It usually follows some slight injury and the course is rapid; infection is soon followed by extension of the cellulitis to the dorsum of the foot, which becomes markedly oedematous. The condition may occur in the non-arteriosclerotic as well as in the arteriosclerotic, but, as a rule, the foot is warm and the pulsations of the blood vessels are good.

A variety of methods have been suggested for the treatment of this condition. The foot has been elevated for reduction of the oedema; and it has been lowered to improve circulation. Baking and other methods have also been used to improve circulation. Dry and moist dressings have been used with and without antiseptics. A careful study of our own cases, however, showed that, in a great majority, providing there has been no bone involvement (according to x-ray examination), the condition was best controlled by leaving the patient alone except for *complete rest in bed with no bathroom privileges; application of dilute alcoholic dressings and intensive treatment of the diabetes*. Elevation of the foot for control of the oedema may at times appear reasonable, but the fact should be recognized that, when the circulation is poor, elevation may lead to a decrease rather than an increase of blood supply, and thus interfere with healing. This applies particularly to the diabetic with generalized vascular disease. Lowering of the foot to promote circulation may at times have its advantages, but it also has its disadvantages. It now appears to have been clearly demonstrated that the blood supply to the foot is at a maximum, not when the foot is lowered, but when it is kept in the ordinary horizontal position of bed rest. Bakings also have their disadvantages. An important fact which may

be overlooked at times is that, though the heat of the baker generally increases the metabolism of superficial tissues, it does not necessarily imply it will also increase the blood supply. An increased metabolism demands an increased supply of oxygen. It is obvious, therefore, that unless the circulation to the parts is also increased by the baker, the threatening gangrene may be aggravated rather than improved.

With regard to the use of antiseptics in such cases, our impression is that picric acid dressings have been harmful, and when one appreciates the pharmacology of benzene compounds—the antiseptic and toxic properties of OH , NO_2 , COOH and CH_3 radicals, etc.—this impression is supported by the facts of chemistry. Proper evaluation of the different methods of treatment was not simple. A variety of factors had to be considered in the interpretation of our own data; age of the individual; control of the diabetes; presence or absence of fever; temperature of the foot independent of the infection; presence or absence of pulsations in the large vessels; degree of rest—whether rest in bed was complete or whether the patient was allowed bathroom privileges; use of antiseptics, etc. However, the combined data, we believe, show that our best results were obtained, as I have stated, when treatment was confined to complete rest in bed without bathroom privileges, mild alcoholic dressings and control of the diabetes.

PASSIVE VASCULAR EXERCISES (PA-VA-EX)

May I here say a word about passive vascular exercise. Confronted with an arteriosclerotic extremity in the diabetic and with signs and symptoms of threatening gangrene, there is reason to believe that we now no more face the hopeless situation of the past in some cases and for this we have to thank Dr. Louis G. Herrmann, of Cincinnati. As with all other forms of therapy, however, the results depend upon the degree of intelligence with which this form of treatment is applied. To use it properly, it is important to clearly understand the object of the treatment, its limitations and contra-indications. The first consideration in all well-established forms of therapy is con-

trol of the diabetes and attention to the physical condition of the patient in general. "Pavaex" treatment is no exception to this rule. "Pavaex" is merely a more effective means of increasing the blood supply to the affected parts; no more is claimed, and, as far as I know, has been claimed, for it by its author. Where heat or some other measure is also necessary, as in acute and sub-acute infectious processes, this form of treatment must alone, of necessity, be ineffective, as it supplies one only of the necessary measures. With infection, "pavaex" treatment should never be attempted without the advice of the surgeon, since the treatment may spread rather than localize the infection. The surgeon also must exclude the possibility of a deep-seated infection which may require drainage for the relief of tension. My own impression is that "pavaex" should not be used when there is any infection.

"Pavaex" is meant to increase the patency of the finer blood vessels. Therefore, to expect it to enlarge or open new pathways where they no more exist is physiologically unsound. One must not, however, assume that these pathways no more exist merely because there are no pulsations in the large vessels of the foot and because there is occlusion according to the x-rays. For some unknown reason, about 15 per cent of normal people have no pulsations in one or other of the large vessels and, though there may be marked calcification of the arteries, the foot may be fairly warm, and a fairly warm foot implies a fairly good supply of patent vessels. As with all other methods of treatment, the best results are obtained by systematic investigation and, for this reason, we now have in our hospital a special clinic for passive vascular exercises under the direction of one of our surgeons, Dr. H. M. Elder. Finally, passive vascular exercise may, with more experience, be found of diagnostic value in the differentiation between pain of neuritis and of vascular disease. In our clinic, we are now also giving consideration to its possible application in the *prevention* of occlusion. If "pavaex" can improve the patency of blood vessels with advanced disease, theoretically, at least, it should be more effective when the ves-

sels are more elastic and less occluded. The disappearance of pain and relief of intermittent claudication noted by De Takats is suggestive.

The conditions which I have dealt with do not complete the list of complications. They, however, include the more important, and were selected for another reason—to emphasize the importance of thorough clinical examination of the diabetic. Careful attention to the clinical picture is much more important than laboratory tests. A diabetic may look and feel quite ill in spite of freedom from glycosuria and a perfectly normal blood sugar, and hyperglycaemia and glycosuria are not necessarily incompatible with good health. Careful physical examinations may often reveal an unsuspected cause of large insulin requirements, and thus not only serve to differentiate between permanently severe diabetes and mild diabetes made temporarily severe, but may also lead to reduction of insulin dosage by adequate management of the complication.

PRURITUS

A pruritus vulvae, for example, should not be lightly dismissed as due to diabetes, particularly if response to treatment of the diabetes is not immediate. If, at the end of two or three days, the pruritus has not disappeared, it is almost certainly due to, or is aggravated by, some gynaecological or urological condition.

MASKED INFECTION

With progressive loss of carbohydrate tolerance, in spite of careful attention to treatment, hidden foci of infection should be sought for.

As far as I know, there is nothing which can cause loss of carbohydrate tolerance more readily than infection with, or without, fever.

DELAYED HEALING OF WOUNDS

It may afford some relief to the surgeon to attribute a slow healing wound to the diabetes, but, from my experiences with well over a thousand operations since insulin, I believe it may be definitely stated that wounds of dia-

betics, when the disease is properly controlled, heal as well and as readily as those of non-diabetics. When wounds fail to heal, careful search should be made for some other cause, especially for some debilitating condition; investigation for some local irritant or a Wassermann test are just as important as, if not more important than, examination of the sugar content of the blood.

DISEASE OF THE LIVER

There was very little new in anything which I have said, and I note that, according to the rules of this Society, papers must contain "material of an original nature". I should, therefore, like to refer briefly to another complication of diabetes, namely, disease of the liver.

Diabetics, as a group, are no less liable to the variety of disease of the liver than non-diabetics. With these, we are not now concerned. In addition to these conditions, however, enlargement of the liver is common amongst diabetics and this enlargement is apparently due to fatty infiltration. This is suggested from the rapid decrease in size noted at times with control of the diabetes. It is of interest here to note that fatty infiltration of the liver is readily produced in the completely depancreatized animal, and, as Best has shown, the condition is greatly exaggerated, in spite of insulin therapy, when the choline content of the diet is kept low. Fatty infiltration of the liver is also a common post-mortem finding in the human diabetic in death due to diabetic coma. In fact, reference to fatty infiltration is one of the oldest observations on the pathology of diabetes. Mead first drew attention to it in 1784.

The possible degrees of enlargement and the rate at which the liver may decrease in size is seen in one of our cases.

Case 1.—A girl, 17½ years old, a diabetic of 7½ years duration and a patient in this clinic since 1929, was admitted to the hospital into the service of Dr. C. P. Howard on February 4th, 1935, in coma. The liver edge was then found 19 cms. below the costal margin in the mid-clavicular line. She recovered fully from the coma, and the subsequent course was uneventful, except for the rapid recession of the edge of the liver which was at the costal margin

when she was discharged from the hospital on February 25th,—twenty-one days after admission.

She was readmitted about three months later (May 29th) again with severe acidosis, but not in coma (Hosp. No. 2522/35) and, at this time, the liver edge was found 23 cms. below the costal margin in the mid-clavicular line. Again, following control of the diabetes, the liver edge receded rapidly, and when she was discharged from the hospital on August 5th, it was at the costal margin.

She was readmitted to the hospital nine days later (August 14th) (Hosp. No. 3847/35) and the liver edge was then found 10 cms. below the costal margin. With treatment, it again receded and was at the costal margin on her discharge from the hospital on August 26th. When she returned to the Out-door Clinic for Diabetes on September 10th, the liver edge was again found 10 cms. below the costal margin.

On April 28th, this year, it was, according to x-ray examination, about 20 cms. below the costal margin.

Case 2.—I saw a case of still more marked enlargement when this paper was in preparation. One of our juvenile diabetics, a boy (H. C.) aged 16 years, with the disease of two years' duration, reported because of enlargement of the abdomen. The control of the diabetes has always been very poor because of repeated dietary irregularities and the insulin dosage has increased from 10 units in 1934 to 50 units. The enlargement of the abdomen was found to be due to the liver, the edge of which, both according to palpation and x-ray examination, extended well into the pelvis.

EFFECTS OF BETAINES

In a careful study of such cases, we found that, in addition to anatomical changes, there may be functional impairment also; hyperbilirubinaemia, for example, was common. In many of these cases, the cholesterol content of the blood was also increased. It, therefore, appeared reasonable to suspect that constant exposure to excess quantities of cholesterol in the blood may have the same effects upon the liver in the human being as those which were found by Best and his co-workers in animals after feeding cholesterol. To test this possibility, a group of diabetics was selected who not only failed to respond properly to treatment, but who also had excess quantities of bilirubin and cholesterol in the blood. The experiences with ten such cases are being reported elsewhere (*J. Can. Med. Assoc.*, Vol. 34, page 637, 1936). Each of these cases had been under observation for at least one year before, and at least one year after, treatment with betaine. Briefly, the data showed that though the be-

taine had little or no effect upon the blood cholesterol, it led to definite improvement of liver function; of 113 tests during the control period, the average amount of bilirubin in the blood was 0.86 units; whereas, after administration of the betaine it was 0.49 units—a reduction of approximately 57 per cent.

From the combined data, I have the impression that there has also been some improvement of carbohydrate tolerance in some of these cases and that the improvement paralleled improvement of liver function. However, an impression is not proof and a much longer period of observation will be necessary, in view of the gains of carbohydrate tolerance generally noted with the high carbohydrate-low calorie diet. The data are, however, very suggestive, in view of the fact that these patients were selected for this study because they were regarded as failures in their response to treatment.

It is of interest here to note that the average protein content of the high carbohydrate-low calorie diet is appreciably higher than that of the older diets of much higher fat and much lower carbohydrate contents. An interesting speculation, therefore, is whether, aside from carbohydrates improving and fats depressing, carbohydrate tolerance, as shown by Hims-worth, some of the improvement noted with this diet may not be due to its protein content, in view of the observation by Best and his co-workers that some proteins are, per se, lipotropic. Should this be found to be so, it is obvious that, in the future, in the construction of diabetic diets, consideration will have to be given not only, as in the past, to carbohydrates, fat, protein, etc., but also to content of choline and its derivatives. The definitely proven harmful effects of cholesterol, and the tendency of certain fats to cause fatty infiltration more readily than others may also have to be considered. Best (personal communication), for example, has found that beef drippings were more effective in producing fatty livers than butter. The experiences I have mentioned, therefore, certainly warrant further investigation of the effects of betaine in human diabetes, especially in view of the fact that no

harm was observed with it and that, compared with the dosages of choline which were used in the experimental animal, the amounts of betaine used in these cases of diabetes were small.

ARTERIOSCLEROSIS

Finally, I should like to refer again to one of the complications with which I dealt at some length, namely, arteriosclerosis, but from another point of view—prevention. From a careful study of some of our patients over a period of five years, we had good reason to believe that the high carbohydrate-low calorie diet delayed development of this complication (*Ann. Int. Med.*, vol. 8, p. 1436, 1935). This belief is supported by more recent experiences. In view of the fact that arteriosclerosis has now become the most important complication in diabetes, and in view of these experiences with the high carbohydrate-low calorie diet, it may not be entirely out of place to deal briefly with this diet. That there have been some difficulties with it are obvious from comments in the literature and otherwise.

Diabetics have been treated with the most bizarre forms of diet. There are three different food materials—carbohydrate, fat, and protein; and there are three different ways of using them—in normal quantities, in increased amounts and in decreased amounts. Mathematically, therefore, there are twenty-seven possible combinations and many have been attempted in the treatment of diabetes. It has been stated that anyone who understands diabetes can treat the disease successfully with practically any form of diet and this is, to some extent, true, particularly with the middle-aged diabetic. Selection of any diet from those available should, however, in my opinion, be based upon the purpose intended, and this is not the same in all diabetics. In some cases, the object is merely to prolong life; premature arteriosclerosis, for example, is not a problem in the individual who has developed diabetes at age sixty. The problem in the juvenile diabetic is somewhat different. One of the objects, for example, is improvement of carbohydrate tolerance; something more is to be aimed at than

merely keeping the child alive. There is little or no difficulty in keeping the child alive today; but, if at the end of five years of the disease—if at the age twenty for example—there are signs of arteriosclerosis, treatment has failed to some extent, since the child is now not age twenty, but, according to the condition of the arteries, probably age fifty or more. If, therefore, the high carbohydrate-low calorie diet can prevent this condition, this should be the diet of choice, providing the same results cannot be obtained with a more attractive diet.

It has been stated that other diets are also having this effect. This may, or may not, be so; but from the published data, there is, in my opinion, very little to support this view. Interpretation of the effects of any given treatment is not simple. As we have shown elsewhere (*Ann. Int. Med.*, vol. 7, p. 1478, 1934), any one of the usual methods for the detection of arteriosclerosis, clinically, when used to the exclusion of all others, has its limitations and only by combining all methods does the clinical diagnosis approach in accuracy the post-mortem findings. The statement that we believe that the high carbohydrate-low calorie diet is delaying development of arteriosclerosis in our cases is based upon (a) a thorough physical examination in every case by one of the Chiefs of our Medical Services, (b) a special examination of the fundi by our Chief Ophthalmologist, (c) measurement of the size of the heart by x-ray examination, and (d) x-ray examination of the lower extremities for detection of calcification of the arteries. Therefore, until there is similarly reliable evidence that other diets are as effective in delaying arteriosclerosis as the high carbohydrate-low calorie diet, this, in my opinion, should be the diet of choice. Furthermore, it has the advantage of improving carbohydrate tolerance (*J. Can. Med. Assoc.*, vol. 33, p. 136, 1935).

It has been stated in the literature that larger amounts of insulin are required with this diet than with smaller quantities of carbohydrate. This has not been our experience. It is of interest to note that whenever it was possible to analyze the data of other workers who have attempted to use this diet and have failed, it

was found invariably that the diet had not been used as it was described. For example, to test the effects of increased quantities of carbohydrate, different quantities of fat were replaced by iso-caloric quantities of carbohydrate. This is not the proper method of using this diet; we have repeatedly shown that much of the effectiveness of this diet depends upon keeping the fat content to about 50 grams or less. It was also found in some cases that the "ladder" diet was not used at the beginning; and the reason given was that it is inconsistent with high carbohydrate-low fat treatment. The practical fact is that the best results are obtained with the "ladder" treatment and, from these experiences, there is reason to believe that the metabolism of ingested fat differs from that of the fat which is utilized during the

period of low-caloric feeding. More than a thousand diabetics are now on this diet in our clinic; it has stood the test of more than six years of experience, and we have learned much of the possible errors with it. We are very satisfied with its results and our criteria are our experiences with coma which I have mentioned and morbidities in general. It has a disadvantage in the low fat content, but, in our experiences, when the diet is properly explained to patients and when they are taught the variety of substitutions, the vast majority prefer it to all other forms of treatment, and, as I have stated, in view of the experiences with arteriosclerosis, it should be given the preference until similar or better results are demonstrated otherwise.

Montreal General Hospital

DISCUSSION

Dr. Frederick M. Allen, New York: Any diabetic whatever, whether he is young or old, who lives about ten years with uncontrolled diabetes, will at least have arteriosclerosis, which is the leading complication, and if he lives on, he will get some of the other complications which used to fill a large part of the textbooks. We should consider that the so-called complications of this class are a part of the disease. They are the later cause of death from diabetes if the diabetes is not controlled, and today they are the leading cause of death.

One out of every two diabetics comes to the surgeon for some reason before he dies. The surgical mortality is steadily rising in spite of improved surgery and through no fault of the surgeon, because more diabetics require surgery as they live longer. There must be a reason for this and I wish to mention a very simple explanation, even at the risk of saying things I have said before.

With impairment of its normal nutrition, the entire body is more vulnerable. It is more subject to infections and to degenerations, to hereditary tendencies or outside injuries; and from this simple standpoint of impaired nutrition of all the cells of the body, I think it is possible to bring together all the complications from head to foot which fill so large a space in the literature of diabetes.

This is not mere theory, either, because in the depancreatized dog we find wounds do not heal and emaciation is tremendously rapid. A partially depancreatized dog can heal his wounds, even though the blood sugar may be higher than in the totally depancreatized dog. At the other extreme, we find nowadays that a surplus of insulin given to tuberculosis patients without diabetes builds them up in many cases very remarkably, and insulin is now coming into use on a broad scale in the treatment

of non-diabetic tuberculosis, at least in a large, group of selected cases.

As far as I know, no two men are treating diabetes exactly alike, and it is important that there should be a series of strictly objective clinical observations, such as Dr. Rabinowitch is compiling, to demonstrate the actual facts, to see who is right in so far as ultimate results in diabetes are concerned.

The statistics are very few at present, and I am not prepared to say any one system is right, either my own or anybody else's. The high carbohydrate diet has extensive usage at present. I am strongly impressed with the evidence in favor of cholesterol and the fatty metabolic materials as causes of arteriosclerosis. On the other hand, I do not use such high carbohydrate allowances as Dr. Rabinowitch, but viewing the nature of diabetic complications as I do, I come down to one simple principle for all complications; that is, if the diabetes is thoroughly controlled, the patient is no longer susceptible to complications. He is a normal individual.

As far as complications are concerned, that principle has served well in my own observations. I have never seen a thoroughly controlled diabetic develop any of the so-called complications. Non-diabetics are subject to some accidents of arteriosclerosis and other conditions, but with reasonable allowance for the normal incidence, I have as yet no evidence of increase of arteriosclerosis in my patients under control. When a patient has lost one leg from gangrene, I have never yet had him lose the second leg if he has kept on his treatment. I have not yet found increasing signs of disease elsewhere from the arterial or other standpoints outside of what non-diabetics may have.

The diet I use is moderate in all the food components; and of course, it conforms to the principle of limited calories, which seems to me to be vital in diabetes. I am sufficiently eclectic in my ideas to think that diabetes can be controlled and probably the complications prevented by a variety of diets if they conform to reasonable caloric limitation and control of sugar.

I have always been very much opposed to high fat diets, but yet diets relatively high in fat, if low in calories and with good control of the sugar, may possibly be found to be safe for the diabetic just as they are supposedly so for the non-diabetic. That would be an interesting thing to prove by statistics comparable to those Dr. Rabinowitch is collecting.

There is another form of arteriosclerosis that accompanies hypertension and pertains to the smaller arteries; and as is commonly known, I use salt-free diet for that condition. I, therefore, use it in many diabetics, and it does not interfere with assimilation of carbohydrate. I also use salt-free diet for all gangrenes with swelling, because it tends to reduce edema and thereby improves circulation. There are many such variations of individual methods which must be evaluated with time.

I would point out, however, there is no disagreement that the complications are increasing. Diabetics do not die so early. The general practitioners are responsible for that. They have treated diabetes well enough to prevent most cases of coma and most of the early fatalities; but as this early mortality is prevented and diabetics live longer, there is increasing mortality from both medical and surgical complications in later years of the disease.

These deaths are preventable by proper diabetic treatment, and here I think the average treatment of diabetes shows its lack of success due to faults either of the patients or their doctors.

I prophesied years ago that the half-way control of diabetes would prepare a crop of diabetic complications. That seems to be coming to pass, and regardless of what methods of treatment of complications we use or what particular theories of diet or other treatment we believe in, the most important point is the prevention or thorough control of the diabetes.

If any doctor is not prepared to control the diabetes thoroughly, he should refer it to somebody in his neighborhood who is devoting more attention to that subject, just as I refer my amputation cases to the surgeon, although I am able to cut off a leg. In the long run a surgeon will get better results, although it is a simple procedure to learn,—and the same is true of diabetes.

The treatment is simple, anybody can learn it, anybody is entitled to use it; but he should learn to

use it with proper skill if he is to treat diabetes at all,—and proper skill, I think, means bringing the patient's condition as near to normal as possible and keeping it that way.

As to *protamine insulin*, I confess I have had trouble with it. I have not had the easy time which the articles on the subject published thus far would lead the average doctor to expect. Dr. Rabinowitch's remarks this evening may throw a light upon that.

There is no doubt the compound does delay the action of insulin, but I have not found it dependable and predictable in its effects. A number of laboratories are working on improvements along this line, and by the time the products are put on the market it may be expected that they will be more regular in their effects as regards excessively high and excessively low fluctuations of sugar. The impetus to all this development was given by the brilliant work of Dr. Hagedorn and his associates, and there is reason to hope that it will mean the opening of a new era of diabetic treatment.

Dr. Rabinowitch: As Dr. Allen has stated, ladies and gentlemen, there are many possible types of diet. There are three different forms of food materials—carbohydrate, fat and protein—and three different means of using them—in increased amounts, in normal and in decreased amounts. According to the Laws of Probability, therefore, one should be able to construct twenty-seven different types of diets, that is, $3 \times 3 \times 3$, and I believe all have been attempted and each with some success.

There is no doubt that any one familiar with the treatment of diabetes can control the disease with any type of diet. My reasons for emphasizing the high carbohydrate-low calorie diet are the results which we have obtained with it with respect to arteriosclerosis. As far as I know, this is the first attempt to determine, by the necessary methods of investigation, whether the treatment rather than the disease may be the cause of the high incidence of disease of the arteries in diabetes and, as I have stated, our data very strongly suggest that if the high carbohydrate-low calorie diet does not prevent, it at least delays development of, this complication. The diet has its disadvantages, as I have stated, if a more attractive diet should be found which will also delay development of arteriosclerosis, I shall be very pleased to use it.

With regard to protamine-insulin, I must say that I am at a loss to understand the difficulties which Dr. Allen has mentioned. We have now given hundreds of injections of amounts which ranged between 80 and 140 units without reactions and we have given as much as 50 units to perfectly normal individuals—healthy medical students—and have not observed the reactions which Dr. Allen has mentioned.

SURGERY AND DIABETES MELLITUS

By LELAND S. MCKITTRICK, M.D., Boston, Mass.

From the New England Deaconess Hospital, George F. Baker Clinic, and Palmer Memorial Hospital, Boston, Mass. Read before the General Session of the 170th Annual Meeting of The Medical Society of New Jersey on June 13, 1936, at Atlantic City.

There is no surgical condition of which I am aware which is truly specific for patients with diabetes mellitus. There are certain conditions which we commonly associate with diabetes which are always serous, which greatly complicate the course of an otherwise controlled diabetes, and which in many instances prove to be a direct cause of death.

It is not the purpose of this paper to limit ourselves to a discussion of these conditions. The surgeons fifteen years ago could have written of little else; but now, in fairness to five hundred thousand diabetics in this country (Joslin), any such discussion must consider the effect of the presence of diabetes upon any surgical problem which might arise.

INCIDENCE AND CHARACTER OF SURGICAL COMPLICATIONS

Joslin¹ estimates that before death every other diabetic will need the surgeon. Our own experience would tend to confirm this and to suggest that many of these patients will need him more than once.

Rather than to attempt a complete discussion of all of the phases of diabetic surgery, we prefer to review and to summarize the results of our personal experiences with the problems which have been brought to us by a large group of these patients during the past twelve years. A glance at Table I suggests at once that this will not give a cross-section of all the surgical problems these patients present. Operations falling into the various specialties such as ophthalmology, urology, otolaryngology, and neurosurgery have not been done by us. Operations upon the thyroid gland of patients with diabetes at the Deaconess Hospital have been done, almost without exception, by Dr. F. H. Lahey and his associates.

In Table I,* major operations include those

in which the abdominal or thoracic cavity has been opened, herniae of all types, dissection of the neck, amputation of a digit or extremity, incision and drainage of a carbuncle, open reduction of a fracture, amputation of a breast—with or without dissection of the axilla,—embolectomy, plastic operations upon the vagina,

TABLE I

Operations upon Patients with Diabetes Mellitus at the New England Deaconess Hospital

January 1, 1928, to January 1, 1936

Region of Operation	Major	Minor	Total	Deaths
Tongue, face, ear and eye—carcinoma	2	4	6	0
Skin, carbuncles	66	0	66	4
Skin, abscess	0	74	74	6
Skin, other	3	7	10	0
Neck	6	2	8	0
Chest	3	0	3	0
Stomach and duodenum	5	0	5	2
Small intestine	2	0	2	0
Appendix	32	0	32	2
Large intestine	15	0	15	2
Rectum	9	12	21	0
Gall-bladder and bile ducts	54	0	54	5
Other abdominal operations	15	1	16	2
Hernia	7	0	7	0
Circulatory system	0	23	23	1
Male genito-urinary system	1	0	1	0
Female genito-urinary system	22	0	22	0
Upper extremities	15	40	55	2
Lower extremities	508	63	571	50
	773	229	1002	76=7.6%

ligation of femoral or popliteal arteries. Minor operations include a variety of lesser procedures, such as skin grafts, local excision of superficial benign or malignant lesions, evulsion of nails, closed reduction of fractures, removal of foreign bodies, drainage of superficial abscesses, high ligation and injection of the saphenous vein. A large number of small abscesses which were opened in the wards are

*All operations have been done by the author and his associate, Dr. T. C. Pratt. With few exceptions, the patients have been under the medical supervision of Dr. E. P. Joslin and associates, Dr. F. G. Brigham or Dr. A. A. Hornor.

not included. *Multiple operations for the same condition are listed as one operation.* On the other hand, each operation for a different lesion on the same patient is listed as a separate operation.

INFLUENCE OF DIABETES UPON THE PATIENT AND HIS SURGICAL DISEASE

We, as surgeons, are prone to evaluate the diabetic patient in terms of the diabetes and its complication,—coma. Too many times have I seen a diabetic patient in the fifth or sixth decade die suddenly from an unsuspected coronary thrombosis, or be stricken with some other manifestation of cardio-vascular disease, not to be impressed with the widespread effects of their metabolic disturbance. I have often heard Dr. Joslin remark, "A diabetic patient is as old as his age, plus the duration of his diabetes." Not a statement for literal interpretation, but an intimation to the surgeon that the background of these patients is not that of the non-diabetic patient of similar age. The surgeon will see few diabetic patients without some degree of arteriosclerosis, even though they have been conscientious in the management of their disease. It is of no little importance that today 55 per cent of the diabetic patients die of some manifestation of arteriosclerosis.² Most diabetics are overweight, many very obese who have suffered marked loss of weight subsequent to the development of the diabetes—always a poor background for surgery.

I cannot agree with the oft-repeated statement that, with insulin, the diabetic patient can now be operated upon with the same safety as the non-diabetic patient of similar age. Properly used, it will permit an adequate food intake, and in the absence of infection, normal wound healing is to be expected; but it does not alter the arteriosclerotic background of the patient, and there remains the ever-present susceptibility to infection so characteristic and so often fatal to the patient with diabetes. Operation, therefore, with our present knowledge of the disease and its management, can never be done with the same freedom nor safety as upon non-diabetic patients, and must always be done with the most meticulous at-

tention to detail both by the surgeon and internist.

TIME OF, AND PREPARATION OF PATIENT FOR OPERATION

Time will not permit, nor have I the knowledge and experience necessary, to outline the preparation of a diabetic patient for operation. Satisfactory management of the diabetic patient, before and after operation, requires the most mature judgment and detailed personal attention. It is with this, more than with any group of patients I know, where the experience and interest of the internist will be reflected in the course of the patient. The same surgical preparation should be carried out with diabetics as with non-diabetics. It is our custom to suggest to the internist the type of fluid and diet which might best prepare a given patient for operation. The internist then plans out a diabetic regime based upon the surgical needs.

The time at which operation shall be done is dependent upon the surgical urgency of the case. For an operation of election the patient should go to the operating room with his liver well stocked with glycogen, acid-free, and the urine should contain no more than a trace of sugar. Emergency operations may be done even in the presence of acidosis, if the urgency of the condition justifies the increased risk which this incurs. It presupposes adequate medical care and a judicious selection of anesthesia and operative procedure by the surgeon. It is my belief that in these cases it is definitely unwise to overtreat the diabetes in an endeavor to hastily render the patient sugar and acid-free, under the impression that operation may be done more safely. The prompt removal, under spinal anesthesia, of a badly infected gangrenous foot is safer and better treatment for the uncontrolled diabetes than large doses of insulin in an endeavor to render the urine sugar-free in preparation for surgery.

PRINCIPLES OF POSTOPERATIVE MANAGEMENT

Even the surgeon wholly inexperienced and untrained in the details of the management of diabetic patients must form certain impressions over a period of years as he carefully

follows the course of each patient he has operated upon.

I have no fear of postoperative coma. Insulin is so specific an antidote to acidosis that one can definitely say no surgical patient should die in or of diabetic coma. I am afraid of insulin shock. I have seen it kill one patient and endanger the lives of others. It is my firm conviction that it is more insidious, more dangerous, and more difficult to avoid than is coma. Fear of coma, attempts to utilize completely all glucose given, or the misconception that the blood-sugar must be rendered normal and the urine free from sugar very shortly after operation, most frequently result in a hypoglycemia which may be fatal and is always dangerous, particularly to older diabetics with coronary disease.

In my own experience this complication is most apt to occur following the use of intravenous glucose, especially when an attempt is made to utilize all of the glucose given. It was under such conditions that the death referred to occurred. Hypoglycemia should be suspected, blood taken for sugar determination, and glucose given through the same needle when a postoperative patient complains of faintness, weakness, perspires freely, or shows any signs of collapse.

It is hazardous for one who has never taken the responsibility for insulin dosage to do so. However, experience in the past fourteen years with a large number of diabetic patients under the care of a number of different internists leads us to believe that:

1. It is unnecessary and dangerous to attempt to render urine sugar-free within three days after operation. I have seen no interference with wound healing with the patient showing sugar for four or five days.

2. Insulin dosage based on urine tests is simple and safe, providing that the doses are small, that the patient is emptying the bladder, and that hypoglycemia is guarded against by occasional blood-sugar determinations as soon as the urine is sugar-free.

3. If intravenous glucose is given, it is dangerous and unnecessary to attempt to utilize all of the glucose given by an estimated dose

of insulin. It is even more dangerous to give insulin for the glucose which usually spills over in the urine after an intravenous injection. We have seen hypoglycemic reactions follow this procedure repeatedly. It is my belief that if intravenous glucose is to be given, it is safest to give insulin according to the urine passed just before the administration of the intravenous solution, to disregard the glucose given intravenously, and to discard the first specimen of urine passed following the glucose injection. If in doubt, it is better to give glucose under the skin and to avoid its intravenous use.

4. Failure to recognize the marked increase in carbohydrate tolerance following the removal of a badly infected leg, or drainage of a carbuncle or large abscess is a frequent source of hypoglycemic reaction.

ANESTHESIA

The choice of anesthesia for a given patient will vary with different surgeons. It should be based upon a knowledge of the effects of the drug upon the liver, kidneys, and cardiovascular system, as well as upon the diabetes, and it must be one which will permit the surgeon to complete the operation with a minimum of trauma in the shortest possible time.

Chloroform and *ether* are harmful to a patient with diabetes. *Chloroform* has a directly toxic effect on the liver and, in addition, causes a hyperglycemia and acidosis. We never use it.

Ether has some, but less, effect upon the liver cells, but also gives a hyperglycemia and acidosis. In spite of this, it is at times our anesthetic of choice, and in small amounts increases greatly the use of nitrous-oxide and oxygen.

Avertin, I believe to be a dangerous drug to old patients with diabetes and with marked cardiovascular and renal disease. I have used it once with a fatality. I can see no contraindication to its use in young diabetic patients.

Evipal for short minor procedures has been used by the writer too little to permit an opinion, but it has proved extremely satisfactory in the few cases where it has been given, and I believe the future will see an increasing field for such an anesthetic.

Norocain, regionally and locally, has very little effect upon diabetes; it is used extensively particularly in abdominal surgery, usually in combination with nitrous-oxide, oxygen, and ether. It is never used for the amputation of a digit or the opening of a carbuncle.

Spinal norocain is used exclusively for any operation on the lower extremities, for most herniae; and in many cases of lower abdominal surgery and minor procedures around the rectum. We rarely use more than 75 mg. of the drug for our amputations, and, with a little experience, the level of anesthesia should be kept below the level of the iliac crest. I have yet to see a case in our own series where spinal given for an operation on the rectum or lower extremities has contributed directly or indirectly to a fatal result. In many cases, I know of no other form of anesthesia that one would dare to use. In my work, I do not like to use it for upper abdominal operations on older diabetic patients.

Nitrous-oxide-oxygen, ethylene and oxygen are distinctly less harmful to diabetes than ether or chloroform. Their advantages or limitations as anesthetics need not be discussed here. In most instances we find it advisable to add small amounts of ether in order to avoid anoxemia and permit more quiet respirations.

PREOPERATIVE MEDICATION

In our early experience, rather heavy preoperative medication was given in preparation for an operation under local, spinal, or gas-oxygen anesthesia. I am convinced that I have seen this heavy medication contribute to several untoward results in some of these cases. Diabetic patients, as a group, are accustomed to physical and mental insults, and are more tolerant at operation than are most patients. I have seen many patients sleep through an amputation under spinal anesthesia with no preoperative medication whatsoever.

Our preoperative medication, then, is simple and light. Morphine sulphate, gr. 1/8 to gr. 1/4, with atropine, gr. 1/150, is used before ether or nitrous-oxide-oxygen anesthesia. In young, alert, active patients in excellent condition, we may give a barbituric acid derivative, nembutal, or sodium amytal in about one-half

the dosage which we are accustomed to use in non-diabetic patients. To older and more debilitated patients, I give no preoperative medication whatsoever. This group includes all patients operated upon for gangrene. Nembutal, phenobarbital or sodium amytal are frequently given to the somewhat apprehensive patient on the night before operation.

GANGRENE AND INFECTION OF LOWER EXTREMITIES

The most dreaded and most common serious surgical complication faced by the patient with diabetes mellitus is gangrene. Between four and five per cent of the diabetic patients enter the New England Deaconess Hospital because of gangrene or infection of a lower extremity. About one-half of these patients spend three weeks and heal their lesions without operation. Of the others, about 90 per cent will survive some type of amputation, with an average hospital stay of forty-five days. Gangrene and infection account for 63 per cent of the total deaths in the operations listed in Table I. A summary of the operations done in this group of patients is shown in Tables II and III.

The gangrene patient entering the N. E. Deaconess Hospital with diabetes and gangrene may be described as a man or woman 64.4 years of age, with diabetes of 8.6 years' duration. If a major amputation becomes necessary, he or she faces a mortality of about 14 per cent. If successful, he has one chance in five to return to the hospital within two years for amputation of the other leg, and an even chance to be dead within three years. Unless he is established in some type of sedentary business, he will probably be dependent either upon the family or the community for support.

CONSERVATIVE TREATMENT

Excellent outlines on conservative methods have been written on obliterative disease in recent years. Our own routine was described in detail in 1928,³ and more recent advances were summarized in 1935.⁴

The most discussed and most noteworthy advance in the conservative management of peripheral vascular disease is the use of alter-

nate and negative pressure⁵ (Pavaex treatment of Reid and Hermann).⁶ At this time, it is impossible to state accurately the value of this method of treatment to the management of diabetic patients with threatened or actual gangrene. My own personal experience has not been adequate to present convincing data one way or another. The clinical evidence from which one must base conclusions is quite intangible and difficult of proper interpretation.

We well remember one of our early experiences.

An elderly man came to our office complaining of severe rest pain from early gangrene of the great toe, with a pulseless dusky foot. He was sent directly to the hospital, morphia given freely for pain, and at the end of a week we advised amputation because of severe unrelenting pain. He accepted. His wife refused. Conservative methods were continued. At the end of the second week he was pain-free, the lesion began to show signs of cleaning up, and at the end of four weeks he left the hospital walking without pain and with a healing lesion.

How easy to have credited some newly tried procedure with the saving of this man's leg!

Because we have seen results comparable to this on many subsequent occasions, we feel that it is impossible to evaluate any specific procedure unless a given patient has been in the hospital under routine conservative methods until the local disease has established a level, usually a matter of ten days to two weeks. We have, therefore, delayed pavaex treatment until such a level has been reached, allowing for this not to exceed two weeks. Used under these conditons, we have been unable to satisfy ourselves that pavaex treatment has saved the leg of any of our patients. Undoubtedly, its most useful field is in embolic occlusion and in gangrene due to frostbite. In our group of diabetic patients, embolic occlusion is very rare, and we have yet to see the first case of gangrene due to frostbite in a patient with diabetes and a good arterial background.

The greatest single factor in the high mortality in diabetic gangrene is delayed or inadequate treatment in a desire to avoid amputation. Diabetic gangrene in most instances will place the economic burden of the patient either on the family or on the community. Therefore,

unless men of great experience select patients upon whom delay is safe, the morbidity and mortality of the disease will be greatly increased by the use of pavaex treatment.

No discussion of gangrene is complete without stressing the importance of careful prophylaxis. Gangrene in the well-to-do is uncommon. We have seen innumerable patients with precarious feet avoid or postpone gangrene for years through careful hygiene of the feet, based on an understanding of the increased vulnerability of their feet and the importance of careful foot hygiene and avoidance of trauma.

LEVEL OF AMPUTATION

Much can be, possibly too much is, written about the level of amputation. It should depend upon a number of factors, including the general condition of the patient, careful evaluation of the arterial supply to the part, the amount of infection present, the occupation of the patient, and of fundamental importance, the experience of the surgeon. The criteria upon which we make our decisions have been described in detail in 1928⁷ and, again, in 1935.⁴ Of prime importance is a reasonable hospital mortality, a realization that a knee-joint, while of tremendous value to a patient in getting about, may be a liability to the person who must stand upon his feet all day; that the more complicated procedure, such as a Gritti-Stokes and amputation below the knee, should never be done upon patients whose general condition precludes the use of an artificial limb; that the simplest, safest, and easiest operation is a circular type of amputation, done usually through the lower third of the thigh; and that increasing experience with its decreasing mortality will permit more liberties and assure more successful conservative amputations. We cannot agree with Smith⁸ that all amputations should be through the lower leg, nor that lower leg amputation may be done safely in the absence of palpable pulsation in the popliteal artery. I do not question that healing will ultimately take place in most of these patients, but I do know that in my hands it would lead to an increased mortality, to frequent re-amputation, and to a prolonged hos-

pital stay, with too few patients making adequate use of artificial limbs to justify the increased risk and expense.

MORTALITY*

Too many factors enter into mortality figures to warrant more than passing comment. (Table II.) In our own cases, the unavoidable mortality of the arteriosclerotic processes is about 5.5 per cent. The mortality over and above this is the mortality of delayed or improper surgery; some of which occurs before admission to the hospital, some of which is our own responsibility.

TABLE II
Amputations for Gangrene
1923-1935 inclusive

Operation	No. Cases	Deaths	Mortality
Amp. of toe	39	3	7.7%
Amp. of toe then major amp.	31	4	12.9%
Guillotine amp.	24	12	50.0%
Lower leg amp.	34	1	2.8%
Gritti-Stokes amp.	79	11	13.9%
Thigh amp.	197	23	11.7%
All amp. of toes	70	7	10.0%
All major amps.	365	51	13.9%

The extreme difficulty and the danger of drawing hasty conclusions in a small series of

cases is shown in the accompanying Chart I, where mortality is given by years. A mortality of approximately 6 per cent in two successive years (1933-34 is preceded and followed by mortalities of approximately 20 per cent. All of these operations have been done by my associate, Dr. Pratt, or myself; there has been no major change in the type of operation or medical regime. Careful review of the deaths show that with the exception of one death in 1935, from extensive infection of the stump, all of the deaths were from conditions beyond medical or surgical control. In other words, a change of medical or surgical regime at the beginning of 1933, or at the end of 1934, might easily have resulted in wholly unjustifiable conclusions as to the efficacy of any newly instituted procedures. Over a period of years and in a large series of cases our mortality of all amputations, including toes, is 11.7 per cent and for major amputations is 14 per cent.

INFECTION OF LOWER EXTREMITIES

A little over one-half of the patients I am asked to see have good circulation to their feet, as evidenced by good pulsation in the dorsalis pedis arteries, and by warm feet which are of good color and have the appearance of being well nourished. Some of these patients have extensive infection and may develop secondary gangrene. This type of gangrene, associated with extensive infection, with evidence of adequate arterial supply to the foot, presents an entirely different problem from a much smaller area of gangrene, in a pulseless and painful foot. (See Figures 1 to 5.)

One of the most common and probably the most important lesion in this group of cases is osteomyelitis of an interphalangeal or metatarsophalangeal joint. We consider any open, discharging wound on the dorsal or lateral aspect of an interphalangeal joint, present for two weeks or longer, to be an actual or potential osteomyelitis. In many instances, the diagnosis can be confirmed by gentle manipulation with a probe, and the finding of rough bone earlier than it can be demonstrated by x-ray. The incidence of successful toe amputations for this condition is extremely high; in fact, most of our toe amputations are done for this condition. (See Table III.)

COMPARATIVE MORTALITY GANGRENE AND INFECTION

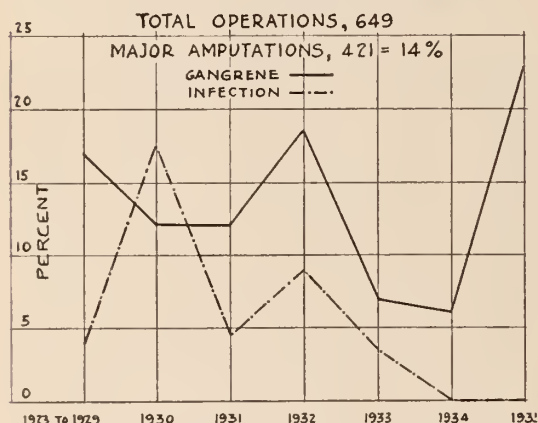


Chart I. Showing Mortality Following Major Amputations for Gangrene and Infection by Year

Note mortality of approximately 6 per cent for the years 1933 and 1934 preceded and followed by a mortality of approximately 20 per cent.

*All patients dying in hospital regardless of interval of an operation are listed as surgical deaths.

TABLE III
Amputations for Infection of Lower Extremity
1923-1935

Operation	No. Cases	Deaths	Mortality
Amp. of toe	147	2	1.3%
Amp. of toe then major amp.	17	2	11.7%
Guillotine amp.	6	4	66.6%
Lower leg amp.	8	0	0
Gritti-Stokes amp.	5	0	0
Thigh amp.	18	2	11.1%
All amp. of toes	164	4	2.4%
All major amp.	34	8	14.7%

Liberties may be taken with this group of patients which would be fatal to the group without adequate circulation. On the other hand, it is well to remember that prolonged sepsis may seriously damage already vulnerable kidneys, and that a deep infection of a foot usually means multiple operations with a hospital stay of approximately three months.



Figure 1.—Male, Age 49. Gangrene Secondary to Extensive Infection (hemolytic strep.) of Dorsum of Foot, with Good Pulsation in Dorsalis Pedis Artery.

For some of these patients with extensive deep infection of a foot, amputation through the lower leg, with early permanent healing is preferable to months of sepsis and multiple operations.

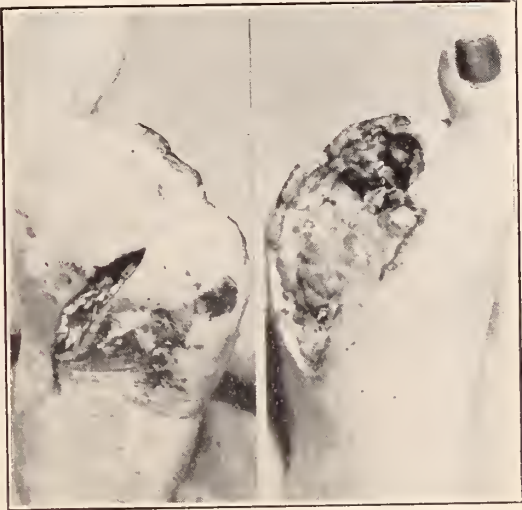


Figure 2
Figure 3
Same as Figure 1, Three Weeks after Amputation of 2-3-4-5 Toes, and Drainage of Foot under Spinal Anesthesia.



Figure 4
Figure 5
Same as Figures 1-3, Showing Complete Healing Three Months after Operation

CARBUNCLES

Carbuncles, like gangrene and infections of the lower extremities, are closely identified with diabetes. They are not common, are always serious, and carry a high mortality. The

present series of cases include sixty-six carbuncles, four, or 6 per cent, of whom have died. The mortality of these patients has gradually lessened. A variety of methods for their treatment have been advocated. Most writers agree, however, that proper surgery is the treatment of choice for the large carbuncles. Walters, Myerding, Judd, and Wilder⁹ feel that a wide crucial incision is not good treatment, that it must lead to extension of infection and, in many instances, septicemia, so they are "avoiding operation entirely". They advocate daily intravenous injection of methenamine. We have followed the use of non-operative procedures, particularly x-ray and foreign protein injections, but we have had no experience with methenamine intravenously. It is still our firm conviction that carbuncles are surgical lesions; and that whatever treatment is used should be carried out under the responsibility of the surgeon. The progressively improving results, the tremendous relief from pain following operation, the excellent late results, and the study of the literature, make us feel that adequate surgical drainage, done carefully, is still the procedure of choice. We use moist heat and x-ray to hasten localization; we prefer a wide crucial incision through the area of induration with undermining of the flaps. We use, as do Bothe,¹⁰ Brenner¹¹ and de Takats,¹² the electro-surgical knife. Unless the carbuncle is well broken-down, operation should be postponed until the patient has been under adequate medical treatment for twenty-four to forty-eight hours. We believe that to delay until there is demonstrable softening is to delay unnecessarily and to subject the patient to a longer convalescence and unnecessary suffering; operation before localization has occurred may result in further extension and require secondary operation.

The postoperative care of these patients is extremely important. The original pack of dry gauze, placed into the wound at the time of operation, is removed as it loosens. The wound is then repacked with gauze saturated in Dakin's solution; the surrounding skin is cleaned carefully daily with tincture of green soap and water, wiped off with alcohol, dried,

and painted with compound tincture of benzoin as a protection against direct inoculation from the discharge. Patients are hospitalized early, and are kept there until the wound is clean and granulating in firmly with the surrounding skin free from infection and until we may be sure of rigid control of diabetes under home conditions.

With the above postoperative care of the local condition, the incidence of secondary carbuncles and adjacent lesions has become very low. Extension of the infection beyond the original incision is seen occasionally but it is uncommon. Without exception, fatalities have occurred in the large neglected carbuncles exceeding 10 cm. in diameter. We have yet to see the early carbuncle which has received adequate medical and surgical care become a source of great danger to its host.

INFECTION OF THE HAND

There is an extraordinary lack of reference to infections of the hand in the literature; evidence without doubt that it is not a common complication. Bothe¹⁰ refers to the large amount of necrosis and the difficulty of controlling palmar abscesses. We have been impressed with the infrequency with which we have been asked to see these patients, and also with the extremely difficult problems which each patient presents.

Dr. Walter Gerry and myself¹³ have been able to find only sixty patients at the Massachusetts General and New England Deaconess Hospitals between 1923 and May, 1936, who have had operations for infections of the upper extremity. Results following these operations are distressing. There is a mortality of 8 per cent; of these, twenty-seven patients lost all or a part of one or more fingers, and in five, amputation through or above the forearm was necessary. We believe that these results can be improved by early hospitalization and careful, painstaking, early incision in a bloodless field under general anesthesia, with long incisions extending throughout the areas of infection. It is our belief that tendon sheaths should be opened throughout their entire length, that the crucial ligament at the wrist should be

divided without hesitation, if infection has extended to that level, taking great care to avoid injury to the nerve supply to the thenar group of muscles, as pointed out by Kanavel.¹⁴ No infection of a finger in a patient with diabetes is too trivial to warrant hospitalization and detailed surgical and medical care.

ABDOMINAL SURGERY
ABDOMINAL SYMPTOMS DUE TO ACIDOSIS

deTakats¹² says, "I have explored two normal abdominal cavities during diabetic coma and delayed operation in a case of spreading peritonitis, due to perforated appendix; the latter died, the first two recovered." He shares these experiences with many others, although

if the patient's general condition will permit, a small incision under novocain anesthesia would make certain with greater safety than prolonged delay.

ACUTE APPENDICITIS

Appendicitis is an increasing problem since insulin has made it possible for diabetic children to live and mature. (See Table IV.) Just what effect the presence of diabetes has upon the normal course of the untreated appendicitis we do not know. It is reasonable to expect that the resistance of the appendix to infections and ulceration is not materially different from that of any other part of the diabetic patient, and it would seem probable that a cer

TABLE IV
Operation for Appendicitis
January, 1924—May, 1936

Operation	Without Drainage		With Drainage		Total	
	Cases	Deaths	Cases	Deaths	Deaths	Mortality
Appendectomy	29	0	3	0	0	0
Drainage of abscess, with or without spreading peritonitis			6	2	2	33 %
Total cases	38				2	5.2%

three years¹⁵ ago we were only able to find eight such cases reported in the literature. Pain, usually severe and not localized, vomiting, spasm, and fever associated with leucocytosis are frequently found in acidosis, without any demonstrable organic lesion within the abdomen. We have seen an otherwise unexplained white blood count of 80,000. Counts higher than this have been reported. The pain is usually severe, findings diffuse rather than

tain number of cases of appendicitis might easily go on to perforation in the diabetic child which in a normal individual would spontaneously improve.

The diagnosis is at times difficult to make. We have seen a number of children, usually below adolescent age, come to the hospital because of repeated attacks of pain, not always associated with acidosis, and without urinary or other findings to account for them. We have

TABLE V
Operations on the Biliary Tract
January, 1926—May 1, 1936

Operation	Cases	Age	Stones	Died	Mortality
Cholecystectomy	29	51.9	24	3	10 %
Cholecystostomy	5	67.5	5	1	20 %
			G. B.	Duct	
Cholecystectomy and choledochostomy	10	65.2	9	7	0
Choledochostomy	1	75.	1	0	0
Totals	45	53.4	39 (86%)	4	8.8%

localized and, under insulin treatment, pain and abdominal signs rapidly clear in the absence of a surgical lesion; whereas they usually become more definite in its presence. If in doubt and

in at least three such cases finally operated, not as an emergency, but before symptoms have entirely disappeared, removing a normal appendix, but not feeling satisfied that we had

found adequate cause for the symptoms. Nevertheless, we believe it is safer to remove the appendix of a child who has had recurring attacks of unexplained abdominal pain under favorable conditions, than to run the risk of overlooking a mild appendicitis, the symptoms of which the family and local physician may easily overlook until a serious and possibly fatal condition arises. The mortality in early appendicitis ought not to be materially different from that in a non-diabetic patient.

OPERATIONS ON THE BILIARY TRACT

It is not the purpose of this paper to discuss the relationship between diabetes and gall-stones, nor is the greater incidence of gall-stones in diabetic than in non-diabetic patients of importance at this time. In Table V are listed the operations we have performed upon the biliary tract. A review of these cases brings

was probably of cardiovascular origin, although this was not confirmed. The average age of the fatal cases was fifty-seven years.

We do not believe in operations upon a so-called stoneless gall-bladder with indefinite digestive symptoms. Operation is undertaken (1) because of definite gall-stones demonstrated by x-ray; or (2) because of recurring attacks of pain characteristic of or consistent with that due to gall-stones which in every instance in this series was substantiated by roentgenological evidence of cholecystic disease. We believe that the finding of stones even in the presence of very few symptoms is an indication for operation in the diabetic patient in otherwise good condition.

In this as in almost no other group of surgical diabetic patients is success the reward of the nicest possible coöperation between physician, surgeon, anesthetist and nurse. Some

Table VI
Fatal Cases after Operation upon the Gall-bladder

Case No.	Sex	Age	Diagnosis	Anesthesia	Operation	Cause of Death
3469	M	55	Chronic cholecystitis Cholelithiasis	Gas and ether	Cholecystectomy	Strep. cellulitis of abd. wall
3490	F	65	Cholecystitis with abscess and duodenal fistula	Spinal novo.	Cholecystostomy Closure of duodenal sinus	Duodenal fistula. Broncho-pneumonia
3080	F	53	Hydrops of gall-bladder	Spinal novocain	Cholecystectomy	?Cerebral hemorrhage
1999	M	55	Empyema with gangrene and subacute perforation	Novocain and nitrous oxide oxygen	Partial removal of gall-bladder	Peritonitis

out certain points of interest. The youngest patient was fifteen years of age, the oldest, eighty. The average age was 54.4 years and 36 per cent of these patients were over sixty years of age. In the patients operated upon for disease of the gall-bladder, stones were found in all but six cases. The common duct was opened in 36 per cent of the patients; of these, stones were found in 70 per cent. In this group of forty-five cases, there were four deaths, a mortality of 8.8 per cent. When one considers the group as a whole, this may not be excessive mortality. A review of the fatal cases (Table VI), however, must impress one with the fact that in three of the four cases a fatal outcome was not anticipated, even after completion of the surgical procedure. Two of these patients died of infection; the third death

of these patients were extremely poor surgical risks. Several factors have, we believe, aided in the care of these older and more frail patients. (1) Preoperative medication rarely exceeds morphine, gr. 1/6 and atropine gr. 1/150. Drugs of the barbituric acid group are never given to these patients. (2) Nitrous-oxygen (or ethylene) and ether with careful regional block of the abdominal wall with novocain has proved the safest and most satisfactory form of anesthesia. (3) Glucose in 5 per cent or 10 per cent solution by vein of 2.5 to 5 per cent solution under the skin, in amount totaling 1500 to 2000 c.c. daily is used. (4) The operation is carried out with precision, the condition of the patient, as well as the condition of the organs determining whether the gall-bladder shall be removed or drained.

CARCINOMA OF THE PANCREAS

There would seem to be little question but that carcinoma of the pancreas is distinctly more common in patients with diabetes than in those without. It is not always possible to make a clinical differential diagnosis between stone in the common duct and a carcinoma of the head of the pancreas. Moreover, relief from certain of the more distressing symptoms of jaundice has to our mind justified exploration upon a group of these patients, having in mind the doing of a cholecystgastrostomy or cholecystoduodenostomy. The immediate results of those patients operated upon by us are given in Table VII. The immediate mortality of this group would seem to us to be sufficiently low to justify the procedure. These

TABLE VII

*Operations for Pancreatic Disease**

1928-1936

Operation	No. Cases	Age	Died	Mortal.
Cholecystgastrostomy	8	62.5	1	12.5%
Choledochoduodenostomy	1	46.	0	0
Exploratory laparotomy (cancer)	4	59.	1	25.0%
Drainage of pancreatic cyst	1	71.	0	0

*Cases of pancreatitis included with operations on gall-bladder.

patients, as a rule, are very poor surgical risks, the tendency to abnormal bleeding is great; they will withstand but a minimum of anesthesia and operative trauma. Almost without exception, these operations are done under novocain anesthesia. A minimum of exploration is done and the gall-bladder is anastomosed, either to the stomach or duodenum, depending upon which is the more available. A simple type of anastomosis, such as is commonly done in gastro-intestinal work, has proved adequate; in none of these cases has there been leakage, and we see no indication for the use of any foreign body such as a button or rubber tube. Great care is taken to protect the wound against contamination from bile and gastro-intestinal contents. A high glucose intake and the free use of transfusions do much to maintain a reasonably low mortality.

OPERATIONS UPON THE GASTRO-INTESTINAL TRACT

The number of operations upon the gastro-intestinal tract is not large. (See Table VIII.)

TABLE VIII

Major Operations upon the Gastro-intestinal Tract
January, 1928—May, 1936

Operation	No. Cases	Died	Mortality
Stomach and duodenum	7	2	28.5%
Closure of perforation	1	1	100.0%
Judd pyloroplasty	2	1	50.0%
Gastrojejunostomy	1	0	00.0%
Gastrostomy	1	0	00.0%
Exploration—biopsy	2	0	00.0%
Small intestine	4	0	0
Resection and anastomosis	1	0	0
Enteroenterostomy	1	0	0
Lysis of adhesions for acute obstruction	2	0	0
Colon	16	3	18.7%
Resection with anastomosis	7	1	14.2%
Excision with colostomy	2	1	50.0%
Entero-enterostomy	2	1	50.0%
Closure of perforation	1	0	00.0%
Drainage of diverticulitis	1	0	00.0%
Closure of sigmoido-vesical fistula	1	0	00.0%
Closure of colostomy	1	0	00.0%
Colostomy	1	0	00.0%
Rectum	6	3	50.0%
Colostomy and Posterior excision	3	1	0
Combined two-stage abdomino-perineal excision	1	0	0
Colostomy (inoperable)	2	2	100.0%

Seven major resections of the large intestine with one death compares favorably with the results following similar procedures in non-diabetic patients. Preoperative vaccination of the peritoneal cavity has not been practiced. The one death occurred after a one-stage resection of the sigmoid with end to end anastomosis and cecostomy. Necropsy showed a peritonitis due to leakage at the suture line. There was a thrombosis of some of the smaller vessels near the anastomosis which were known to have been pulsating at the time of suture. The bowel, thought to have been well prepared, contained a large quantity of firm fecal matter exerting undue pressure on the line of sutures.

Our experience is too limited to warrant any definite conclusions. We have adopted a few principles which, we believe, will help us to maintain a relatively low mortality in this more serious group of operations. (1) Any resection of the gastro-intestinal tract, excepting the small bowel, should, if possible, be done as a two-stage procedure regardless of the apparent condition of the patient. (2) We feel that a preliminary transverse colostomy may be preferable to a cecostomy in preparation for resection of the left colon in poor risk patients or in patients with obstructive symptoms. (3) Because of the disastrous effect of infection upon diabetic patients, and the ease with which they become infected, the operation, whenever possible, should be planned in such a way as to be attended by a minimum of contamination.

SUMMARY AND CONCLUSIONS

The present study is based upon 1002 operations done upon diabetic patients between Jan-

uary 1, 1928, and January 1, 1936, with seventy-six deaths and a mortality of 7.6 per cent.

The arteriosclerotic background, and the susceptibility to infection, make the diabetic patient a greater surgical risk than the non-diabetic.

The danger of insulin shock is stressed.

One-half of the operations listed were for gangrene or infection of the lower extremities.

The difficulty of evaluating results and clinical methods in small series of cases is shown in the yearly mortality following amputations for gangrene, where a 6 per cent mortality for two successive years was preceded and followed by mortalities of 20 per cent without change in operating, personal or in procedure.

The mortality for sixty-six carbuncles treated by crucial incisions was 6 per cent.

Two-stage operations for any resection of the gastro-intestinal tract, excepting the small bowel, is advocated.

205 Beacon Street.

BIBLIOGRAPHY

1. Joslin, E. P.: Phila. Lea-Febiger, p. 448, 1936.
2. Joslin, E. P.: *Ibid.*, p. 324.
3. McKittrick, L. S., and Root, H. F.: Phila. Lea-Febiger, p. 124, 1928.
4. McKittrick, L. S.: *Ann. of Surgery*, 102:342, 1935.
5. Landis, E. M., and Gibbon, J. H.: *Proc. Soc. Exper. Biol. & Med.*, 30:593, 1933.
6. Reid, Mont. R., and Hermann, L. G.: *Jour. Med.*, 14:524, 1923.
7. McKittrick, L. S., and Root, H. F.: Phila. Lea-Febiger, p. 168, 1928.
8. Smith, B. C.: *N. Y. State Jour. Med.*, 34:175, 1934.
9. Walters, W.; Meyerding, H. W.; Judd, E. S.; Wilder, R. N.: *Minn. Med.*, 17:517, 1934.
10. Bothe, F. A.: *Penn. Med. Jour.*, 37:661, 1934.
11. Brenner, E. C.: *Med. Times & L. I. Med. Jour.*, 62:247, 1934.
12. deTakats, G.: *Jour. Kansas Med. Society*, 36:177, 1935.
13. McKittrick, L. S., and Gerry W.: To be published.
14. Kanavel, A.: Phila. Lea-Febiger.
15. McKittrick, L. S.: *N. E. Jour. Med.*, 209:1033, 1933.

DISCUSSION

Dr. Frank H. Lahey, Boston, Mass.: I wrote your Secretary and said if I were to take part in this discussion, my remarks would be limited to that with which I have had experience and with which I am familiar; that is, the relation of diabetes to hyperthyroidism.

Dr. Joslin and I have had together and reported, as perhaps many of you know, 150 diabetics with hyperthyroidism. We reported this group in two series, in 1928 the first half, and within the last two years, the second half. They are an interesting group, and I think there is associated with this group a very definite lesson for the family doctor who deals with these patients firsthand.

Diabetes and hyperthyroidism constitute not an immediate, but certainly a relative emergency. Just as infection intensifies diabetes, so does hyperthyroidism. Hyperthyroidism makes the diabetic difficult to control, increases the demand for insulin.

For these reasons, we feel, Dr. Joslin and I—and mostly, as Dr. McKittrick has said, the deci-

sion is made by Dr. Joslin and his associates because they know the diabetic side—but our feeling is that one may disagree as to the management of hyperthyroidism. For instance, you may think hyperthyroidism should be treated by rest. You may think hyperthyroidism should be treated by x-ray and radium. I may think hyperthyroidism should be treated by surgery.

However, I think when one deals with a diabetic we should forget disagreements as to the type of treatment and do the thing that will relieve the patient of his hyperthyroidism most promptly, and that, we believe from our experience, is surgery.

We know if the diabetic with hyperthyroidism is relieved of the hyperthyroidism, he increases carbohydrate tolerance, frequently diminishes his demand for insulin, and he usually, Dr. Joslin feels, is more easily handled from an entire diabetic point of view.

There are certain things regarding the management of these patients with diabetes and hyperthy-

roidism which have come up in the 150 cases, which are of value. One is the mortality is higher, as Dr. McKittrick has already stated, in the patient who has hyperthyroidism and diabetes, than the patient who has only hyperthyroidism alone.

The other thing about these cases is if you wish to get the mortality down within reasonable limits, you must do many more two-stage operations on the patient with hyperthyroidism and diabetes than you would upon the patient who has hyperthyroidism alone. For instance, I have recently reviewed our experience with hyperthyroidism. We have carried out from 22 to 26 per cent two-stage operations in patients with hyperthyroidism. With this average when we did patients with hyperthyroidism and diabetes, we had a mortality rate of about 3.7 per cent. When we increased our two-stage operations to 50 per cent approximately, we eliminated mortality of the patients with hyperthyroidism and diabetes entirely and got it down to zero in the second group of 75 cases.

Therefore, I would urge two things in handling the diabetic with hyperthyroidism; one, early operation, and, two, multiple stage operations.

As to the anesthesia particularly, I think the ideal anesthetic for the diabetic with hyperthyroidism

has just come to our hand, and that is *cyclopropane*. That has made conditions most favorable, not only for the diabetic hyperthyroid but for all thyroid patients.

Cyclopropane is an hydrocarbon gas similar to ethylene, about as explosive as ethylene, but has the great advantage of running about 80 per cent oxygen mixture. When you realize that nitrous oxide in anesthetic mixtures is about 9 per cent, ethylene is about 15 per cent, and cyclopropane is at least 50 per cent, then we have for the diabetic patient with hyperthyroidism the most ideal condition.

I would agree with everything Dr. McKittrick has said regarding the preparation of these patients. We settle, from our experience with hyperthyroidism, how many stages these patients are going to need. We ask Dr. Joslin and his group to settle for us when, from a diabetic point of view, they are ready for operation. After operation we ask Dr. Joslin to settle for us what they need from a diabetic point of view.

I think the diabetic patient with hyperthyroidism is an extremely interesting problem. It represents, as in the gallstone group with diabetes, one of the groups where you can more easily manage the diabetic patient by means of surgical operation.

A SYNDROME RESEMBLING ANGINA PECTORIS

By FREDERICK H. VON HOFE, M.D., East Orange, N. J., and
L. A. EIGEN, M.D., West Orange, N. J.

That severe paroxysmal pain associated with rheumatic heart disease is considered an unusual and infrequent phenomenon in children, is attested to by the fact that but few observations are recorded in the literature, and these have received but passing notice. It is not mentioned in such monographs as: "The Rheumatic Infection in Childhood", by Leonard Findlay,¹ nor in "Recent Advances in Rheumatism", by Poynton and Schlesinger.²

Smith and Sutton³ state that, "* * * when the rheumatic infection is severe with an extensive involvement of the heart, the pain resembles that of angina pectoris, probably indicating involvement of the aortic valve and even of the aorta itself". Coombs,⁴ in speaking of cardiac pain associated with advanced rheumatic heart disease, says, "It is impossible to say what is the actual mechanism of the attack; coronary arteries may be responsible, but this seems unlikely—acute over-distention

affords a more probable explanation." The consensus of opinion of most observers appears to be that it is always associated with a severe degree of heart involvement.

Stolkind,⁵ in a complete review of the literature up to date (1928), reports four cases of his own and abstracts twenty-five additional cases collected from the literature.

In these cases the symptoms most commonly found were as follows: (1) Attacks of pain. (2) Sense of anguish, fear, and even impending death. (3) Radiation of pain occasionally to the right, more frequently to the left, though sometimes to both the right and the left, in the area of distribution of the brachial and cervical plexi. (4) Vasomotor and secretory phenomena; sensation of numbness and swelling of the hand—perspiration. He states that attacks may occur during activity, rest, awake or asleep.

Our case is interesting in that the literature

contains reports of only four cases in which the patient is as young as the one here reported.

REPORT OF A CASE

D. K.:—History No. 33,569. A young white female child eight years of age was admitted to the Pediatric Service of the Orange Memorial Hospital on March 26, 1935, for study and observation.

HISTORY OF PRESENT ILLNESS

Mother states that the child was perfectly well until about February, 1933, at which time she had her first attack of anginoid pain. She was in school at the time. While sitting at her desk in the classroom, she suddenly complained of a ringing in both ears. There was no history of any unusual degree of physical exertion, nor of any emotional excitement during the day. Several minutes later she felt a continuous knife-like pain in her heart. This was accompanied by a tingling sensation of her precordium, similar to that experienced when her foot or arm "fell asleep". This soon radiated to her right arm, extending down to involve the entire extremity including her finger tips. Only the distal phalanges of the left hand were similarly involved. There were no unusual sensations experienced in any other part of her left upper extremity. She experienced the very same sensation in her left lower extremity. There was apparently no sense of impending death—the cardiac pain was not vice-like in character. She asked to see the school nurse, and was permitted to walk up two flights of stairs, aided by two adults, to the nurse's office. Upon arriving there she fell forward, became unconscious and remained so for about fifteen minutes. No observations were made of the pulse or of the blood pressure.

It was reported by the nurse that the child perspired profusely; that during the first few minutes her face was quite flushed, and then became pale, remaining so until she recovered consciousness. The skin was cold and clammy. The finger-tips of both hands became intensely cyanotic and remained so until a few minutes later when her color appeared normal. She now complained of a feeling of numbness in her entire precordium, all of which disappeared in about ten minutes. There was no history of tongue-biting or of frothing at the mouth, and no convulsions.

She was taken home and kept in bed for eight weeks, the first eight days of which she was well. Then suddenly she was awakened one night from a sound sleep by a ringing or buzzing sound which she says she heard in both ears. A few minutes later she had an attack similar in every respect to the previous one. She experienced numerous such episodes during the following two years at varying intervals. On no occasion was the child observed by a physician during an attack except on the occasion of an abortive one while in the hospital. At this time there was no known precipitating cause (physical exertion, emotional excitement, etc.). The onset occurred with ringing or buzzing in

both ears; she became faint and both of her hands "felt tight and big". Her finger-tips became cyanotic and she perspired quite profusely. The entire episode was over in about five to six minutes. There was a moderate degree of dyspnea and a slight amount of precordial distress, but no definite pain or tingling sensation in either arm or leg.

Birth History: Several days before the onset of labor, the mother contracted lobar pneumonia. The infant was full term and weighed eight pounds and eight ounces at birth. Labor was prolonged (approximately thirty-six hours), difficult, but the birth spontaneous.

Past History: Mother states that up to seven months of age the patient "had severe asthma". During this time she had marked difficulty in breathing and had to be under constant observation because of this. Measles occurred at five years, at which time she was told for the first time by her family physician that she had "a leaking valve of the heart". She had frequent attacks of tonsillitis.

Family History: There is no known history of rheumatic fever, heart disease or of tuberculosis. Both parents are alive and well. Three other children in the family are all said to be perfectly well. However, when a younger brother was examined, he was found to have definite signs of a moderately severe degree of rheumatic heart disease.

Physical Examination: The patient is a poorly developed, malnourished white girl eight years of age, who is quite apprehensive, restless and suspicious. She is of the asthenic habitus, with a long, narrow chest. Her face is somewhat flushed, but shows a definite circumoral pallor. There is a generalized lymphadenopathy of slight degree. Tonsils are small and imbedded.

Heart: Apical rate is 100 beats per minute. Percussion reveals no enlargement. The apical impulse is felt best in the fifth interspace midway between the mid-clavicular and anterior axillary line. A definite apical, systolic thrust is noted. There is a moderate sinus arrhythmia. A short rough diastolic murmur in the apical region can be heard, but only when the patient is in a recumbent and left lateral position. The second pulmonic is not accentuated. No extra-systoles are heard. Blood pressure—115/86 (left) and 112/85 (right). Blood pressure was determined by use of a mercury manometer and auscultation. Further physical examination of the child revealed no abnormal clinical findings.

Laboratory Data: Tuberculin Mantoux 0.1 c.c. of 1-500 O. T. negative; 1-100 negative. Blood Wassermann and Kahn negative. Blood counts were: 12,000 to 14,700 leucocytes per cubic millimeter. The differential count was essentially normal. Erythrocytes varied from 3,724,000 to 3,964,000; Hemoglobin varied between 65 per cent and 70 per cent (Dare).

Fasting blood sugar taken at 10 a.m. revealed 105 mg./100 c.c. Following withdrawal of blood 47 gms. of glucose were given by mouth. At 10:30 a.m. blood sugar was 285 mg./100 c.c., and at 12 noon it was 148 mg./100 c.c. On both occasions, when blood sugar determinations were made the urinalyses were negative for sugar.

Blood chemistry was as follows: Urea 13 mg.; sugar 86 mg.; creatinine 1.2 mg.; non-protein nitrogen 28.4 mg.

Sedimentation rate taken on two occasions were 34 mms. and 25 mms. at 30 minutes and 60 mms. and 38 mms. at 60 minutes, respectively.

Urinalysis was negative except for the repeated presence of many leucocytes.

Spinal fluid on April 8 showed no cells; globulin negative; Wassermann negative; pressure not measured. On April 10 spinal fluid count was three lymphocytes; globulin negative.

Radiographic Study: Flate plate of chest (P.A. view) shows no evidences of any cardiac enlargement, nor of any abnormality in the cardiac contour. Both lung fields have a somewhat mottled appearance.

Fluoroscopic examination of heart (examination made in the antero-posterior, right and left anterior oblique and in the lateral positions): The heart is of the vertical type. The pulmonic conus is visible, but not very prominent. No evidence of enlargement of any of the cardiac chambers could be determined. The esophagus was visualized with barium and no encroachment upon the retrocardiac space by the left auricle was noted.

Electrocardiogram: There are no abnormal findings. Sinus arrhythmia of moderate degree is present.

Course: This patient has been under constant observation for two and one-half years. During this entire period it is noteworthy that the physical findings, roentgenological studies of her heart, as well as the electrocardiographic examinations, showed no evidence of any appreciable change in her cardiac status.

She has had quite a number of "seizures" of varying intensity occurring at varying intervals, some of which were precipitated by emotional excitement and others by a moderate degree of physical exertion. At times there was no evident precipitating factor (the attack occurring while she was asleep).

During the patient's stay in the hospital, it was suggested that hypoglycemia should be considered as a possible cause for this patient's symptoms, so that it was thought worth while to inject increasing doses of insulin into the patient to see if the anginoid pains would be precipitated. Increasing quantities of insulin were given, 5, 8, 12, 15, and 18 units, and in no instance was an attack precipitated.

PROGNOSIS

This depends upon the degree of heart damage. In the majority of the reported cases, there was almost invariably evidence of an associated, advanced rheumatic cardio-valvular disease. Most authors who mention this phenomenon associate it with a severe degree of myocarditis. Schwartz,⁶ in discussing the prognosis of his five cases of "paroxysmal cardiac

pain in young adults" (ages from fifteen to twenty years), says, after observing four of these patients for one, five, six and eight years respectively, " * * * while it is too soon to judge of the final outcome as to life, it is certain that the prognosis for recovery and freedom from pain in these cases is very good. This is in contra-distinction to other forms of paroxysmal cardiac pain on an organic basis in which it is still impossible to predict the prognosis either as regards the duration of pain or expectancy of life."

Stolkind⁵ states, "A favorable prognosis is justifiable only in cases of functional angina." Also, " * * * the more the heart and aorta are affected, the worse must be the prognosis regarding the expectation of life".

Discussion: Sir James MacKenzie⁷ mentions two forms of angina pectoris: " * * * the one form is associated with actual disease of the heart. This I suggest should be called primary angina pectoris. In the other form there is no disease of the heart, symptoms being referable to a hypersensitive central nervous system. This form I call secondary angina pectoris." Although this patient apparently falls into that classification spoken of as primary angina pectoris, yet she presents certain findings that are not entirely typical of this classification. The distribution of her pain during an attack is unusual. Her age (eight years) is remarkable. After seven months of age she was always well up to the time of her first anginal attack. The first and only intimation that anything was amiss, prior to the appearance of her attack of cardiac distress, was an accidently finding of a "leaking valve" made by her family physician three years before the onset of her present illness when she had measles.

She is of the long, narrow-chested type, and most cases thus far reported fit this description. Also as are most other similar cases reported in the literature, she is high-strung, emotional and readily subject to vasomotor changes.

Summary: A case of paroxysmal cardiac pain, somewhat resembling angina pectoris, is

reported in a child eight years of age, in whom the chief subjective symptom was the attack of anginoid pain.

The pain was always associated with a period of syncope, and accompanied by various vasomotor phenomenon (sweating, flushing,

blanching of face, etc.). She has thus far had numerous attacks.

The patient has a chronic rheumatic heart disease. In practically all of the reported cases there is a severe degree of chronic rheumatic heart disease.

BIBLIOGRAPHY

1. Findlay, Leonard: *The Rheumatic Infection in Childhood*. Edward Arnold & Co., London, 1931.
2. Poynton, F. J., and Schlesinger, B.: *Recent Advances in the Study of Rheumatism*. P. Blackiston Sons & Co., 1931.
3. Smith, H. C., and Sutton, L. P.: *Heart Disease in Infancy and Childhood*. New York, D. Appleton & Co., 1930, p. 53.
4. Coombs, C.: *Rheumatic Heart Disease*, New York. Wm. Wood & Co., 1924, p. 146.
5. Stolkind, E. J.: *British J. Child Dis.*, Vol. XXV, January-March, 1928; Nos. 289-291.
6. Schwartz, S. P.: *Paroxysmal Cardiac Pain—The Syndrome in Young Adults with Rheumatic Valvular Heart Disease*. *The American Heart Journal*, St. Louis, Vol. II, No. 5, p. 497, June 1927.
7. MacKenzie, Sir James: *Diseases of the Heart*. Oxford University Press, London, 1925, p. 324.

MATERNAL WELFARE—ARTICLE NUMBER EIGHT

THE FIELD PHYSICIAN IN MATERNAL WELFARE IN NEW JERSEY

By A. W. BINGHAM, M.D., East Orange, N. J.

Chairman, Committee on Maternal Welfare of The Medical Society of New Jersey; Chief
Advisory Obstetrician, Bureau of Maternal and Child Health,
State Department of Health

There seems to be considerable uncertainty in the minds of many just what the field physicians are supposed to do in connection with the campaign for better obstetrics throughout the State. The purpose of the field physician is to stimulate the doctors of this State to adopt and carry out the accepted standards on prenatal delivery, and postnatal care, and to interest physicians in the routine supervision of healthy infants and pre-school children.

The field physician is the contact physician between the Maternal Welfare Committee of the State Medical Society and the physicians scattered all over the State. The counties with a large number of physicians have one field physician to cover the county, while the counties with few physicians are grouped with one field physician for two or three counties. There is one colored field physician who does special work among the colored physicians of the State.

The field physicians are recommended for appointment by the County Maternal Welfare Committee, with the approval of the Executive Council of the County Medical Society, of which they are members, and also with the

approval of a special committee from the State Medical Society, of which the President is Chairman. They are then appointed by the State Department of Health and assigned to the Bureau of Maternal and Child Health.

They will call on every physician practicing obstetrics, and discuss the problems which are met with in the work. The following literature will be distributed, which we hope will aid in raising the standard of maternity care:

1. Prenatal Card. This is useful in helping to keep a complete history of each case and should be quite generally used. Extra copies may be obtained from LeRoy A. Wilkes, M.D., Executive Secretary of the State Medical Society, 137 East State Street, Trenton, N. J., at fifty cents per hundred.
2. A pamphlet—Minimum Office Procedures for Prenatal and Postnatal Care.
3. A pamphlet—Suggestions for Delivery Care.
4. A pamphlet—Suggestions for Infant Care.
5. Suggestions to the Expectant Mother. These

are to be given to patients by their physicians.

6. Hospital Rules, recommended for adoption in Maternity Departments of all hospitals.
7. Chart summarizing Infant Growth, Development, Care and Management.

All physicians doing obstetrics are urged to make practical use of this literature.

The field physician will explain how to obtain free consultations in the low-wage group case. When a physician feels he needs consultation on a maternity case either before, during, or after labor in the low-wage group, the consultant will be paid from funds obtained through the Social Security Act by the Bureau of Maternal and Child Health of the State Department of Health if approved by the Committee on Maternal Welfare after two slips are sent in, one by the consulting and one by the attending physician. The attending physician may choose any qualified physician as a consultant. Soon this service will be extended to midwives needing consultation. Slips to be filled out may be obtained from the field physicians.

The field physician will also explain how to get the services of a nurse for delivery in the low-wage group case, the nurse being paid from the fund. The physician may call any trained, registered nurse, but where there is a regular visiting nurses' organization in the community, he should employ the staff nurse of that organization. It is desirable for the attending physician who sends for a nurse to assist at a delivery to arrive soon after the nurse. The physician should send in his report on the nurse on a slip obtained from the field physician, and the nurse will be sent a blank for her report on the case by Miss Mabel E. Beekman, Supervisor of Delivery Service in the Bureau of Maternal and Child Health.

The field physicians will check on the hospital facilities for maternity cases in each county and discuss the need of more or better hospitals and prenatal clinics in any community. They will recommend that the hospitals and prenatal clinics adopt the rules suggested by the State Committee on Maternal Welfare.

They will also visit the various nursing homes taking obstetrical cases and acquaint themselves with the equipment and the procedures used. They will discuss with the physicians the need of any prenatal clinics in any community, and in their recommendations will be guided by the opinions of the physicians interested.

The field physicians will keep in close touch with the Maternal Welfare Committees of the counties in which they work and will discuss local problems with them. When the field physicians become better established in their work, they will also assist in following up the maternal deaths in their district.

If the field physician in your district does not call on you soon, look him up and discuss with him our plans for improving obstetrics in New Jersey. He will be glad to try to help any physician with any obstetrical problem. Also, discuss with him any ideas you may have regarding the next course of lectures.

A complete list of field physicians with their addresses follows:

DISTRICTS	FIELD PHYSICIANS
Morris-Sussex-Warren	—Dr. Ruth Earp, 15 Olcott Street, Bernardsville, N. J.
Bergen	—Dr. L. Burnham, Englewood, N. J.
Passaic	—Dr. Theo. K. Graham, 278 Park Avenue, Paterson, N. J.
Hunterdon-Somerset	—Dr. Lancelot Ely, Somerville, N. J.
Mercer	—Dr. James R. Harman, 1819 S. Broad Street, Trenton, N. J.
Union	—Dr. P. Du Bois Bunting, 712 N. Broad Street, Elizabeth, N. J.
Middlesex	—Dr. James Grieve, 88 Market Street, Perth Amboy, N. J.
Essex	—Dr. Gerald W. Hayes, 86 Hawthorne Avenue, East Orange, N. J.
Hudson	—Dr. Joseph P. Donnelly, 306 Clerk Street, Jersey City, N. J.
Monmouth-Ocean	—Dr. Michael Q. Hancock, Belmar, N. J.
Burlington	—Dr. F. D. Fahrenbruch, 101 Garden Street, Mount Holly, N. J.
Atlantic	—Dr. J. C. Brown, 101 So. Indiana Avenue, Atlantic City, N. J.
Camden	—Dr. George B. German, 429 Cooper Street, Camden, N. J.
Gloucester-Salem	—Dr. William T. Hilliard, 101 Market Street, Salem, N. J.
Cumberland-Cape May	—Dr. Mary Bacon, 278 East Commerce Street, Bridgeton, N. J.
Field Physician for Special Work	—Dr. Lena F. Edwards, 358 Pacific Avenue, Jersey City, N. J.

STATE SOCIETY ACTIVITIES

PRESIDENT'S ANNOUNCEMENT

THE PROGRAM OF THE MEDICAL SOCIETY OF NEW JERSEY FOR 1936-1937

By SPENCER T. SNEDECOR, M.D., Hackensack, N. J

It seems wise that an outline of the major objectives of The Medical Society of New Jersey should be stated at the beginning of its Fall activities.

I. GENERAL OBJECTIVES

Five general objectives are of sufficient importance to receive the close attention of every member. If at the end of the year substantial progress in each of these fields of endeavor can be reported, we shall feel gratified.

1. ANNUAL MEETING

Our Annual Meeting is the natural culmination of the year's activities of the Society, for which we are already making plans. The Scientific Committee is now considering the selection of speakers who will command your interest, and the scientific exhibits will be larger and more accessible than ever before. Every feature of the meeting will have a strong appeal to the members; and overlapping of programs, and conflicts between scientific and business sessions will be avoided.

2. HOSPITAL SURVEY

Hospital policies are of such vital concern to the medical profession that we are fostering this year a special committee on hospital relationships to complete the survey of every hospital in the State, and to formulate for our Welfare Committee definite conclusions as to the policies which the Society shall adopt in regard to hospitals. When the facts are collected, the results will be analyzed by Dr. Lewis' Committee on Medical Practice; and then translating its advice into action will be the most important step of all. We know of no other professional relationship at this time which requires so much scrutiny and action.

3. THE SOCIAL SECURITY PROGRAM

In our announcement last month we stressed our immediate participation in the social securities program. These various phases of public health responsibility constitute a challenge to our medical organization in the State. We must diligently seek to carry out our share of coöperation in each county and municipality of the State. The programs on Maternal Welfare, Child Health, Venereal Disease, and

other health projects conducted under the new state and national laws, place upon us serious duties and obligations.

4. MEDICAL RELIEF OF THE INDIGENT

With the passing on August first of the State Relief Administration, of which your President was a member, all real vestige of unified State control of medical relief to the indigent has been abandoned. Actually, payments to physicians by the State organization ceased on April 15, when it ran out of funds. At present, medical relief in the home, as well as in the hospital, is largely on the basis of charity on the part of physicians, instead of a fair contribution from the government. Few municipalities have made any attempt to meet the reasonable needs of medical relief. Last year approximately \$1,000,000 was earned by doctors in the care of indigent patients.

The members of The Medical Society of New Jersey must do much planning in regard to the methods of distributing medical services to the poor; and must use their strongest influence to induce governmental departments to carry a fair proportion of the financial burden of relief which now bears on the doctors ten times more heavily than on any other class of citizens.

5. PUBLIC RELATIONS

After a year of preliminary planning, we feel that the Committee on Public Relations, under the leadership of Dr. Read, will perform an outstanding service in informing the people of the doctors' practical ideas as to efficient methods in public health and medical and hospital service. On the one hand are information and assistance to be given to individual practitioners of medicine; and on the other, community health needs are to be considered, with hospital policies, public health measures, public opinion, and contacts made with lay health organizations.

The work of the Public Relations Committee is essentially one of educating the people to the viewpoint of physicians and in planning and operating public health measures. The active coöperation of all County Societies is essential in carrying out the projects in all lines of public relations.

II. THE PRESIDENT'S CABINET

In line with unofficial proposals made last year, the President has appointed a "Cabinet", to consist of the President of the Board of Trustees, the President-Elect, the two Vice-Presidents, and the Chairman of the Welfare Committee, for the purpose of assisting him in formulating policies and making contacts with the officers, committeemen, and members of the County Societies. The duties of the members of the Cabinet are:

1. To make official visits to the County Societies as they are assigned by the President, in order to present the program of the State Society, especially those specific phases in which the County Society visited is particularly interested.

2. To act as "Consultants" to State Society committees in representing the President in his constitutional capacity as a member of every committee.

3. To be active members of the "Speakers' Bureau" in speaking at public health meetings, and presenting the projects of the Medical Profession such as the hospital survey, the program for the medical care of the indigent, and the maternal welfare program under the Social Security Law.

4. To promote the integration of the work of the County Societies with the State Society program, especially by informal advice to the "key men", and to the committees of the County Society.

5. To make periodic reports to the President and prepare descriptions of their work for publication in *The Journal*.

III. THE WELFARE COMMITTEE

The Welfare Committee has charge of all phases of the public relations of the medical profession. Its organization has been completed and perfected by the assignment of its fields of work among four sub-committees and thirteen advisory committees.

1. The Sub-Committee on Legislation has as its objective the consideration of laws on three subjects:

- a. The new Medical Practice Act.
- b. Revision of the Workmen's Compensation Act.
- c. Provision in the Poor Law for medical care of the indigent.

2. The Sub-Committee on Public Health will emphasize a four-fold program:

- a. The "Public Health Hour".
- b. Plans for giving medical services to the several groups designated under the Federal Security Act, such as Maternal Welfare, Child Health and Crippled Children.

- c. Contacts with agencies engaged in non-medical phases of public health work.

- d. Steps to make more effective our control over tuberculosis, cancer and insanity.

3. The Sub-Committee on Medical Practice will continue to carry on the projects in which it is now engaged, particularly the survey of hospitals, and the development of plans for the equitable distribution and control of such services as contract practice, compensation practice, nursing and nursing education and pharmaceutical relationships.

This sub-committee will also assist in the development of the Medical-Dental Service Bureau, and the formulation of credit investigation agencies, as features of the Washington Plan, which has already been endorsed by the State Society and organized in several counties.

4. The Sub-Committee on Public Relations will put forth special efforts along two lines:

- a. Educating the public through a "Speakers' Bureau" composed of physicians.

- b. Contacting and defining the scope of lay health agencies and welfare groups and securing their cooperation with the Medical Societies, both State and local.

IV. COUNTY MEDICAL SOCIETIES

The Medical Society of New Jersey has the following objectives in its relations to its component County Societies:

- a. The establishment of a central office in each County Society with a paid secretary in attendance at regular hours.

- b. Personal contact of the State officers and committeemen with the members of the County Societies.

- c. Monthly letters of a personal nature to the individual members, in order to call attention to special activities of vital interest to all.

- d. The further development of *The Journal* along Society lines, especially those relating to local groups.

V. HEALTH AND WELFARE AGENCIES

The Medical Society of New Jersey shall continue to develop closer relations with all groups which have a direct relation to health. It will especially seek to promote the following activities by the County Medical Societies:

- a. Secure the appointment of representatives of the County Societies on the governing boards of the lay health groups.

- b. Be ready to give advice to the lay groups and government officials, and others who seek it, with the object of being the medical adviser to the *community*, just as the individual doctor is to the *individual* patient.

THE FIRST DECADE OF THE MEDICAL SOCIETY OF NEW JERSEY

1766-1775

NUMBER 2. SOURCE OF INFORMATION. AND MEETING PLACES

By FRANK OVERTON, M.D., Editor

The first article in this series of medical history was published in The Journal of May, 1936, page 300, and described the distribution of population and physicians of New Jersey in 1766, the training of physicians, and the early activities of the Society.

1. SOURCE OF INFORMATION. DR. STEPHEN WICKES

For the compilation of its early records in readable form, and the collection of biographies of its members, The Medical Society of New Jersey is indebted almost entirely to Dr. Stephen Wickes, who was a born historian. He was an accurate judge of records, and was enthusiastic in searching for them in minute-books, churchyards, and the offices of county clerks. He was a dominant leader in the State Society, serving for twenty-five years as Chairman of its Standing Committee, which corresponded to the present Board of Trustees. He was honored with the Presidency of the Society in 1883. His wide acquaintance with medical men throughout the State, his photographic memory, his habit of taking careful notes, and his devotion to medical history fitted him for his work as a historian of the highest order.

A biography of Dr. Wickes from the pen of Dr. S. H. Pennington, of Newark, President of the State Society in 1848, is contained in the Transactions of The Medical Society of New Jersey for 1890, page 335.

Dr. Wickes was a native of Jamaica, Long Island. He was born on March 17, 1813, and died in his home in Orange on July 8, 1889. He graduated from Union College in 1831, and took a course in advanced science in the Troy Polytechnic Institute; and later graduated in medicine from the University of Pennsylvania in 1834. He practiced medicine in Troy, N. Y., for fifteen years in association with his former preceptor, Dr. Thomas W. Blatchford; and then removed to Orange, New Jersey, where he practiced with eminent success during the rest of his life.

Dr. Wickes joined the Essex County Medical Society in 1853, and very soon took an active part in The Medical Society of New Jersey, particularly in an editorial way. Dr. Pennington in his biography, page 337, says of him:

"He was the chief promotor of the annual publication of the Society's transactions. To him is due the credit, in the beginning at least, of carefully digesting the material for the press and exercising the delicate function of editorship, by which essays,

sometimes crude, redundant, and rhetorically incorrect, were brought into conformity with the requirements of good taste, and made to assume a finish and grace that might well be a grateful surprise to their authors. As a result, we have now regularly the creditable outcome of an annual volume of real value, containing original papers on various subjects contributed by members, and historical gleanings, gathered from all parts of the State, of medical information of the greatest practical importance. In this respect New Jersey may challenge comparison with any State in the Union; and for the honor she may claim on this account, she is largely indebted to Dr. Wickes."



DR. STEPHEN WICKES
1813—1889

From The Journal of The Medical
Society of New Jersey, June,
1916, Page 289

The first outstanding historical work of Dr. Wickes was the compilation of an abstract of the minutes of The Medical Society of New Jersey from the day of its founding on July 23, 1766, through the ninety-second anniversary meeting held in Trenton, on January 26, 1858. This work was authorized by vote of the Society on May 25, 1875, and is the major source from which the present articles on med-

ical history have been compiled. (See Transactions 1874, p. 25; 1875, p. 20; and 1878, p. 19.)

The second outstanding historical contribution of Dr. Wickes was the direct outcome of his compilation of records. This was the volume entitled "History of Medicine in New Jersey and of Its Medical Men, from the Settlement of the Province to A. D. 1800". This volume of 438 pages contains the biographies of over 90 per cent of the regular practitioners of medicine who were in practice before 1800; and it includes a record of their descendants, many of whom were also practitioners unto the fourth generation. This book preserves the memories of scores of physicians whose identities would otherwise have been completely lost.

THE PERSONALITY OF DR. WICKES

Dr. Wickes was original in his way of thinking, and delved into subjects which are usually shunned. In the Transactions of 1883, page 137, there begins his dissertation of 116 pages on "Sepulture, Its History", followed by an index of six pages. This is a monumental work, and includes the poisonous effects of putrescent emanations from dead bodies. His data was taken largely from historical sources, and is comprehensive and learned in its scope.

In the Transactions of 1884 is Dr. Wickes Presidential Discourse on the subject "Living and Dying—Their Physics and Psychics". This fills thirty-six pages; and his information, taken largely from classical sources, deals with

physical and psychical phenomena connected with the act of dying.

Judging by his creative genius in both deed and word, one would expect that Dr. Wickes would carry his originality to the verge of peculiarity. Men still living in Orange recall that he was always a striking figure as he walked down the street, dressed in a frock coat with brass buttons, and carrying a gold-headed cane, as was the usual custom with prominent doctors of earlier days. He was especially careful in his later days to preserve his long beard immaculate in its snowy whiteness,—a feat which was sometimes difficult because he was an inveterate devotee to chewing tobacco.

He lived at the northwest corner of Main and Ridge Streets, at what is now number 457 Main Street, and kept a choice garden and grape vines with luscious fruit; and to the small boys of the neighborhood, but to no one else, he gained a reputation for an irascible temper.

His individual traits of character and mannerisms enabled Dr. Wickes to be a keen judge of human nature in others, and to avoid the reputation of being a super-man whom no one could emulate. He was entirely practical in his progressive plans and suggestions, and inducted his confreres into new lines of activity which at once became permanent policies. His works live after him, and he will be honored as almost the sole preserver of the memories of the great majority of his medical forebears.

2. MEETING PLACES

The Medical Society of New Jersey was founded on July 23, 1766, at "Mr. Duff's" in New Brunswick. Mr. Duff's was one of a number of public houses or inns in which important events in the War of the American Revolution took place. All were very small in size, and were in the main business center of the city near the bridge over the Raritan River. They were all located on Albany Street, which later became the Lincoln Highway.

Mr. Duff's occupied the building on the northeast corner of Albany and Peace Streets, which was built about the year 1752. Here the Provincial Congress held its sessions in 1776 from January 31st to March 2nd, and the court martial of General Charles Lee was begun on July 2nd, 1778. Figure 1 shows the building as it was about the year 1872 when it still retained its Revolutionary appearance. Figure 2 was taken from a photograph made on August 18th, 1936, and shows the building "modernized", and with its two

upper stories removed but its ground floor and foundations in their original size.

The Medical Society of New Jersey met



Fig. 1.—Mr. Duff's in the Early Seventies
From *The Chronicles of New Brunswick*, page 238,
with the permission of the author, John P. Wall.

semi-annually, and during its first decade it held seventeen meetings, six of which were in Mr. Duff's. The difficulty in recognizing its identity was a custom to call an inn after the name of the proprietor. After 1770 Mr. Duff's place went by the name of Widow Voorhees' Inn.



Fig. 2.—Mr. Duff's on August 20, 1936. The Two Upper Stories Have Been Removed, and the Lower Story Is Fitted Up as a Lunch Room. Mr. Drake's Is the Panelled Building Beyond the Larger Brick Building.

The House of Delegates has approved the movement to install a suitable tablet to mark the site of Mr. Duff's, in which the Medical Society was founded in 1766. (Transactions 1936, p. 13.)

Mr. James Drake's Inn was on the northwest corner of Albany and Water Streets. Here The Medical Society of New Jersey met three times during the decade 1781-1790. The building still stands and is shown in Figure 2. It was originally of two stories, but it was

raised up one story, and its exterior was decorated with modern panelling.

Mr. Brook Farmer's Inn was at the northeast corner of Albany and Neilson Streets, and here The Medical Society held three of its meetings during its first decade. The building has long since disappeared.

Mr. Marriner's Inn, where the members of The Medical Society of New Jersey met on August 6, 1783, was located on the southwest corner of Albany and Neilson Streets. This was General Washington's headquarters, and here the Yorktown campaign was planned. The site is now occupied by the business building of the Public Service; and on its Albany Street front there is a plaque showing a picture of the original building in relief.

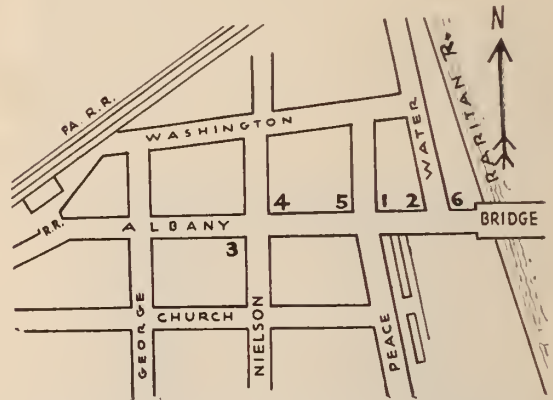


Fig. 3.—Map of the Oldest Section of New Brunswick Showing the Location of the Principal Inns.

1. Mr. Duff's.
2. James Drake's.
3. Marriner's.
4. Brook Farmer's.
5. Public Service Power House.
6. House of Dr. John Cochran, Third President of the State Medical Society.

DATES AND PLACES OF MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY—1766-1935

Organization meeting at Mr. Duff's, New Brunswick, July 23, 1766.

Nov. 4, 1766, in house of Broughton Reynolds, Elizabethtown.

May 5, 1767, in house of ——— Wright, Amboy.

Nov. 10, 1767, Princetown.

May 3, 1768, Princetown.

Nov. 1, 1768, Mr. Duff's, New Brunswick.

No meeting on May 1, 1769, on account of a severe storm.

Nov. 7, 1769, Mr. Duff's, New Brunswick.

May 1, 1770, New Brunswick.

Nov. 13, 1770, house of Mr. Brook Farmer, New Brunswick.

May 14, 1771, at Widow Voorhees', New Brunswick.

Nov. 12, 1771, Mr. Hicks, Princetown.

May 12, 1772, at house of B. Farmer, New Brunswick.

May 11, 1773, at Widow Voorhees', New Brunswick.

Nov. 9, 1773, in Princeton.

May 10, 1774, in house of Mr. Brook Farmer, New Brunswick.

Nov. 8, 1774, in house of Mr. Jacob Hyer, Princeton.

May 9, 1775, at Mrs. Voorhise (Voorhees), New Brunswick.

No meetings for six years, on account of the war.

May 6, 1781, in Princeton.

May 7, 1782, at Christopher Beckman's, at the Sign of the College, Princeton.

Nov. 5, 1782, at house of Jacob Hyers, Princeton.

May 6, 1783, at house of William Marriner, New Brunswick.

Nov. 4, 1783, in house of James Drake, New Brunswick.

May 4, 1784, at Mr. Christopher Beckman's, Sign of the College, Princeton.
Nov. 2, 1784, at house of Major Thomas Egbert, New Brunswick.
May 3, 1785, Mr. Prentice's Tavern, Princeton.
Nov. 1, 1785, Mr. James Drake's, Innkeeper in New Brunswick.
May 2, 1786, in house of Major Thomas Egbert, New Brunswick.
Nov. 7, 1786, Sign of the College, Princeton.
May 1, 1787, James Drake, New Brunswick.
Nov. 6, 1787, at house of Col. Okey Hoagland, Burlington.
May 6, 1788, house of Major Egbert, New Brunswick.
Nov. 6, 1788, house of Col. Okey Hoagland, Burlington.
May 5, 1789, James Drake, New Brunswick.
Nov. 3, 1789, at house of Thomas Egbert, New Brunswick.
May 4, 1790, at Mr. Okey Hogland's, Burlington.
Nov. 2, 1790, at Mr. James Drake's, New Brunswick.
May 3, 1791, at Col. Hoagland's, Burlington.
Nov. 1791, meeting appointed at Mr. Lane's, New Brunswick, none was held, but one was held in Princeton, Dec. 6, 1791.

From 1791 to 1795, the Society had difficulty in securing a quorum at its meetings, although it had at least fifty-one members, according to their names printed in the law incorporating the Society passed June 2, 1790. By this law, seventeen members made a quorum.

The annual dues were ten shillings.

On page 110 of the first volume of the Transactions is a list of the names of the members from 1766 to 1796—ninety-one in all.

1792, May 1, planned for Burlington, but none was held for no quorum was present.
1792, Nov. 6, New Brunswick, 16 present.
1793, May 7, Burlington, no quorum.
1793, Nov. 27, Princeton, 11 present.
1794, June 4, Princeton, 9 present, no quorum.
1795, June 3, Princeton, 11 present.
1795, Nov. 3, Princeton, 15 present.

No more meetings until 1807.

1807, June 23, New Brunswick, 10 members present.
1808, June 14, New Brunswick, 25 present.
1809, June 13, New Brunswick, 20 present.
1810, June 12, New Brunswick, 16 present.
1811, June 11, New Brunswick.
1812, June 6, New Brunswick.
1812, October 5, Somerville.
1813, June 8, New Brunswick.
1814, June 14, New Brunswick.
1815, June 13, New Brunswick.
1816, June 6 and June 13, New Brunswick.
1817, May, New Brunswick.
1818, May 12, New Brunswick.
1818, Nov. 10, New Brunswick.
1819, May 11, New Brunswick.
1819, Nov. 9, Trenton.
1820, May 9, New Brunswick.
1820, Nov. 4, Trenton.
1821, May 8, New Brunswick.
1821, Nov., Trenton.
1822, May 14, New Brunswick, at house of ——— Runyon.
1822, Nov. 12, Trenton.
1823, May 13, New Brunswick.
1823, Nov. 11, Trenton.
1824, May 11, New Brunswick.

1824, Nov. 9, Trenton.
1825, May 10, New Brunswick.
1825, Nov. 8, Trenton.
1826, May 9, New Brunswick.
1826, Nov. 14, Trenton.
1827, May 8, New Brunswick.
1828, May 13, New Brunswick.
1828, Nov., Trenton.
1829, May 12, New Brunswick.
1829, Nov. 10, Trenton.
1830, May 11, New Brunswick.
1830, Nov. 9, Trenton.
1831, May 10, New Brunswick.
1831, Nov., Trenton.
1832, May, New Brunswick.
1832, Nov., Trenton.
1833, May, place not stated.
1833, Nov., Trenton.
1834, May, New Brunswick, 20 present.
1834, Nov., Trenton.
1835, May, New Brunswick.
1835, Nov. 10, Trenton.
1836, May 10, New Brunswick.
1836, Nov., Trenton, at house of Mr. Hollingshead.
1837, May 9, New Brunswick, Middlesex delegate present.
1837, Nov. 14, Trenton.
1838, May 8, New Brunswick.
1838, Nov. 13, Camden.
1839, May 14, New Brunswick, Joline's Hotel.
1839, Nov. 22, Morristown, Drake's Hotel.
1840, May 12, New Brunswick.
1840, Nov. 10, Trenton, Hollingshead's Hotel.
1841, May 11, New Brunswick.
1841, Nov. 9, Somerville, at house of Jacob A. Fritz.
1842, May 18, New Brunswick.
1842, Nov. 8, Newark, Stewart's.
1843, May 9, New Brunswick.
1843, Nov. 14, Princeton.
1844, May 14, New Brunswick, Hall's house.
1844, Nov. 12, Elizabethtown.
1845, May 13, New Brunswick.
1845, Nov. 11, Princeton, Joline's House.
1846, May 12, New Brunswick, Stelle's House.
1846, Nov. 10, Highstown, R. M. Smith's Hotel.
1847, May 11, New Brunswick, Stelle's House.
1847, Nov. 9, Burlington, City Hotel.
1848, May 9, New Brunswick, College Chapel.
1848, Nov. 14, Trenton, Mr. Kay's Hotel.
1849, May 8, New Brunswick.
1849, Nov. 13, Camden, Elwell's Hotel.
1850, May 14, New Brunswick, College Chapel.
1850, Nov. 12, Elizabethtown, Sciple's Hotel.
1851, May 13, New Brunswick.
1852, Jan. 27, Trenton, Temperance Hall.
1853, Jan. 25, Trenton, Temperance Hall.
1854, Jan. 24, Trenton, Temperance Hall.
1850, July 11, Trenton.
1855, Jan. 23, Trenton.
1856, Jan. 22, Trenton.
1857, Jan. 27, Trenton.
1858, Jan. 26, Trenton.
1859, Jan. 25, Trenton.
1860, Jan. 24, Trenton.
1861, Jan. 22, Trenton.
1862, Jan. 28, New Brunswick.
1863, Jan. 27, Jersey City, N. Taylor's Hotel.
1864, Jan. 26, Camden, Odd Fellows Hall.
1865, Jan. 24, Burlington.
1866, Jan. 23, New Brunswick, Rutgers College.
1867, May 28, Newark, Council Hall.
1868, May 26, Princeton, Second Presbyterian Church.

- 1869, May 25, Jersey City, Common Council Chamber.
 1870, May 24, Trenton, Masonic Lodge.
 1871, May 23, Court House, Flemington.
 1872, May 28, Paterson, Court House
 1873, May 27, Mt. Holly, Court House
 1874, May 26, Long Branch, Mansion House.
 1875, May 25, Atlantic City, Congress Hall.
 1876, May 23, Cape May, Congress Hall.
 1877, May 22, Trenton, Taylor Hall.
 1878, May 28, Spring Lake, Monmouth House.
 1879, May 27, Englewood Cliffs, Palisade House.
 1880, May 25, Princeton, Science Hall.
 1881, May 24, Long Branch, Ocean Hotel.
 1882, May 23, Asbury Park, Educational Hall.
 1883, June 12, Atlantic City, Congress Hall.
 1884, June 10, Cape May, Stockton Hotel.
 1885, June 9, Long Branch, Leland's Ocean House.
 1886, June 8, Sea Girt, Beach House.
 1887, June 14, Beach Haven, Baldwin House.
 1888, June 12, Schooley's Mountain, Heath House.
 1889, June 18, Asbury Park, Coleman House.
 1890, June 10, Schooley's Mountain, Heath House.
 1891, June 23, Long Branch, West End Hotel.
 1892, June 28, Atlantic City, U. S. Hotel.
 1893, June 27, Asbury Park, West End Hotel (picture taken).
 1894, June 26, Lake Hopatcong, Hotel Breslin.
 1895, June 25, Cape May, Hotel Stockton.
 1896, June 23, Asbury Park, Hotel Brunswick.
 1897, June 22, Atlantic City, U. S. Hotel.
 1898, June 28, Asbury Park, Auditorium.
 1899, June 27, Allenhurst, Allenhurst Inn.
 1900, June 4, Atlantic City, The Ilseworth.
 1901, June 25, Deal Beach, Hathaway Inn.
 1902, June 24, Atlantic City, New Rudolf.
 1903, June 23, Asbury Park, Coleman Hotel.
 1904, June 4, Atlantic City, Hotel Chelsea.
 1905, June 20, West End, Hollywood Hotel.
 1906, June 19, Atlantic City, Hotel Chelsea.
 1907, June 25, Long Branch, Hotel Scarboro.
 1908, June 18, Cape May, Hotel Cape May.
 1909, June 23, Cape May, Hotel Cape May.
 1910, June 28, Atlantic City, Hotel Chalfonte.
 1911, June 3, Spring Lake.
 1912, June 11, Spring Lake.
 1913, June 10, Spring Lake, Monmouth Hotel.
 1914, June 30, Spring Lake, Monmouth Hotel.
 1915, June 22, Spring Lake.
 1916, June 20, Asbury Park, New Monterey.
 1917, June 11, Atlantic City, The Chelsea.
 1918, June 25, Spring Lake, New Monmouth.
 1919, June 24, Spring Lake.
 1920, June 15, Spring Lake.
 1921, June 14, Atlantic City, Hotel Chelsea.
 1922, June 21, Spring Lake, Monmouth Hall.
 1923, June 21, Atlantic City, Haddon Hall.
 1924, June 5, Atlantic City, Haddon Hall.
 1925, June 18, Atlantic City, Haddon Hall.
 1926, June 17, Atlantic City, Haddon Hall.
 1927, June 9, Atlantic City, Haddon Hall.
 1928, June 6, Atlantic City, Haddon Hall.
 1929, June 12, Atlantic City, Haddon Hall.
 1930, June 11, Atlantic City, Haddon Hall.
 1931, June 3, Asbury Park, Berkeley Carteret.
 1932, June 15, Atlantic City, Haddon Hall.
 1933, June 6, Atlantic City, Haddon Hall.
 1934, June 5, Atlantic City, Haddon Hall.
 1935, April 30, Atlantic City, Haddon Hall.
 1936, June 2, Haddon Hall.

TESTIMONIAL TO DR. WELLS P. EAGLETON

A testimonial dinner was given to Dr. Wells P. Eagleton on Sunday, April 26th, 1936, in the Essex House, Newark, in celebration of his completion of twenty-five years as Director of the Newark Eye and Ear Infirmary.

The dinner was attended by 250 physicians and their wives. Dr. Henry C. Barkhorn was toastmaster. Addresses were made by Dr. Frederic J. Quigley, Union City, Past President of The Medical Society of New Jersey; and Mr. John R. Hardin of the Trustees.

The principal feature of the dinner was the presentation to the Infirmary of a life-like portrait of Dr. Eagleton done in oil by Mr. Emil Alexay, of Newark. The presentation address was made by Dr. E. LeRoy Wood, of Newark, a member of the Infirmary Staff, who spoke of Dr. Eagleton in the familiar way which is characteristic of the friendly manner of the Director's usual association with the members of the staff. An abstract of Dr. Wood's address follows:

ADDRESS BY DR. EARL LEROY WOOD, NEWARK

In commemorating this happy occasion, this silver jubilee, we, the staff of the Eye and Ear Infirmary, cast about for some material symbol to serve as an outward manifestation of the respect and affection we feel for Wells P. Eagleton. We felt that nothing would be as appropriate as a picture of this man we love. Nothing other than the countenance with which we are familiar and which we revere, could quite express our feelings, and I am sure that even this cannot fully reveal *all* we feel.

We find that the artist has produced here a real portrait, a faithful likeness, and yet no

physical representation, be it ever so talented a combination of oil and canvas, could quite show his picture which is framed with affection in our minds. Of course we who know him see in this oil portrait the man that we know, the man that exists in reality and also in our minds.

We see here the Master, for Dr. Eagleton is our Master at the Infirmary in all that that term implies. We do not actually call him by that name, but by a more modern or current synonym, "The Boss" (though perhaps he doesn't know that); and that name is used in

all affection and respect. Our Director, The Master, certainly not our taskmaster, is rather our Master Workman, who by example and precept shows the way.



DR. WELLS P. EAGLETON
From the oil painting by Mr. Emil
Alexay, Newark.

He sets the pace and we all must of necessity run faster and better in the effort to be not too far outdistanced. He inspires us and, by his intelligent supervision puts us on our mettle, administering criticism and praise in stimulating doses. An example of this was the spontaneous revelation recently made by one of our staff. He said:

"I do better work in the Infirmary than I do in other hospitals. Although I myself am the same individual, with the same talents and ability regardless of what institution I am in, when I am in the Infirmary I know I must be at my best because my work will be supervised with intelligent criticism. I cannot be careless in work or thought because Dr. Eagleton will review, analyze, and weigh me, and I must not be found wanting. His very presence is like a catalytic agent that accelerates and improves the action. He is a stimulus to better work."

As we look at this picture with admiration, we might ask, "But is he human?" Yes, indeed. You see no wings in this portrait, nor do we want any, not even pin feathers, for he is one of us, definitely of this world; with his feet upon the solid earth, but living a fine life;

one who in his struggle to serve his community and to elevate his fellows has himself grown stronger and stronger, and wiser and wiser. With vigorous sincerity he served. His strength has not come from following the easiest path; we see here a man who tolerates no compromise with principle, one who can follow the hard road and play the rough game of life, taking his share of cuts and bruises, unpleasant as they are at the moment, but going forward, undeterred, because his eyes are on a glorious goal.

And we see something else in this familiar face,—the lines of care wrought by the everyday problems. For twenty-five years, one quarter of a century, he has been the Director of the Infirmary; and in that "Being Director" he has not occupied a plush-lined, swivel-chair position. He has been the Director of all the problems from the highest to the lowest. Not only has he been the master of the most complicated and technical surgical problem; not only is he called upon to solve the most obscure diagnostic enigmas, but he can bear on his own broad shoulders that multitude of homely details of a large, active institution. The cranky patient in room 352 who complains about the food is reported to him, as is also 353 who is too hot, and 354 who is too cold. Should the wards or private rooms be repainted and when? What color? What about the grocery bill, the coal bill—only now it's the oil bill? The question of employees' wages crops up, the financial problem of existence with all that which entails in both the getting and the spending, to say nothing of the temperamental tantrums of the staff, lay nursing, yes, and even the medical staff. All these details and more receive patient and wise consideration and solution.

How old is this man we see before us? I do not know how old he is in years, but I do know that he is a young man,—young in thought, young in ideas, and, more than that, young in his associations. That is one reason why we invited the younger ones here tonight,—because he is interested in them. He never forgets them. Those of us who are parents know that he is always interested in our children. One of his notable characteristics is the respect and consideration with which he always treats the young doctors. The internes, the resident physicians, the neophyte practitioners, all know from experience that they can with confidence offer to him their thoughts, ideas, or problems, for they will receive sympathetic consideration and understanding.

We realize how young his mind is when we see the eagerness with which he always attempts to share the knowledge and thoughts

of youth. It is his constant query, What is the latest theory about this?—or the latest fact about that? Not just to assure himself that he is still ahead of the recent graduate in all the latest teachings, as he practically always is. It is not that alone,—it is because he is young, and *will never grow old*.

Yet with this enthusiasm for youth we see also a sympathy for the aged. Those of us who have walked the hospital wards with him are familiar with his gentleness and consideration for old people. We see here a face that we would like to see at our own bedside when we are old or ill, a face that shows an understanding of suffering, and the earnest desire to help.

We have often pondered over the qualities which contribute to greatness, but I think if you study this portrait, you will find them reflected here: intelligence, imagination, steadfastness of purpose, deep understanding of humanity, sympathy, and a noble courage. From this portrait steps out that lovable personality, our own Doctor Eagleton.

On behalf of the staff, I have the honor and pleasure to present this picture as an outward sign of the regard, affection, and love that we feel. We sincerely hope that all who look at it may see the beauty which we see, and feel the inspiration which has been our good fortune to experience.

DECEASED PHYSICIANS—NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Ignazio Caugialosi	53	July 7, 1936	Hoboken	Same	Coronary thrombosis.
William N. Davis	67	July 10, 1936	Ocean Grove	Same	Sun stroke. Hypertension.
John H. Finnerty	80	July 11, 1936	Jersey City	Same	Cardiac decompensation.
John F. Leavitt	79	July 27, 1936	Collingswood	Same	Arterio sclerosis.
Frederick A. Mandeville	73	July 15, 1936	Summit	Same	Chr. myocarditis. Nephritis.
Martin I. Marshak	49	July 15, 1936	Bayonne	Same	Renal colic. Cardiac dilatation
Dennis R. McElhinney	56	July 30, 1936	Elizabeth	Same	Suicide.
Juan L. Payawall	45	July 27, 1936	Paterson	Ramsey	Acute appendicitis.
Joseph Poland	50	Jan. 8, 1936	Philadelphia	Atlantic City	Cerebral thrombosis.
Robert F. Roth	32	July 29, 1936	Camden	Westmont	Chronic appendicitis.
Charles H. Shivers	88	July 28, 1936	Atlantic City	Same	Lobar pneumonia. Fracture left femur.
Augustus Stanfield	45	July 1, 1936	Orange	Same	Interstitial nephritis.
Martin J. Synnott	67	July 15, 1936	Montclair	Same	Cerebral hemorrhage.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE BIOLOGICALS SINCE JULY 1, 1936

DIPHTHERIA TOXOID

County	To July 31	Month of Aug.	Total to Aug. 31	Average per Month
Atlantic	132	8	140	70.
Bergen	198	89	287	143.5
Burlington	68	16	84	42.
Camden	6	2	8	4.
Cape May	15	3	18	4.
Cumberland	12	133	145	72.5
Essex	1620	1850	3470	1735.
Gloucester	35	6	41	20.5
Hudson	2	10	12	6.
Hunterdon	19	0	19	9.5
Mercer	1	7	8	4.
Middlesex	41	34	75	37.5
Monmouth	237	15	252	126.
Morris	17	37	54	27.
Ocean	12	0	12	6.
Passaic	279	79	358	179.
Salem	22	2	24	12.
Somerset	21	3	24	12.
Sussex	24	0	24	12.
Union	174	131	305	152.5
Warren	15	9	24	12.
Totals	2950	2434	5384	2692.

SMALLPOX VACCINE

County	To July 31	Month of Aug.	Total to Aug. 31	Average per Month
Atlantic	2	36	38	19.
Bergen	229	58	289	143.5
Burlington	96	20	116	108.
Camden	7	56	63	31.5
Cape May	9	1	10	5.
Cumberland	28	86	114	57.
Essex	619	373	992	496.
Gloucester	42	30	72	36.
Hudson	1	17	18	9.
Hunterdon	9	4	13	6.5
Mercer	16	12	28	14.
Middlesex	38	69	107	53.5
Monmouth	291	13	304	152.
Morris	139	142	281	140.5
Ocean	87	1	88	44.
Passaic	390	394	784	392.
Salem	2	2	4	2.
Somerset	8	4	12	6.
Sussex	109	0	109	54.5
Union	103	116	219	109.5
Warren	40	48	88	44.
Totals	2265	1482	3747	1873.5

OBITUARIES

DR. DENNIS RALPH McELHINNEY

Dr. Dennis Ralph McElhinney, a prominent surgeon of Elizabeth, was found dead in his garage on the evening of July 30, 1936. He was born in Lakehurst on April 30, 1880, and graduated in medicine from the University of Pennsylvania in 1903. He at once began to practice medicine in Elizabeth and was recognized for his skill in surgery. He served a term as President of the Union County Medical Society, which passed resolutions attesting

the high respect of the members. The following resolution was adopted by the Clinical Society of the Elizabeth General Hospital:

"Throughout a lengthy professional career Dr. McElhinney has practiced his art with meticulous care, combining rare judgment with a laudable degree of conservatism. He was an earnest student of a progressive type, and was noted for the devotion to those under his care."

DR. JAMES F. ACKERMAN

Dr. James F. Ackerman, veteran physician and President of the Board of Governors of Fitkin Memorial Hospital, died there on August 5, 1936, after an illness of ten days. He was in his seventy-second year.

Dr. Ackerman, who had practiced in Asbury Park since 1891, was the founder of Ann-May Hospital at Spring Lake, an institution which has since been merged with the Fitkin Memorial Hospital.

He was keenly interested in the administrative phase of hospital work, as well as in general medical work, and he was Chairman of the Board of Governors of the Marlboro State Hospital and member of the Board of Governors of Allenwood Sanatorium.

Dr. Ackerman was a former President of Monmouth County Medical Society, Monmouth County Homeopathic Society, and of the New Jersey Homeopathic Society. He was a member of the American

College of Physicians, American Medical Association, and the New Jersey Medical Club.

Born at Nashua, New Hampshire, he was the son of Joseph and Susan Reed Ackerman. After attending public and private schools in New Hampshire and Massachusetts he went to Amherst College, being graduated in 1890. He studied in Vienna for a year and settled in Asbury Park.

The Fitkin Memorial Hospital, erected at a cost of \$1,000,000 just outside this city in Neptune Township, was dedicated in December, 1931, and a bronze portrait medal was presented to Dr. Ackerman, who had sponsored the project, in recognition of his work in organizing the first public hospital in that region.

His widow, Mrs. Annie Rouse Ackerman, and three daughters, Mrs. James Fisher, Mrs. Oliver K. Parry and Mrs. Frank Cole, all of Asbury Park, and a brother, George Ackerman, of Nashua, survive.

DR. JOHN E. ANDERSON

Dr. John E. Anderson, of Neshanic, Somerset County, a member of the Somerset County Medical Society, died in his home on August 15, 1936, aged seventy-four years. He had been ill for several weeks.

Dr. Anderson graduated from the Baltimore College of Physicians and Surgeons in 1885, and at once began the practice of medicine in Neshanic, where he spent the remainder of his life. He leaves a widow and one son, George W. Anderson, of Plainfield.

BOOK REVIEW

THE ANCESTRY OF THE LONG-LIVED, by Raymond Pearl and Ruth DeWitt Pearl. The Johns Hopkins University. Published by The Johns Hopkins Press, Baltimore, Md. Copyright 1934. Price \$3.00.

This book is primarily a research record for professional people. It might be read by laymen in-

terested in family characteristics of the families of extremely longevous persons. There is evidence of careful and extensive investigation into biological problems of longevity. It incorporates a new concept of total immediate ancestral longevity (called TIAL) and is a valuable addition to this field of knowledge.

DATES OF MEETINGS OF County Medical Societies of New Jersey *September 1936 --- July 1937*

SEPTEMBER, 1936

15 Bergen	16 Middlesex
8 Sussex	17 Gloucester
10 Burlington	17 Morris
10 Passaic	

OCTOBER

6 Camden	13 Cumberland
6 Cape May	14 Mercer
6 Hudson	14 Ocean
8 Burlington	14 Union
8 Essex	15 Gloucester (So-
8 Passaic	cial session)
8 Somerset	20 Warren
9 Atlantic	21 Middlesex
9 Salem	27 Hunterdon
13 Bergen	28 Monmouth

NOVEMBER

3 Camden	12 Passaic
3 Hudson	13 Atlantic
10 Bergen	18 Middlesex
11 Mercer	19 Gloucester
(Banquet)	25 Monmouth
11 Ocean	Sussex (At call
12 Burlington	of President)
12 Essex	

DECEMBER

1 Hudson	10 Passaic
1 Camden	10 Somerset
8 Bergen	11 Atlantic
8 Cumberland	11 Salem
9 Mercer	16 Middlesex
9 Ocean	17 Gloucester
9 Union	17 Morris
10 Burlington	23 Monmouth
10 Essex	

JANUARY, 1937

5 Camden	14 Passaic
5 Hudson	19 Warren
8 Atlantic	20 Middlesex
12 Bergen	21 Gloucester
13 Mercer	26 Hunterdon
13 Ocean	27 Monmouth
14 Burlington	Sussex (At call
14 Essex	of President)

FEBRUARY

2 Camden	11 Essex
2 Hudson	11 Passaic
9 Bergen	11 Somerset
9 Cumberland	12 Atlantic
10 Mercer	12 Salem
10 Ocean	17 Middlesex
10 Union	18 Gloucester
11 Burlington	24 Monmouth

MARCH

2 Camden	12 Atlantic
2 Hudson	17 Middlesex
9 Bergen	18 Gloucester
10 Mercer	18 Morris
10 Ocean	24 Monmouth
11 Burlington	Sussex (At call
11 Essex	of President)
11 Passaic	

APRIL

6 Camden	13 Cumberland
6 Cape May	14 Mercer
6 Hudson	14 Ocean
8 Burlington	14 Union
8 Essex	15 Gloucester
8 Passaic	20 Warren
8 Somerset	21 Middlesex
9 Atlantic	27 Hunterdon
9 Salem	28 Monmouth
13 Bergen	

MAY

4 Camden	14 Atlantic
4 Hudson	19 Middlesex
11 Bergen	20 Gloucester
12 Mercer	26 Monmouth
12 Ocean	Salem (Social
13 Burlington	Meeting)
13 Essex	Sussex (At call
13 Passaic	of President)

JUNE

8 Bergen	17 Morris
8 Cumberland	23 Monmouth
9 Mercer	Camden (Outing
10 Somerset	Meeting)
16 Middlesex	

JULY

20 Warren	27 Hunterdon
-----------	--------------

Cape May has two other meetings at the call of the President.

The NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

Obstetrics and Gynecology

A full time course. In Obstetrics: Lectures; prenatal clinics; witnessing normal and operative deliveries; operative obstetrics (manikin). In Gynecology: Lectures; touch clinics; witnessing operations; examination of patients pre-operatively; follow-up in wards post-operatively. Obstetrical and Gynecological pathology; regional anesthesia (cadaver). Attendance at conferences in Obstetric and Gynecology. Operative Gynecology on the Cadaver.

UROLOGY

Surgical Anatomy	Cystoscopy and
Urologic Operations	Endoscopy
Diagnosis and Office	Dermatology and
Treatment	Syphilology
Regional Anesthesia	Diathermy
Proctology	Pathology
Neurology	Roentgenology
	Operative Urology (cadaver)

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City

ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.

Dependable Gland Products

2-24 Mt. Pleasant Ave.

Newark, New Jersey

MEDICAL PRACTITIONERS RECOGNIZE US AS DEPENDABLE OPTICIANS

Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions
MAINTAINING

Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Est. Since

1895

Personal
Supervision
Eugene J.
Anspach

ANSPACH BROS. Prescription Opticians **838 BROAD ST., NEWARK**

533 Main St., East Orange, N. J. 382 Springfield Ave., Summit, N. J. 626 Cookman Ave., Asbury Park, N. J.
MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

1920

Prescriptions of the Eye Physicians for Perfect
Glasses Carefully Compounded



Guildcraft Opticians

At the Centre
Tel. Montclair 2-6128

Member of the Guild of Prescription
Opticians of America

1936

Eye Physicians Prescriptions Exclusively

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

**Member of the Guild of Prescription
Opticians of America**

PREPARATIONS OF PICROTOXIN

The Journal of the A. M. A. of August 1, 1936, p. 354, contains an article on picrotoxin:

One firm proposed to sell preparations of picrotoxin for use in barbital poisoning. The Council called attention to the fact that picrotoxin was inert against some forms of barbital, and recommended that its preparations be submitted to research workers who could apply the remedy in hospitals which are equipped to administer it under proper conditions and to deal with its possibly poisonous effects.

"The Council does not wish to imply a belief that

picrotoxin is of no value in the treatment of barbital poisoning. It awaits the development of further evidence in the work of competent investigators. The Council is, however, convinced that the evidence now available for this use does not justify the placing of a marketed product in the hands of the general practitioner irrespective of his facilities for using it with the greatest benefit to his patient, for determining its therapeutic value and contributing the evidence in a satisfactory way."

The company withdrew its application, and received the thanks of the Council for its coöperation.

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

**Personal and Dependable Service, Day and Night. Special Attention Given
to Hospital Calls, Train and Express Shipments**

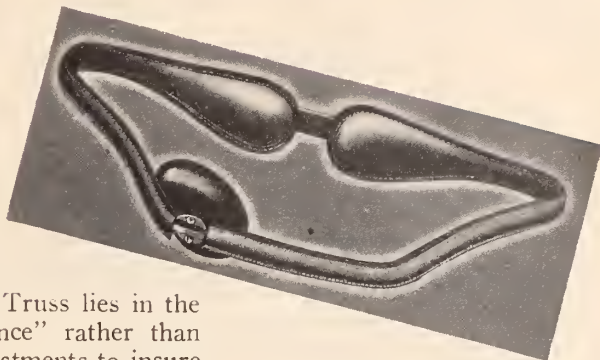
PLACE	NAME AND ADDRESS	TELEPHONE
NEWARK	Smith and Smith, 160 Clinton Ave.	Bigelow 3-2123
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
ORANGE	Weatherhead Funeral Home, 126 Main St.	ORange 3-5278-9

POMEROY

FRAME TRUSS

Expertly Made, Expertly Fitted

The superiority of the Pomeroy Frame Truss lies in the application of gentle but firm "resistance" rather than "pressure" in retaining the hernia. Adjustments to insure close body contact in all positions and regardless of body movement are made with perfect accuracy. The water pad, first used by Pomeroy, and the long experience of this house in gauging the metal for frames, designing and shaping pads and **fitting** trusses to **individual** needs, insure **your** patients satisfaction.



In prescribing trusses protect your patient all the way—prescribe the type of truss required, prescribe the truss you know will perform its duty. prescribe where to buy it — prescribe Pomeroy.

P O M E R O Y

901 BROAD STREET, NEWARK, N. J.

NEW YORK · BRONX · BROOKLYN · SPRINGFIELD · BOSTON · DETROIT · WILKES-BARRE

Trade Mark
Registered

STORM

Trade Mark
Registered

Binder and Abdominal Supporter



Gives perfect up-lift. Is worn with comfort and satisfaction. Made of Cotton, Linen, or Silk. Washable as underwear. Three distinct types, many variations of each.

The Picture Shows "Type N"

Storm belts adaptable to all conditions, Pto-sis, Hernia, Pregnancy, Obesity, Sacro-Iliac Relaxation. High and Low Operations, etc.

Ask for Literature

KATHERINE L. STORM, M.D.

Originator, Owner and Maker

1701 Diamond Street

PHILADELPHIA

ORTHOPEDIC
SHOES

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO RENT
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, \$1.00

CASH MUST ACCOMPANY ORDER

Forms Close 26th of the Month

FOR RENT—Office of late Dr. Jacob Polevski. Ideal for group practice offering trained technician in medical laboratory, x-ray, basal metabolism and electrocardiography. Communicate Mrs. Jacob Polevski, 682 High Street, Newark, N. J. Mitchell 2-2815.

HUNTER COLLEGE, NEW YORK CITY, offers six weeks' intensive course in x-ray technique, commencing November 4, 1936. Particulars from College or Dr. E. Fox, 384 E. 149th Street, New York City. ALSO private courses in laboratory technique.

SITUATION WANTED in doctor's office or hospital. Experienced laboratory technician, medical secretary and receptionist (thoroughly familiar with electrocardiograms, orthodiagrams, etc.). References. Address Box M, care of The Journal.

A Scientific Service Devoted Exclusively to Diaper Hygiene



Physicians know that the infants' diapers should be properly cleansed and sterilized. To do this at home is an arduous task and expensive duty. Carelessly done, it invites rash, irritations and infections which cause mothers' anxiety. Bathing, feeding and dressing the infant have received scientific attention and through Baby's Wash diapering has been accorded its proper share of research.

Perfect Diaper Sterilization

Baby's Wash is the ORIGINAL and APPROVED institution of its kind in the state of New Jersey. Years of research and many laboratory experiments are represented in the process that brings you the perfectly sterilized diaper.

BABY'S WASH

New Jersey's Original and Approved Institute of Diaper Hygiene

532 Central Ave. East Orange, N. J.

Telephone ORange 3-2224

HEALTH AND ACCIDENT INSURANCE For Ethical Practitioners Exclusively

\$5,000.00 accidental death For \$33.00
\$25.00 weekly indemnity, health and accident per year

\$10,000.00 accidental death For \$66.00
\$50.00 weekly indemnity, health and accident per year

\$15,000.00 accidental death For \$99.00
\$75.00 weekly indemnity, health and accident per year

34 years' experience under same management

\$1,350,000 INVESTED ASSETS

ASSURE ABILITY TO PAY

More Than \$7,350,000.00 Paid For Claims

Disability need not be incurred in line of duty—benefits from beginning day of disability.

Why don't you become a member of these purely professional Associations? Send for applications, Doctor, to

E. E. ELLIOTT, Sect'y-Treas.



Physicians Casualty Association
Physicians Health Association

400 First National Bank Bldg.

OMAHA, NEBRASKA



\$200,000 deposited with State of Nebraska for our members' protection.

PRINTERS SINCE 1908

Specializing in

CATALOGUES STATIONERY
COMMERCIAL FORMS BOOKLETS

MEDICAL SOCIETY BULLETINS

ENGRAVED PROFESSIONAL STATIONERY
MODERATELY PRICED

The Orange Publishing Company

12 SOUTH DAY STREET

ORANGE, N. J.

—Printers to the State Medical Society—

COMPLETE PRINTING SERVICE

FOR SALE — For Doctor or Dentist

208 ORANGE ROAD

(corner Warren Place)

MONTCLAIR

CHARLES F. McTAGUE

Montclair 2-9313



CARBONATED ALKALINE WATER

NOT A LAXATIVE
UNIFORM STRENGTH—PURITY

KALAK WATER CO. OF NEW YORK, INC.
6 Church Street New York City

PRACTICING WITHOUT LICENSE

The Journal of the A.M.A., July 25, 1936, page 288, contains the following description of the successful prosecution of an osteopath in Minnesota for practicing medicine:

"Wayne A. Hockett, who holds a license to practice osteopathy in Minnesota, pleaded guilty in Owatonna, April 20, to practicing medicine without a license. This was said to be the first arrest in eight years of an osteopath on this charge. Hockett, who had practiced nearly two years in Waseca, had

between March 2 and March 21 written two prescriptions for medicine to be taken internally by one Max Schoenfeldt, who was suffering from cancer of the pancreas with metastasis to the liver. Hockett also gave Mr. Schoenfeldt two injections in the arm of a so-called cancer serum, for which he received \$150 in advance. Judge Senn sentenced Hockett to pay a fine of \$250 or serve 120 days in the Waseca County Jail, but suspended the sentence pending Hockett's good behavior and on condition that he refrain from violating the Medical Practice Act in the future."

Keep your JOURNALS

*where you can
find them. . . .*

Ask your County Secretary about the filing box that will hold The Journals of a whole year.

A box will be sent from the Executive Offices on receipt of the price—thirty cents.



THE MEDICAL SOCIETY OF NEW JERSEY
137 EAST STATE STREET
TRENTON NEW JERSEY



ABBOTTS

the STANDARD of Fine Quality in **ICE CREAM**

You can recommend **ABBOTTS** **ICE CREAM WITH ASSURANCE**

In making Abbotts Ice Cream we use none but the finest ingredients—our own fresh, pure cream, the choicest fruits, pure cane sugar; the highest grade Mexican Vanilla Beans, and the best quality of Caracas Chocolate.



ABBOTTS DAIRIES, Inc.—Phila., Newark, Trenton, Camden, South Jersey, Seashore, Elkton, Allentown, Reading

FIREMEN'S PHARMACY

DEPENDABLE
PRESCRIPTION
SERVICE

NEW JERSEY
FORMULARY
PREPARATIONS

BIOLOGICALS

**BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY**

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	South Orange 2-0063
NEWARK	Liss, Michael, 794 Mt. Prospect Ave.	HUMboldt 3-4749
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MONTclair 2-2014

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

HENRY C. BARKHORN M.D., 45 Johnson Ave., Newark, N. J.

Change my address on mailing list

From.....

To.....

Journal is not being received

My correct address is.....

Date..... Signed..... M. D

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry
of the American Medical Association (N.N.R.)

ANTISEPTIC

AN AID FOR THE PREVENTION OF
RINGWORM INFECTION

For irrigating, swabbing and dressing infected
cases wherever an antiseptic
is needed

For Hand and Skin Sterilization

To Make a Dakin's Solution of Correct
Hypochlorite Strength and Alkalinity

**NON-POISONOUS
NON-IRRITATING**

Write for Literature

BETHLEHEM LABORATORIES

Incorporated
300 Century Building
PITTSBURGH, PENNA.

"STONE WALLS DO NOT A PRISON MAKE NOR IRON BARS A CAGE"

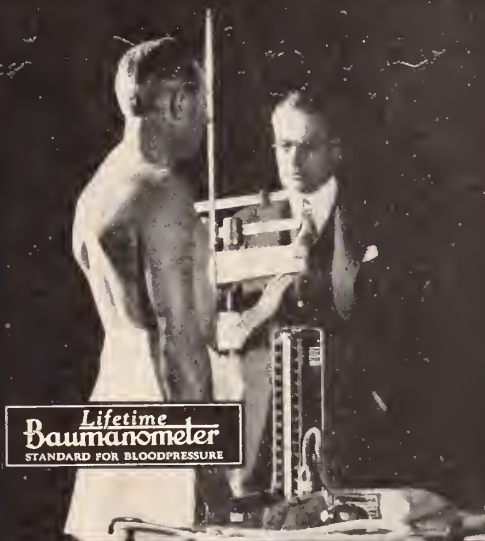
Winter is a jailor who shuts us all in from the fullest vitamin D value of sunlight. The baby becomes virtually a prisoner, in several senses: First of all, meteorologic observations prove that winter sunshine in most sections of the country average 10 to 50 per cent less than summer sunshine. Secondly, the quality of the available sunshine is inferior due to the shorter distance of the sun from the earth altering the angle of the sun's rays. Again, the hour of the day has an important bearing: At 8:30 a. m. there is an average loss of over 31 per cent, and at 3:30 p. m., over 21 per cent.

Furthermore, in the winter, the mother is likely to bundle her baby to keep it warm, shutting out the sun from baby's skin; and in turning the carriage away from the wind, she may also turn the child's face away from the sun.

Moreover, as Dr. Alfred F. Hess has pointed out, "It has never been determined whether the skin of individuals varies in its content of ergosterol" (synthesized by the sun's rays into vitamin D) "or, again, whether this factor is equally distributed throughout the surface of the body."

While neither Mead's Oleum Percomorphum nor Mead's Cod-Liver Oil Fortified with Percomorph Liver Oil constitutes a substitute for sunshine, they do offer an effective, controllable supplement especially important because the only natural foodstuff that contains appreciable quantities of vitamin D is egg-yolk. Unlike winter sunshine, the vitamin D value of Mead's antiricketic products does not vary from day to day or from hour to hour.—Advt.

CONFIDENCE...



Lifetime
Baumanometer
STANDARD FOR BLOODPRESSURE

The weight and bloodpressure readings are recorded with confidence because both instruments operate on the true-gravity principle which assures unvarying accuracy. Smallest, Lightest, Handiest... the KOMPAK Model, cased in Duralumin, is guaranteed against glass breakage for your Lifetime.

W. A. BAUM CO. INC. NEW YORK

Behind

MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)



is a background of

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association



A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.

BALTIMORE, MARYLAND

LINCOLN HOSPITAL

(Est. 1920 -New Building Completed 1929)

A. ROTHSEID, M.D., Pres.

EDNA L. BENNETT, Supervisor

A Private Hospital of 59 Beds Open to All
Qualified Physicians

A General Hospital for Medical, Surgical and
Obstetrical Cases

No Contagious or Mental Cases Admitted

**Modern Equipment
Fireproof Building
Clinical Lab. Facilities
X-Ray Department**

**Reasonable Rates
Flat Rates Maternity Cases
\$45 for 10 Days
Surgical Cases
\$55 for 10 Days
T. & A. \$8**

**65 AVON AVENUE
NEWARK, N. J.
Phone Bigelow 3-1630**

Belle Mead Sanatorium and Farm BELLE MEAD, NEW JERSEY

Long established and licensed. On the approved hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy*. With a separate, attractive department for *Convalescents and Elderly Persons*. *Five attractive buildings for thorough classification*. Physicians are invited to visit and coöperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a *four hundred acre stock farm at the foot of the Watchung Mountains*. *Easily accessible by rail, bus and auto*. Scientific treatment and nursing. Hydrotherapy, electrotherapy, suitable diversion. Occupational therapy. Arts and craft shop. **RATES VERY REASONABLE** for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phone Belle Mead 21. New York City Office, 667 Madison Avenue; hours 3 to 4 Tues., Thurs., Sat. Tel. Regent 4-2160.

SUNSHINE, REST and SPECIAL DIET

For **DIABETICS, CONVALESCENTS** or anyone needing a quiet retreat amid beautiful surroundings. **TRAINED DIETICIAN**. You can treat your own patients or have our physician in constant attendance take care of them.

\$25.00 to \$50.00 PER WEEK.

**Mattinson Health Foundation, Inc.
Box 67, POMPTON LAKES, N. J.**

Phone: P. L. 1398

ENERGY CLAIMS FOR FOODS

The Council on Pharmacy and Chemistry of the A. M. A. has prepared the following statement regarding the precise meaning of the term *energy* when applied to foods (Jour. A. M. A., August 1, 1936, p. 355):

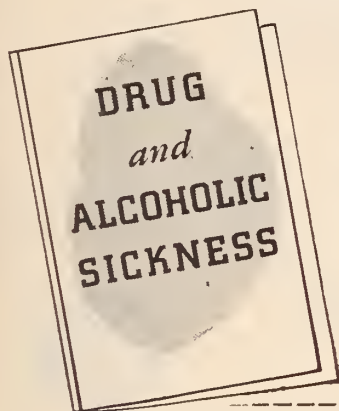
"All foods except the simple mineral foods and water contain chemical energy available for use by the healthy body to support the many activities and life processes and incidentally to maintain temperature. This use of the term 'energy' in defining the caloric energy value of foods should not be confused with the popular usage signifying activity, vitality, strength, vigor or endurance. These conditions depend on many factors, including freedom from disease, natural constitution, physical environment, training, habits and others. Good nutritive condition, a necessity for health, requires far more than food energy only; all the nutritional essentials of a complete, well-balanced diet, in adequate amounts, are demanded.

"The advertisers of food products should also take cognizance of the fact that limitation of the energy intake is essential for reduction of body weight. There are no foods that burn up body fat. This is burned only when the total energy intake is reduced to a point at which the body is forced to draw on its own stores for fuel. Furthermore, the time of the day when food is eaten has nothing to do with the production of body fat. Regardless of the number of meals eaten, the total energy value of the day's food intake will determine whether the diet is fattening or reducing.

"The expression 'provides energy' or 'furnishes energy' is acceptable when it is clearly indicated by appropriate modifying phrases that 'food energy' or 'calories' is meant. In general, ordinary foods except water and salt are sources of energy. Statements of calories per unit weight are useful as indicating relative economy of different foods as sources of energy, but for healthy persons calories from one food are not to be regarded as of more value than those from any other food."

Treatise of 36 Years Close Work With Physicians in Addict Cases

--- sent on request from



CHARLES B. TOWNS HOSPITAL

This defines clearly our work with and for the physician—outlines it step by step from the time physician writes us about his alcoholic or drug patient. It shows what **specific attentions**, what needed emergency methods, are ready at the physician's command, for these mentally baffling cases. Methods—from detoxinizing to mental reconstruction—to returning an individual who coöperates with a will!

For your reference library—detailing the many means—the direction, equipment, environment, at physician's disposal.

Sign, Send this Coupon Now!

Charles B. Towns Hospital

293 Central Park West, New York, N. Y.

Send me "Drug and Alcoholic Sickness" gratis, dealing with accredited

Charles B. Towns Hospital work with physicians in addict cases.

Name _____

Address _____



Mountain View Rest

Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651—1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism.

Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.



VIEW OF THE GROUNDS



APPROACH

BOOKLET AND TERMS ON REQUEST

Visiting Resident Physician

DR. GEO. DAVIES

15 Fairview Avenue

Verona, N. J.

BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY

**"Interpines"**

GOSHEN, N. Y.

Phone 117

**Ethical - Reliable - Scientific**

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

Frederick T. Seward, M.D., Res. Physician

Frederick W. Seward, M.D., Director

Clarence A. Potter, M.D., Res. Physician

AURORA INSTITUTE**A RESORT FOR HEALTH**

COMpletely equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroid, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

WILLIAM S. COLLENS, M.D., Director of Metabolism

Morristown, New Jersey

Telephone: 4-3260

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. **NO CONTAGIOUS OR MENTAL CASES.**

Write for further information.

FAIR OAKS

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous dis-

Telephone 6-0143

SUMMIT N. J.

eases, exhaustion states and cases requiring rest, hygienic, dietic and occupational therapy. Insane and tubercular cases are not accepted.

DR. T. P. PROUT
Summit, N. J.

AUTOMOBILE PROTECTION

With your car insured under the State Medical Society's
endorsed policy you receive

Unquestioned Company
Financial Strength

Sound Future Protection

Unequalled Service and
Prompt Loss Settlement

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized
agent on automobile insurance for the State Medical So-
ciety will furnish you with full details.

Way Underwriting Agency

INCORPORATED

605 BROAD STREET
NEWARK, NEW JERSEY

Telephone Mitchell 2-0613

Calcreose, Maltbie

THE ORIGINAL BRAND OF CALCIUM CREOSOTATE, U.S.P. XI.

A dependable aid in the treatment of chronic and persistent coughs

Calcreose is available in these two convenient forms:

COMPOUND SYRUP CALCREOSE

An expectorant cough syrup that tastes good,
is effective and does not nauseate.

Each fluid ounce represents:

Calcreose Solution (N.N.R.)	160 Minims
Alcohol	24 Minims
Chloroform (approximately)	3 Minims
Wild Cherry Bark	20 Grains
Aromatics and Syrup q. s.	

TABLET CALCREOSE 4 GRAINS

Each tablet equivalent to two minims
of pure creosote combined with cal-
cium oxide.

May we send
you complimentary samples
of both?

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY

The Medical Profession Can Rely Upon Us to Render
ACCURATE OPTICAL SERVICE

No Glasses Are Supplied Except on Prescription—

WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is
the oldest optical house in New Jersey, having been established in 1892.
Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

J. C. Reiss
Optician

Hill Street

Is on the West side of

Broad St.

Opposite City Hall

Where parking is possible.

Member of the Guild of Prescription Opticians of America

THE N. J. ACADEMY
OF MEDICINE
OCT 12 1936
LIBRARY

WELFARE COMMITTEE NUMBER

State Society Annual Meeting April 27-29, 1937, in Atlantic City, N. J.

THE JOURNAL

OF THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330

VOL. XXXIII, No. 10

OCTOBER, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 551-608

EDITORIALS—

	Page
THE PROGRAM OF THE MEDICAL SOCIETY OF NEW JERSEY	551
THE PUBLIC RELATIONS OF PHYSICIANS	552
COUNTY SOCIETY EXHIBITS	554
ABILITIES AND TEMPERAMENTS	555
A PERFECTED SYSTEM OF MEDICAL SERVICE	555
DEMAND AND SUPPLY	556
INDIVIDUALITY IN CO-OPERATION	556

ORIGINAL ARTICLES—

A CONSIDERATION OF INCREASED TEMPERATURE VARIATIONS IN INFANTS AND CHILDREN—By Lewis Robbin, M.D., Newark, N. J.	557
ACUTE PERFORATED PEPTIC ULCER—By Thomas J. Summey, M.D., Moorestown, N. J.	563
TRAUMA AND CANCER—By Royale H. Fowler, M.D., Newark, N. J.	568
ANNUAL REPORT OF THE MEDICAL COMMISSION FOR MATERNAL WELFARE OF ESSEX COUNTY, N. J.—By Benjamin A. Furman, M.D., Newark, N. J.	570
PRENATAL CARE IN ESSEX COUNTY—By John N. Pannullo, M.D., Newark, N. J.	574
SOME STATISTICS FROM THE HOSPITAL COMMITTEE—By Carl H. Hill, M.D., Newark, N. J.	574
NEWER ANESTHETIC AGENTS—By E. A. Roventine, M.D., New York, N. Y.	575
ENCEPHALOGRAPHY AND ITS DIAGNOSTIC IMPORTANCE—By Israel Strauss, M.D., New York, N. Y.	577
UNUSUAL FORMS OF RHEUMATIC INFECTION IN CHILDREN—By Murray H. Bass, M.D., New York, N. Y.	578

ORIGINAL ARTICLES—Continued

	Page
ORGANIZED MEDICINE AND SOCIAL INSURANCE—By Francis F. Borzell, M.D., Philadelphia, Pa.	586
BRADYCARDIA AND HYPOTHERMIA AT ONSET OF ACUTE APPENDICITIS—By Sylvan E. Moolten, M.D., New York, N. Y.	589
ARTHRITIS AND ITS TREATMENT BY GOLD SALTS—By Hyman Oren, M.D., Park Ridge, N. J.	591
MATERNAL WELFARE—Article Number Nine, Toxemia of Pregnancy—By A. B. Davis, M.D., Camden, N. J.	592

STATE SOCIETY ACTIVITIES—

President's Announcement—No. 4. Election Campaigns—By Spencer T. Snedecor, M.D., Hackensack, N. J.	594
The Welfare Committee, Its Organization and Functions	596
Sub-Committee on Public Health	596
The Sub-Committee on Medical Practice	599
The Sub-Committee on Public Relations	600
The Sub-Committee on Legislation	600
The Welfare Committee Meeting, September 20, 1936	601
Meeting of Officers of County Medical Societies on September 27, 1936	602
New Jersey Tuberculosis League, Inc.	603
The Academy of Medicine of Northern New Jersey	604
Immunizations in September	604

COUNTY SOCIETIES—

Burlington, Gloucester	605
Monmouth, Morris, Passaic	606

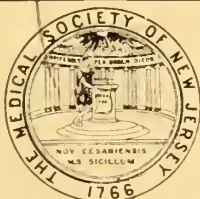
OBITUARIES

List of Physicians Dying in New Jersey in August	607
BOOK REVIEWS	608

Roster of Officers and Committees, Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)
12 South Day Street, Orange, N. J.

Copyright 1936 by
The Medical Society of New Jersey



Entered as second-class matter, Sept. 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Why MEAD JOHNSON & COMPANY COOPERATES WITH THE COUNCIL

MEAD PRODUCTS, COUNCIL-ON-PHARMACY ACCEPTED:

Mead's Oleum Percomorphum (liquid and capsules); Mead's Cod Liver Oil Fortified With Percomorph Liver Oil; Mead's Viosterol in Halibut Liver Oil (liquid and capsules); Mead's Cod Liver Oil With Viosterol; Mead's Viosterol in Oil; Mead's Standardized Cod Liver Oil; Mead's Halibut Liver Oil.

MEAD PRODUCTS, COUNCIL-ON-FOODS ACCEPTED:

Dextri-Maltose Nos. 1, 2, & 3; Dextri-Maltose With Vitamin B; Pablum; Mead's Cereal; Mead's Brewers Yeast (powder and tablets); Mead's Powdered Protein Milk; Mead's Powdered Whole Milk; Mead's Powdered Lactic Acid Milk Nos. 1 and 2; Alacta; Casec; Sobee; Cemac; Recolac; Florena.

ALL MEAD PRODUCTS
ARE COUNCIL-ACCEPTED

VOLUNTARILY, we market only Council-Accepted products because we have faith in the principles for which the Council on Pharmacy and Chemistry (and the Council on Foods) stand.

We have witnessed the three decades during which the Council has brought order out of chaos in the pharmaceutical field. For over thirty years it has stood—alone and unafraid—between the medical profession and unprincipled makers of proprietary preparations.

The Council verifies the composition and analysis of products, and substantiates the claims of manufacturers. By standardizing nomenclature and disapproving therapeutically suggestive trade names, it discourages shotgun therapy and self-medication. It is the only body representing the medical profession that checks inaccurate and unwarranted claims on circulars and advertising as well as on packages and labels.

The Council, through N. N. R. and in other ways, augments the work of the U. S. Pharmacopoeia, testing and evaluating scores of new products which appear during the 10-year interim between Pharmacopoeial revisions.

We are conscious of the fact that the Council has at times been criticized both in and out of the medical profession. We hold no brief for perfection in any human agency. But we subscribe to the fact that the work of the Council is sound in principle; and in this high-pressure day and age, we shudder to think of a return to the unrestrained patent-medicine-quack-nostrum conditions of three decades ago, when there was chaos instead of Council.

MEAD JOHNSON & COMPANY
EVANSVILLE, IND., U.S.A.



THE MEDICAL SOCIETY OF NEW JERSEY

FOUNDED JULY 23, 1766

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

<i>President</i> , SPENCER T. SNEDECOR	Hackensack	<i>Second Vice-President</i> , E. ZEH HAWKES.....	Newark
<i>President-Elect</i> , WILLIAM G. HERRMAN	Asbury Park	<i>Secretary</i> , J. BENNETT MORRISON	Newark
<i>First Vice-President</i> , WILLIAM J. CARRINGTON.....	Atlantic City	<i>Treasurer</i> , ELIAS J. MARSH	Paterson

TRUSTEES

FREDERIC J. QUIGLEY, <i>Chairman</i> (1939).....	Union City	JOHN MAHER (1937)	Long Branch
H. W. NAFETY, <i>Secretary</i> (1938)	New Brunswick	WATSON B. MORRIS (1938)	Springfield
SPENCER T. SNEDECOR	Hackensack	HARRY R. NORTH (1939)	Trenton
WILLIAM G. HERRMAN	Asbury Park	THOMAS K. LEWIS (1939)	Camden
WILLIAM J. CARRINGTON	Atlantic City	WELLS P. EAGLETON (1937)	Newark
E. ZEH HAWKES	Newark	RALPH K. HOLLINSHED (1939)	Westville
J. BENNETT MORRISON	Newark	ANDREW F. MCBRIDE (1937)	Paterson
ELIAS J. MARSH	Paterson	BLASE COLE (1938)	Newton
		ALDRICH C. CROWE (1938)	Ocean City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....	CHRISTOPHER C. BELING, Newark (1939)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....	W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....	F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....	JAMES A. FISHER, Asbury Park (1939)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....	CHESTER I. ULMER, Gibbstown (1938)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates.	Term expires 1937	Alternate Delegates	Term expires 1937
BLASE COLE, Newton	" " 1937	S. B. ENGLISH, Glen Gardner	" " 1937
E. R. MULFORD, Burlington	" " 1938	ELMER PETER WEIGEL, Plainfield	" " 1938
WALT P. CONAWAY, Atlantic City	" " 1938	LUCIUS F. DONOHUE, Bayonne	" " 1938
JOHN F. HAGERTY, Newark	" " 1938	LANCELOT ELY, Somerville	" " 1938

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

CHARLES F. ADAMS, <i>Chairman</i>	Trenton
D. M. YAZUJIAN, <i>Secretary</i>	Trenton

Pediatrics

CHESTER R. BROWN, <i>Chairman</i>	Arlington
KENNETH BLANCHARD, <i>Secretary</i>	East Orange

Radiology

W. W. MAVER, <i>Chairman</i>	Jersey City
P. S. AVERY, <i>Secretary</i>	New Brunswick

Gastro-Enterology

LOUIS L. PERKEL, <i>Chairman</i>	Jersey City
S. BERNARD KAPLAN, <i>Secretary</i>	Newark

STANDING COMMITTEES

Scientific Work

LOUIS C. LANGE, <i>Chairman</i> (1937)	Weehawken
ROBERT S. GAMON (1938)	Camden
CLARENCE L. ANDREWS (1939)	Atlantic City

Program and Arrangements

CHARLES B. KAIGHN, <i>Chairman</i> (1938)	Atlantic City
D. WARD SCANLAN (1939)	Atlantic City
JOHN W. GRAY (1937)	Newark
SPENCER T. SNEDECOR, <i>Ex-Officio</i>	Hackensack
J. BENNETT MORRISON, <i>Ex-Officio</i>	Newark

Publication

HENRY C. BARKHORN, <i>Chairman</i> (1939)	Newark
EDWARD J. ILL (1937)	Newark
FRANK J. McLOUGHLIN (1938)	Jersey City
SPENCER T. SNEDECOR, <i>Ex-Officio</i>	Hackensack
J. BENNETT MORRISON, <i>Ex-Officio</i>	Newark

Finance and Budget

HARRY R. NORTH, <i>Chairman</i> (1939)	Trenton
HERSCHEL PETTIT (1942)	Ocean City
WELLS P. EAGLETON (1937)	Newark
WILLIAM J. SWEENEY (1938)	Weehawken
ALFRED STAHL (1940)	Newark
ANDREW F. MCBRIDE (1941)	Paterson
ELIAS J. MARSH, <i>Ex-Officio</i>	Paterson

Honorary Membership

LANCELOT ELY, <i>Chairman</i> (1938)	Somerville
FREDERICK J. QUIGLEY (1937)	Union City
EPHRAIM R. MULFORD (1939)	Burlington

Hospitals and Medical Education

HARRY H. SATCHWELL, <i>Chairman</i>	Irvington
STUART ZEH HAWKES	Newark
ARCANGELO LIVA	Hackensack
DAN S. RENNER	Skillman
DAVID F. BENTLEY, JR.	Camden

Medical Defense

CHRISTOPHER C. BELING, <i>Chairman</i>	Newark
EDGAR A. ILL	Newark
CHARLES F. BAKER	Newark
WILLIAM J. ARLITZ	Hoboken
LEROY W. BLACK	Rutherford

Insurance

FRANK W. PINNEO, <i>Chairman</i>	Newark
JOSEPH W. HURFF	Newark
EDMUND N. HUFF	Englewood
THOMAS J. SUMMEY	Moorestown
LAWRENCE H. BLOOM	Phillipsburg
IRVING OKIN	Passaic
ALBERT J. WARD	Morristown

WELFARE COMMITTEE

HILTON S. READ, *Chairman*, Atlantic City

SPENCER T. SNEDECOR, Ex-Officio	Hackensack	JULIUS LEVY	Newark
J. BENNETT MORRISON, Ex-Officio	Newark	WRIGHT MACMILLAN	Passaic
HUGO ALEXANDER	Hoboken	JACOB J. MANN	Perth Amboy
SAMUEL ALEXANDER	Park Ridge	CHARLES H. MITCHELL	Trenton
WILLIAM H. ARESON	Upper Montclair	STANLEY NICHOLS	Asbury Park
FRANK ASH	Paterson	HERSCHEL MURPHY	Roselle
ARTHUR W. BINGHAM	East Orange	HENRY B. ORTON	Newark
E. P. CARDWELL	Newark	JAMES S. PLANT	Newark
JOHN G. CLAYTON	Freehold	B. S. POLLAK	Jersey City
A. H. COLEMAN	Clinton	LOUIS A. PYLE	Jersey City
WILLIAM F. COSTELLO	Dover	D. WARD SCANLAN	Atlantic City
GEORGE F. DANDOIS	Wildwood	CHARLES H. SCHLICHTER	Elizabeth
S. B. ENGLISH	Glen Gardner	T. J. SCHUCK	Hoboken
FRANK L. FIELD	Far Hills	MILLARD F. SEWALL	Bridgeton
J. IRVING FORT	Newark	R. L. SHARP	Camden
DAVID W. GREEN	Salem	BYRON G. SHERMAN	Morristown
D. LEO HAGGERTY	Trenton	C. H. DET. SHIVERS	Atlantic City
HENRY HAYWOOD	New Brunswick	JAMES H. SPENCER	Franklin
EUGENE G. HERBENER	Lakewood	SAMUEL EMLEN STOKES	Moorestown
ERNEST G. HUMMEL	Camden	R. G. STONE	Trenton
A. G. IRELAND	Trenton	THEODORE TEIMER	Newark
J. H. IRWIN	Englewood	CHESTER I. ULMER	Gibbstown
J. H. KLER	New Brunswick	W. H. VARNEY	Washington
I. WARNER KNIGHT	Pitman	ELMER P. WEIGEL	Plainfield
THOMAS K. LEWIS	Camden	H. B. WILSON	Hackensack
		A. CHARLES ZEHNDER	Newark

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Health

STANLEY NICHOLS, <i>Chairman</i>	Asbury Park
THEODORE TEIMER	Newark
JULIUS LEVY	Newark
ALLEN G. IRELAND	Trenton
ERNEST G. HUMMEL	Camden
I. W. KNIGHT	Pitman

Medical Practice

THOMAS K. LEWIS, <i>Chairman</i>	Camden
J. IRVING FORT	Newark
CHESTER I. ULMER	Gibbstown
D. LEO HAGGERTY	Trenton
LOUIS A. PYLE	Jersey City

Legislation

B. S. POLLAK, <i>Chairman</i>	Jersey City
SAMUEL ALEXANDER	Park Ridge
WILLIAM H. ARESON	Upper Montclair
WILLIAM COSTELLO	Dover
CHARLES H. MITCHELL	Trenton

Public Relations

HILTON S. READ, <i>Chairman</i>	Atlantic City
J. H. KLER	New Brunswick
S. EMLEN STOKES	Moorestown
E. P. CARDWELL	Newark
WRIGHT MACMILLAN	Passaic

ADVISORY COMMITTEES TO PUBLIC HEALTH SUB-COMMITTEE

Cancer Control

HENRY B. ORTON, <i>Chairman</i>	Newark
F. C. MCCORMACK	Englewood
JAMES H. ROSECRANS	Hoboken
JOHN F. CONDON	Newark
CARL MENGE	Toms River
J. H. KLER	New Brunswick
E. E. DOWNS	Woodbury

Maternal Welfare

ARTHUR W. BINGHAM, <i>Chairman</i>	East Orange
J. CARLISLE BROWN	Atlantic City
P. DUBOIS BUNTING	Elizabeth
SAMUEL A. COSGROVE	Jersey City
F. D. FAHRENBRUCH	Mount Holly
CARL H. ILL	Newark
R. A. MACKENZIE	Asbury Park
WALTER B. MOUNT	Montclair
THEODORE F. THOMPSON	Lakewood
H. B. WILSON	Hackensack

Venereal Disease Control

C. H. DET. SHIVERS, <i>Chairman</i>	Atlantic City
STANLEY R. WOODRUFF	Jersey City
CLARENCE O'CROWLEY	Newark
C. BYRON BLAISDEL	Long Branch
GEORGE N. J. SOMMER	Trenton
A. HAINES LIPPINCOTT	Camden

Mental Hygiene

JAMES S. PLANT, <i>Chairman</i>	Newark
DAN S. RENNER	Skillman
MARCUS A. CURRY	Greystone Park
J. B. GORDON	Marlboro
MATTHEW MOLITCH	Jamesburg
GEORGE S. STEVENSON	Red Bank

Tuberculosis

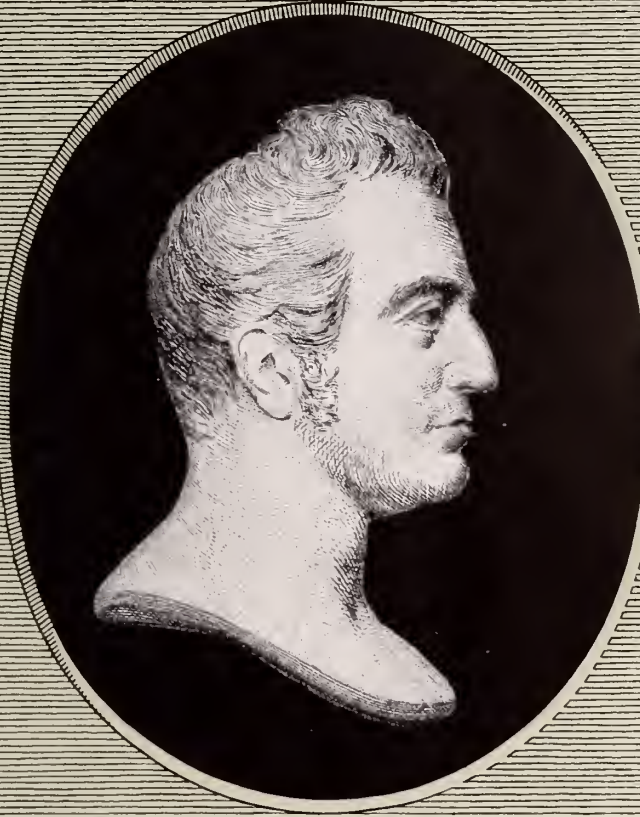
SAMUEL B. ENGLISH, <i>Chairman</i>	Glen Gardner
B. S. POLLAK	Jersey City
J. R. MORROW	Oradell
FREDERICK W. LATHROP	Plainfield
J. F. PESSER	Trenton
GEORGE M. LEVITAS	Westwood

Child Health

STANLEY NICHOLS, <i>Chairman</i>	Asbury Park
ERNEST G. HUMMEL	Camden
WALTER B. STEWART	Atlantic City
L. CHARLES ROSENBERG	Newark
VICTOR A. BLENKLE	Teaneck

Crippled Children

ELMER P. WEIGEL, <i>Chairman</i>	Plainfield
F. G. DILGER	Hackensack
DAVID B. ALLMAN	Atlantic City
THOMAS K. LEWIS	Camden
B. MOFFAT	Red Bank
F. H. PINCKNEY	Morristown



JOHN ABERCROMBIE 1780-1844

M. D. Oxford, Rector of Morischal College, Physician in Ordinary to His Majesty

*Reproduced from the Collection of the Northwestern University Medical School
by Petrologar Laboratories, Inc., Chicago*

PRE-EMINENCE

John Abercrombie—1780-1844. An eminent Scotch physician. He was born at Aberdeen and graduated in medicine at Edinburgh in 1803. He practiced his profession in the Scottish Capital and soon became recognized as the first consulting physician in Scotland. Among the honors bestowed upon him were the degree of M.D. from Oxford, the rectorship of Morischal College, the vice-presidency of the Royal Society of Edinburgh, and the office of Physician in Ordinary to His Majesty for Scotland.

Petrolagar Laboratories, Inc., through the cooperation of Northwestern University Medical School, will reproduce portraits of pioneers in the study of gastro-enterology from time to time. Additional copies of the portrait of John Abercrombie are available to members of the medical profession upon request. In like manner, other portraits will be available as they are published.

Miscibility DEMONSTRATED

The two flasks here illustrated contain an equal amount of mineral oil. One is Petrolagar emulsion and water, the other is plain mineral oil (stained red) and water.

Although shaken vigorously, the plain oil and water separate immediately as shown in the accompanying photograph, whereas the oil in Petrolagar remains suspended. This demonstrates the miscibility of Petrolagar.

Since Petrolagar is miscible in water and mineral oil is not, it is obvious why Petrolagar readily mixes with the bowel contents. The oil, being in minute globules, has less tendency to leakage. Petrolagar promotes efficient, comfortable evacuation.

Petrolagar is a palatable emulsion of pure liquid petrolatum, (65% by volume) and number One Silver White Kobe Agar-ogor, accepted by the Council on Pharmacy and Chemistry of The American Medical Association for treatment of constipation.

Petrolagar

ADVISORY COMMITTEES TO MEDICAL PRACTICE SUB-COMMITTEE

Contract Practice

R. L. SHARP, *Chairman* Camden
EDWARD F. KLEIN Perth Amboy
L. SAMUEL SICA Trenton
JOSEPH A. VISCONTI Hoboken
L. A. MARKLEY Teaneck
HARVEY T. HEROLD Newark

Hospital Relationships

THOMAS K. LEWIS, *Chairman* Camden
EDWARD W. SPRAGUE Newark
RAYMOND J. MULLIN Newark
RUSSELL K. TETHER Closter
FLORENTINE HOFFMAN New Brunswick
E. W. LANCE Rahway

Medical Care of Indigent

CHARLES H. SCHLICHTER, *Chairman* Elizabeth
GEORGE W. FITHIAN Perth Amboy
A. HAINES LIPPINCOTT Camden
J. HOWARD HORNBERGER Roebbing
FRED VOSBURGH Passaic

Nursing and Nursing Education

A. CHARLES ZEHNDER, *Chairman* Newark
HARRY H. SATCHWELL Irvington
GEORGE M. KNOWLES Hackensack
THOMAS B. LEE Camden
I. F. FROST Morristown
DAVID B. ALLMAN Atlantic City

Pharmaceutical Problems

CHESTER I. ULMER, *Chairman* Gibbstown
MERWIN L. HUMMEL Merchantville
SAMUEL BARBASH Atlantic City
ALVIN E. KUHLMANN Union City
SIGURD W. JOHNSON Passaic

Workmen's Compensation

J. IRVING FORT, *Chairman* Newark
DAVID A. KRAKER Newark
GEORGE W. FINKE Hackensack
V. EARL JOHNSON Atlantic City
JOHN F. MCGOVERN New Brunswick

SPECIAL COMMITTEES

Constitution and By-Laws

SAMUEL ALEXANDER, *Chairman* Park Ridge
WAYNE W. HALL Paterson
JOSEPH M. KUDER Mount Holly
H. H. TYNDALL Weehawken

Woman's Auxiliary

H. ROY VAN NESS, *Chairman* Newark
A. E. JAFFIN Jersey City
CHARLES BAILEY Lakewood

Scientific Exhibits

ASHER YAGUDA, *Chairman* Newark
ELWOOD E. DOWNS Woodbury
JOHN W. GRAY Newark
ROBERT A. KILDUFFE Ventnor
WILLIAM J. MARQUIS Newark
HARRISON S. MARTLAND Newark
CARLOS A. PONS Asbury Park
HARRY J. PERLBERG Jersey City

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

JAMES J. MCGUIRE, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

WOMAN'S AUXILIARY

President, MRS. GEORGE A. ROGERS, 19 Mitchell Place, East Orange. Telephone ORange 5-5477

President Elect, MRS. SAMUEL SALASIN Atlantic City
First Vice-President, MRS. H. D. CORPUSIER Plainfield
Second Vice-President, MRS. G. E. McDONNELL Mt. Holly

Third Vice-President, MRS. WILLIAM FREILE Jersey City
Recording Secretary, MRS. DAN S. RENNER Skillman
Treasurer, MRS. T. P. MCCONAGHY Camden

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	J. Carlisle Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	John H. Irwin, Englewood	George M. Knowles, Hackensack..	LeRoy W. Black, Rutherford
BURLINGTON..	J. Howard Hornberger, Roebbing ..	George T. Tracy, Beverly	Parry M. Scott, Beverly
CAMDEN	B. F. Buzby, Camden	R. S. Gamon, Camden	Harold D. Barnshaw, Camden
CAPE MAY	John B. Townsend, Ocean City...	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND	H. Burton Walker, Vineland	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	A. Charles Zehnder, Newark.....	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER..	M. F. Lummis, Pitman	E. E. Downs, Woodbury	Henry B. Diverty, Woodbury
HUDSON	Traugott J. Schuck, Hoboken.....	Thomas McG. Brennock, Jer. City	John N. Connell, Jersey City
HUNTERDON	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner...	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH	Walter A. Rullman, Red Bank...	Dan'l F. Featherston, Asbury Park	O. R. Holters, Asbury Park
MORRIS	Byron G. Sherman, Morristown...	George J. Young, Morristown...	Marcus A. Curry, Greystone Pk
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Norman N. Dingman, Paterson...	Wayne W. Hall, Paterson	Sigurd W. Johnson, Passaic
SALEM	J. S. Dunn, Salem	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	W. B. Gray, North Plainfield....	L. C. Fritts, Somerville	A. W. Pigott, Skillman
SUSSEX	Warren Smith, Newton	Leo Drake, Franklin	G. H. Groeschel, Sussex
UNION	Thomas J. Walsh, Elizabeth.....	Lorrimer B. Armstrong, Westfield.	Russell A. Shirrefs, Elizabeth
WARREN	William Varney, Washington.....	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.
* Deceased.

Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

for twenty years

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....

ALPHABETIC LIST OF ADVERTISERS

Abbotts Dairies	XXIV
American Can Company	XI
Anspach Bros.	XXI
Aurora Institute	XXVIII
Bancroft School, The	XXVI
Baum, Co., Inc., W. A.	XXIII
Belle Mead Sanatorium and Farm	XXV
Bethlehem Laboratories	XX
Bilhuber-Knoll	IX
Camp & Co., S. H.	XXII
Carnrick, G. W.	XXVIII
Classified Advertisements	XXV
Coca-Cola Co.	XXX
Cook Co. Graduate School of Medicine	XXV
Corn Products Refining Co.	XIII
Davis, R. B., Co.	VII
Deuchler, H. C.	XXI
Fairchild Bros. & Foster	IX
Fair Oaks	XXVIII
Firemen's Pharmacy	XXV
General Electric X-Ray Corp.	VIII
Hynson, Westcott & Dunning	XX
Interpines	XXVI
Kalak Water Co.	XXIV
Kerner's Prescription Pharmacy	XXIV
Lederle Laboratories, Inc.	XII
Lilly and Co., Eli	XVIII
Lincoln Hospital	XXV
Maltbie Chemical Co.	XXX
Marquier's Pharmacy	VII
Marshall, Ralph E.	XXI
Mead, Johnson & Company	II
Medical Service Co.	XXII
Mountain View Rest	XXVI
Murdoch, Inc., J. T.	XXIII
N. Y. Polyclinic Medical School & Hospital	XIX
Orange Publishing Co.	XXV
Parke, Davis & Company	XIV
Petrolagar	Insert
Philip Morris & Co., Ltd.	XX
Physicians' Casualty Association	XXV
Pomeroy Company	XXIII
Prescription Pharmacists	XXV
Radium Emanation Corp., The	XIX
Reiss, J. C.	XXVIII
Representative Funeral Directors	XXIV
Smith, Kline & French	Insert
Squibb & Sons, E. R.	XVI
Stearns & Company, Frederick	X
Towns Hospital, Charles B.	XXVIII
U. S. Fidelity & Guaranty Co.	VI
Walker-Gordon Laboratory Company	XV
Way Underwriting Agency	XVII
Wuensch, Robert H.	XXII

MARQUIER'S PHARMACY THE REXALL STORE

SANFORD and SO, ORANGE AVENUE

Newark, N. J.



IRON · CALCIUM PHOSPHORUS VITAMIN D

*in this one delicious
high caloric food-drink*

DURING convalescence from illness, an operation or childbirth—or when it is advisable to increase the weight of a malnourished child—*there is one food-drink which has proved itself exceptionally useful.*

That food-drink is Cocomalt. Delicious and tempting, easily digested and quickly assimilated—Cocomalt not only adds easily assimilated Iron to the diet, but also richly provides Calcium, Phosphorus and Vitamin D.

An ounce of Cocomalt (which is the amount used to make one cup or glass) supplies 5 milligrams of Iron in easily assimilated form. Thus three cups or glasses of Cocomalt a day supply 15 milligrams—*which is the amount of Iron recognized as the normal daily nutritional requirement.*

Here, then, is one form in which even a capricious child or a finicky adult will take Iron willingly—and at the same time receive other important food essentials. Prepared as directed, Cocomalt adds 70% more food-energy value to a glass of milk.

Vitamin D, Calcium, Phosphorus

Cocomalt is fortified with Vitamin D under license granted by the Wisconsin Alumni Research Foundation. Each ounce of Cocomalt contains not less than 81 U.S.P. Vitamin D units.

Cocomalt also has a rich Calcium and Phosphorous content. Each cup or glass of Cocomalt in milk provides .32 gram of Calcium and .28 gram of Phosphorus. Thus Cocomalt supplies in good biological ratio three food essentials required for proper growth and development of bones and teeth: Calcium, Phosphorus and Vitamin D.

FREE TO DOCTORS:

We will be glad to send a professional sample of Cocomalt to any doctor requesting it. Simply mail this coupon with your name and address.

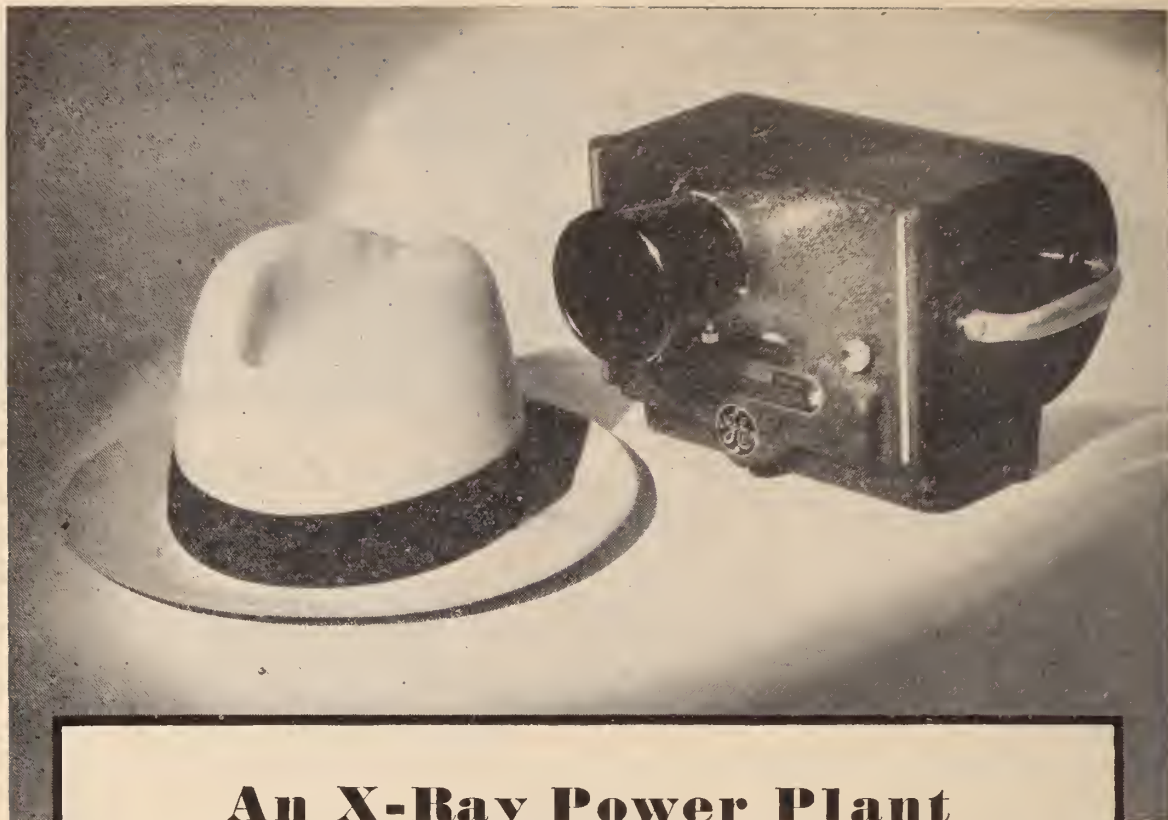
R. B. Davis Co., Dept. 32-K, Hoboken, N. J.
Please send me a trial-size can of Cocomalt without charge.

Dr. _____

Address _____

City _____ State _____

Cocomalt is the registered trade-mark of R. B. Davis Co., Hoboken, N. J.



An X-Ray Power Plant About the Size of Your Hat

—YET SURPRISINGLY EFFICIENT FOR OFFICE AND PORTABLE WORK

WHEN both the high-voltage transformer and x-ray tube are immersed in oil and sealed within the same container, you have a unit which in bulk seems exceedingly small when compared to the amount of x-ray energy it delivers. But that's the result of *complete* oil-immersion, also the reason for its shockproof operation.

Hundreds of physicians have found this G-E Model "F" Office-Portable X-Ray Unit to be just what they had long wanted—a small unit to be set on the desk, ready for service by simply plugging in to the nearest electrical outlet when a simple radiograph or fluoroscopic examination is desired. In the management of fracture cases especially, the location of foreign bodies, or for emergency service in the patient's home, these users find it practically indispensable—a convenience both to themselves and their patients.

It's highly probable that you are skeptical of the ability of such a small x-ray unit to serve a worthwhile purpose. If so, then do as most present users of this unit did—ask us to put it through its paces—right in your own office, and without any obligations.



GENERAL ELECTRIC X-RAY CORPORATION

2012 JACKSON BOULEVARD

CHICAGO, ILLINOIS

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

"Owing to the fact of their ready secretion by the liver cells bile salts are the most reliable chologogues with which we are acquainted." Starling.

Powder, in $\frac{1}{4}$ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

FAIRCHILD BROS. & FOSTER
NEW YORK

THEOCALCIN

**BILHUBER-
KNOLL CORP.**

In angina pectoris Theocalcin is often employed for a prolonged vasodilator action on the coronary vessels, or to guard against constriction and reduce the frequency and severity of painful attacks. Treatment is best begun with 2 or 3 tablets several times a day; then the improvement may be continued with smaller doses

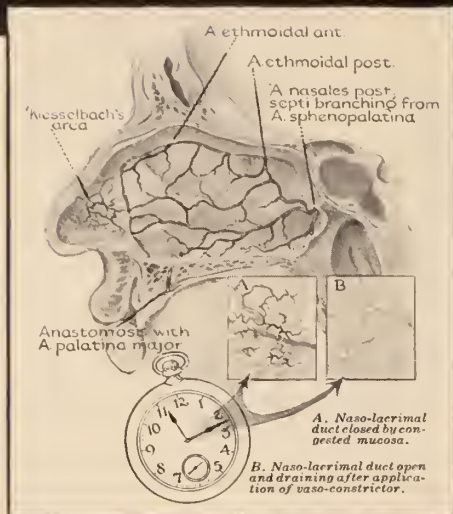
THEOCALCIN (theobromine-calcium salicylate) *Council Accepted*

Available in $7\frac{1}{2}$ grain tablets and as a Powder



BILHUBER-KNOLL CORP. 154 OGDEN AVE., JERSEY CITY, N.J.

FOR VASO-CONSTRICTIVE RELIEF IN ...



THE "COMMON COLD" (coryza, rhinitis)
 SINUSITIS (acute or chronic)
 VASOMOTOR RHINITIS
 ALLERGIC RHINITIS
 EUSTACHIAN CATARRH
 POSTOPERATIVE INTRANASAL EDEMA
 EPISTAXIS
 CONJUNCTIVITIS

NEO-SYNEPHRIN HYDROCHLORIDE

(levo-meta-methylaminoethanolphenol hydrochloride)

DOSAGE FORMS

SOLUTION

$\frac{1}{4}\%$ and 1%
 One-ounce
 bottles

EMULSION

$\frac{1}{4}\%$
 One-ounce
 bottles

JELLY

$\frac{1}{2}\%$ —in collapsible
 tubes with nasal
 applicator

Offers These Advantages:

More sustained action than epinephrine.

Less toxic in therapeutic doses than epinephrine or ephedrine.

No sting at point of application.

Active on repeated application.



FREDERICK STEARNS & COMPANY

DETROIT NEW YORK
 WINDSOR, CANADA

KANSAS CITY SAN FRANCISCO
 SYDNEY, AUSTRALIA

VITAMINS IN CANNED FOODS

IV. VITAMIN B₁

• The story of vitamin B₁ is quite long and involved. Properly, it has been fully covered at some length in authoritative dissertations on the vitamins (1).

The original vitamin B of Eijkman and of Funk, while definitely possessed of antineuritic potency, is now known to be of a complex nature. Between 1919 and 1926, the vitamin B complex was resolved into vitamins B (B₁) and G (B₂). Subsequent work has indicated the existence of other vitamins in the complex, whose chemical natures or relations to human nutrition are not as yet clearly understood.

As a direct result of many researches on vitamin concentrates, the chemical identity of the crystalline antineuritic factor has recently been described as a derivative of 6-aminopyrimidine (2).

It has been known for many years that vitamin B₁ may be destroyed by heat. In the canning procedure, a number of heat treatments of food may be involved, especially in the thermal "processing" of the product to insure its preservation. In the "process", many foods are subjected to a heat treatment after sealing in the can, to destroy spoilage organisms which may be present on the raw material. In other cases, the food is filled into the cans at a sufficiently high temperature to obtain the same result. Therefore,

the question of the effect of the canning procedures on vitamin B₁ frequently arises.

The times and temperatures necessary for the processing of canned foods are governed by a number of factors, important among them being the pH of the food itself. Highly acid foods require only short heat processes at the temperature of hot or boiling water to destroy spoilage organisms. The so-called "non-acid" or "semi-acid" products require higher temperatures — usually 240° F. (116° C.).

As might be expected, acid foods have been found to suffer only a slight loss of vitamin B during canning (3).

The degree of retention of vitamin B₁ in the non-acid foods is not as high as in the acid foods. (4).

This is partly due to the heat treatments accorded them and possibly also to their low acidity, since the vitamin is more stable in acid media.

The facts in the case may be summarized briefly by the statement that commercially canned foods may be depended upon to supply vitamin B to extents consistent with the amounts of the vitamin originally present in the raw materials from which they were prepared. Because of their widespread use, canned foods contribute a notable amount of vitamin B₁ to the American dietary.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

(1) Vitamins. A Survey of Present Knowledge. Medical Research Council, Special Report Series, No. 167, 1932. His Majesty's Stationery Office, London

The Vitamins.
H. C. Sherman and S. L. Smith
1931 Am. Chem. Soc. Monograph,
2nd Edition

(2) 1935. J. Amer. Chem. Soc. 57, 1751

(3) 1932. Ind. Eng. Chem. 24, 457

(4) 1932. J. Nutrition 5, 307

This is the seventeenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

Just a year ago Lederle introduced—

GLOBULIN **Lederle** MODIFIED

ANTITOXINS

IT HAS BEEN A YEAR of appraisement and ever-increasing usage.

The Globulin-Modified *Lederle* technique, embodying the principle of peptic digestion, is the only practical procedure which permits such a high degree of concentration of antitoxin and reduction in the amount of troublesome proteins—the cause of serum reactions.

That is why Globulin Modified Antitoxins *Lederle* represent

- a reduction in the expected incidence and severity of serum disease;
- less inconvenience to the patient;
- a greater ease of administration;
- a greater potency per cc.

At one of the outstanding hospitals 250 patients treated with a Globulin Modified Antitoxin showed a serum disease rate of less than 5%—all indicating a delayed type of serum reaction.

LEDERLE LABORATORIES, INC.

30 ROCKEFELLER PLAZA

NEW YORK, N. Y.



Comparison
of Lederle's
old antitoxins
with the new Glob-
ulin Lederle Modified
—Diphtheria, Tetanus,
Scarlet Fever, Erysipelas.

Globulin Modified Anti-
toxins Lederle are now avail-
able also for Gas Gangrene and
Tetanus Gas Gangrene.



...THE TRIPLE TEST IN PRACTICE!

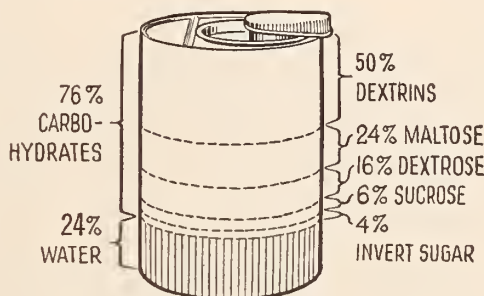
THE ETERNAL TRIANGLE dominates the lives of products, even as of men. In infant feeding the doctor is concerned with the three factors—*composition*, *concentration* and *cost*!

Apply the triple test in your practice. Let us now put it to Karo:

(1) Composition...When you prescribe Karo as the milk-modifier you are providing well-tolerated, readily digested maltose-dextrins-dextrose. The dextrins are non-fermentable; the maltose rapidly transformed to dextrose requiring no digestion; the sucrose added for flavor is digested to monosaccharides. Karo is prepared chemically superior, bacteriologically safe—non-allergic, practically free from protein, fat and ash.

(2) Concentration—When you consider that volume for volume, Karo Syrup furnishes *twice* as many calories as a similar sugar modifier in powdered form, you realize *how* strongly saturated Karo is in calories of maltose-dextrins-dextrose. A tablespoon of Karo Syrup yields 60 calories while a tablespoon of powdered maltose-dextrins-dextrose gives 29 calories. Karo Syrup is a concentrated milk-modifier!

(3) Cost—When you prescribe Karo you help the family out of the economic dilemma.



Karo costs $\frac{1}{5}$ of the expensive carbohydrates, slashing the high cost of infant feedings. The maltose-dextrins-dextrose of Karo are marketed as a food. The saving is 80%. The Corn Products

Refining Company charges for the constituents of Karo and nothing extra for the good name. Apply the triple test to milk-modifiers and you will find Karo desirable in composition, rich in calories, and inexpensive. Karo consists of dextrins, maltose and dextrose (with a small percentage of sucrose added for flavor).



Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo... Please Address: Corn Products Sales Company, Dept. SJ-10, 17 Battery Place, New York City.



A FEW CONTRIBUTIONS TO THE
M O D E R N
M A T E R I A
M E D I C A

BY THE RESEARCH LABORATORIES OF
PARKE, DAVIS & COMPANY

ADRENALIN

The First Commercial Epinephrine

PITUITRIN

The First Pituitary Extract

CASCARA-SAGRADA

Introduced to Medicine, 1877

SILVOL

Meets all tests for Mild Silver
Protein, U. S. P.

NEO-SILVOL

Non-staining, Collodial Silver Iodide

PITRESSIN

Pressor Principle of the Pituitary Gland

THIO-BISMOL

An Antisyphilitic Agent that will not
precipitate in the tissues

VENTRICULIN

Specific in Pernicious Anemia

MAPHARSEN

A refinement of the Arsenical Therapy
of Syphilis

ORTAL SODIUM

Effective Sedative and Hypnotic

HALIVER OIL
WITH VIOSTEROL

A Modern Means of Administering
Vitamins A and D

Pharmacists everywhere are prepared to fill your prescriptions or orders for
these and other pharmaceutical products bearing the Parke-Davis label.

PARKE, DAVIS & COMPANY
DETROIT, MICHIGAN

There are Great Differences in the Nutritional Values of Milk



Inasmuch as nutrition is the greatest value of milk to the baby, it would seem worth while to raise as high as possible the nutritional level of milk for babies.

Over a period of years, we have been raising the nutritional level of Walker-Gordon Certified Milk, particularly in vitamin values.

The extra nutritional value of Walker-Gordon Certified Milk is, we believe, of the greatest importance.

The four distinctive characteristics of Walker-Gordon Certified Milk are Cleanliness, Safety, Uniformity and Nutritional Value. They have been developed over a period of forty years of scientific research.



Walker-Gordon Laboratory Company
Plainsboro, New Jersey



Dull the consciousness of PHYSICAL DISCOMFORT

SLEEP in the normal healthy person provides an adequate period of physical and mental recuperation. Where normal sleep is disturbed by worry, excitement, pain or physical discomfort, hypnotics or sedatives are often indicated.

Ipral Calcium (calcium ethylisopropylbarbiturate) induces a sound, restful sleep closely resembling the normal. It is readily absorbed and rapidly eliminated. Undesirable cumulative effect may be avoided by proper regulation of the dosage. No untoward organic or systemic effects have been reported in the usual therapeutic dosage. Ipral Calcium is supplied in

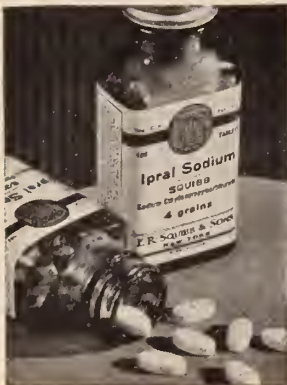
2-gr. tablets for use as a sedative and hypnotic.

Ipral Sodium (sodium ethylisopropylbarbiturate) is supplied in 4-gr. tablets for preanesthetic medication.

When pain accompanies insomnia, Tablets Ipral Aminopyrine (2 gr. Ipral, 2.33 gr. Aminopyrine Squibb) provide both analgesic and sedative effects.

These preparations are available in bottles of 10, 100 and 1000 tablets. For descriptive literature address the Professional Service Department, 745 Fifth Avenue, New York City.

E. R. SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



IPRAL Sodium

AUTOMOBILE PROTECTION

With your car insured under the State Medical Society's
endorsed policy you receive

*Unquestioned Company
Financial Strength*

Sound Future Protection

*Unequalled Service and
Prompt Loss Settlement*

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized
agent on automobile insurance for the State Medical So-
ciety will furnish you with full details.

Way Underwriting Agency

I N C O R P O R A T E D

**605 BROAD STREET
NEWARK, NEW JERSEY**

Telephone Mitchell 2-0613



ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products



PULVULES EXTRALIN

(Liver-Stomach Concentrate, Lilly)

Produce maximal reticulocyte response in patients with pernicious anemia in relapse and successfully maintain the remission on a dosage which in weight and bulk is considerably less than is required with powdered liver extract.

Being administered in capsules 'Extralin' possesses all of the advantages of oral therapy for patients who must continue treatment indefinitely.

'Extralin' (Liver-Stomach Concentrate, Lilly) is supplied in bottles of 84 pulvules (filled capsules) and in bottles of 500 pulvules.

Prompt Attention Given to Professional Inquiries

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK OVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 10

OCTOBER, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

The Program of The Medical Society of New Jersey

The fruits of the summer's labors of the officers and committee chairmen of The Medical Society of New Jersey were displayed at two important meetings, first of the Welfare Committee on September 20; and second, of a conference with the officers of County Societies on September 27, both of which are reported in this issue of The Journal.

Both meetings were developed around the central thought of the participation of the County Societies in carrying out the program. The officers were keenly aware that the program could not be efficient unless the full participation of the County Societies was assured. Every plan had been devised with a view to its application to every County Society, both large and small. There is no distinction in the needs of medical service; the differences arise from the *extent* of the needs, other than their *kind*.

The leaders of the State Society planned the apportionment of lines of work among about twenty sub-committees and advisory committees of the Welfare Committee, so that no group should be over-burdened; but each should have full opportunity to develop its own working program.

The County Medical Society is expected to deal efficiently with every local problem in community health; and if necessary to call in consultation the leaders in the State Society. Provision is made that advice and assistance will be rendered by the officers and committeemen of the State Society to those of County Societies and to the individual members whenever their help is requested. Furthermore, a system of field physicians and consultants is made available through the coöperation of the State Department of Health and the Federal Government. Both groups of officials have accepted the challenge of The Medical Society that it will accept the responsibility for the delivery of the services which the governmental agencies consider necessary, and which the Medical Societies approve.

A major activity of The Medical Society of New Jersey during the coming year will be to carry its knowledge, its inspiration, and its enthusiasm to every County Society, and through it to every member. The objective is that the practice of community medicine by County Societies shall be as efficient as is the private practice of medicine by individual family doctors.

The Public Relations of Physicians

TWO CHARTS PREPARED UNDER THE DIRECTION OF THE WELFARE COMMITTEE

Picture writing is the oldest form of written communication, and the one which is the most easy of understanding.

The most popular item in the daily paper is the comic strip,—which is a modern form of picture writing. The most effective form of political propaganda is the so-called “funny” cartoon which speaks a language that all persons, even children, understand.

The theme of the charts is the dual responsibility of every physician; first, as an *individual doctor* treating his private patients, and second, as a member of the *Medical Profession*, whose tangible embodiment is the *Medical Society*.

Chart No. One shows the contacts and relations of *Individual Physicians* (the left half of the chart) compared with those of the

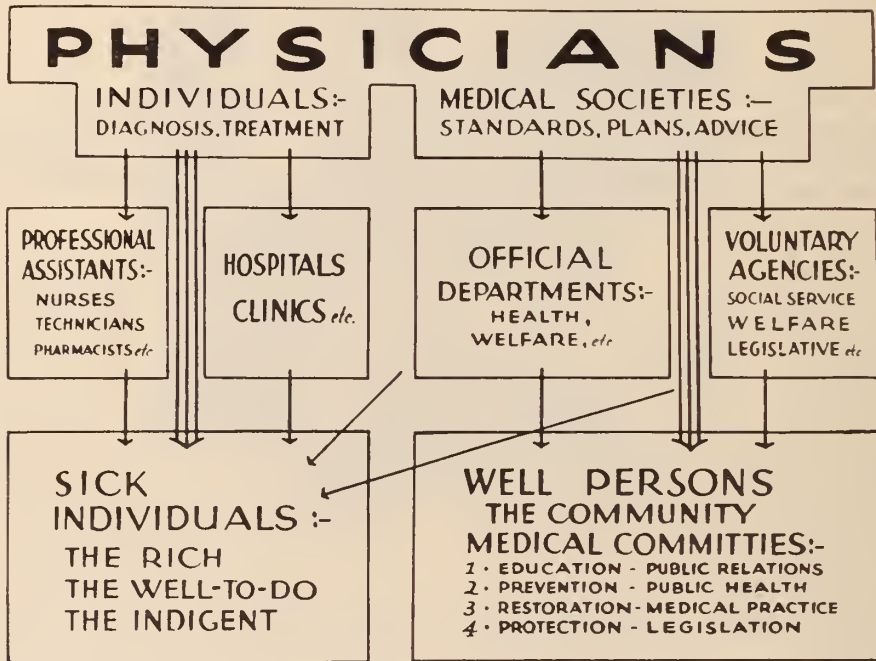


CHART 1.—The Public Relations of Physicians.

To physicians there is a golden mean between the funny strip and the complicated graph which only the mathematically-minded can read with understanding. The broad relations of practicing physicians to the public can often be expressed more clearly by a simple chart than by pages of text.

Two charts which have been prepared under the direction of the Welfare Committee of The Medical Society of New Jersey and are here reproduced, visualize the contents of a number of descriptive articles and editorials which have appeared in recent issues of The Journal.

Medical Society (the right half of the chart). The analogy between the two becomes strikingly evident when it is shown in a simple chart.

1. THE PRIVATE PRACTITIONERS

Every sick person is treated by an individual physician, who is held responsible for handling the case at the peril of facing a lawsuit for malpractice. The physician can handle most cases alone and unaided, but he frequently relies on two accessory aids:

First, the group composed of nurses, technicians, and pharmacists, who assist him privately and under his orders.

Second, civic organizations, such as hospitals and clinics, which assist him impersonally.

No doctor is so individualistic in his temperament and method of practice but that he often relies on these two groups to assist him in the care of his private patients.

2. THE MEDICAL SOCIETY

The great complexity of modern life has developed the need of a medical adviser of the community,—a service whose delivery must be by the collective action of the individual physicians acting together as a *Medical So-*

The Medical Society, like the family doctor, has two groups of assistants, who, however, have been inclined to dominate this field of service:

First, there are the official departments of health, welfare, and relief.

Second, there are voluntary health agencies, such as public health nursing groups, and parent-teacher associations.

These accessory groups should act under the advice and by the direction of the Medical Society. Conversely, the Medical Society should be ready to advise and direct the two acces-

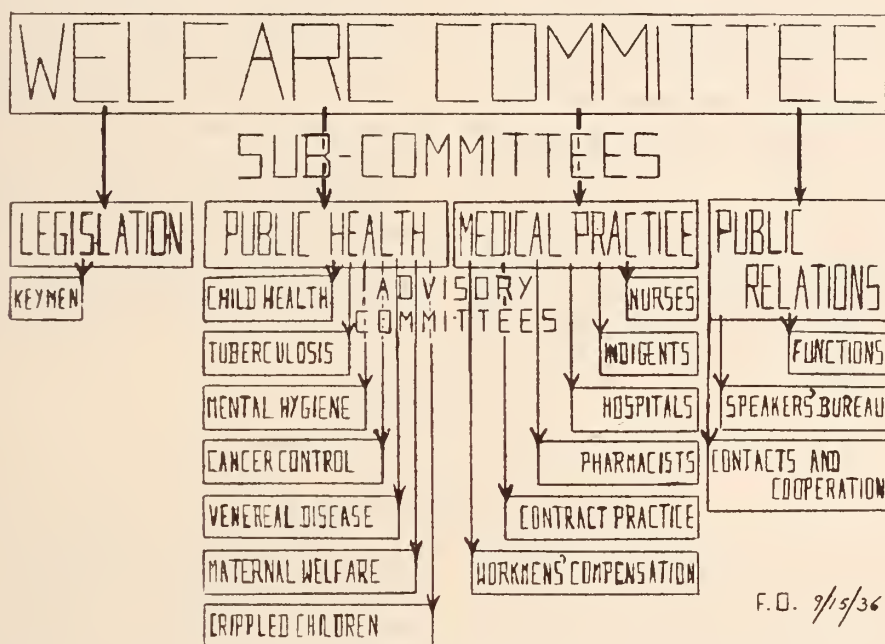


CHART 2.—Welfare Committee,—Its Sub-Committees and Its Advisory Committees.

ciety. The greater part of this service is rendered to *well* persons, and consists in the *prevention* of sickness. The private practitioner renders this service to his *families*, consisting of both the sick and the well. The family under the care of the Medical Society is the *community*, or the great family of which every person is a member.

The Medical Society may give its professional advice directly to the community by such means as lectures, newspapers, and the radio. The public's appreciation of this form of direct service is shown by the popularity of the health columns in newspapers, and health articles in magazines.

sory groups, just as the individual doctor directs the services of the nurses and the hospitals who assist him in the care of his private patients.

3. THE WELFARE COMMITTEE

The Welfare Committee of The Medical Society of New Jersey has developed a plan of organization to cover all phases of the delivery of medical service to the public, through four sub-committees:

First, the field of educating the people is assigned to its sub-committee on *Public Relations*.

Second, the field of preventing disease is assigned to its sub-committee on *Public Health*.

Third, the field of restoring the sick to health is assigned to a sub-committee on *Medical Practice*.

Fourth, the field of protecting the health of the people is assigned to a sub-committee on *Legislation*.

4. DETAILS OF ORGANIZATION

Chart Two depicts the organization which the Welfare Committee has set up in order to carry on its work as the medical adviser to the community. Its essential feature is the recognition of specialists in Medical Society activities, just as in private practice.

The sub-committee on Public Health gives service in seven fields as shown in the chart, each in charge of an advisory committee on specialists.

Similarly, the sub-committee on Medical Practice is engaged in six fields of activity, in each of which the family doctor in his private practice is vitally interested. These fields have also received extensive notice by welfare organ-

izations as well as by government officials whose activities have culminated in the *Federal Social Security Law*. Under this law thousands of dollars of Federal money will be spent in New Jersey in the fields that are enumerated under the list of contacts of the Sub-Committee on Public Health. The particular field of the Medical Practice Sub-Committee is to define the methods of approach to the several organizations which are giving accessory services.

The last sub-committee to be formed is that on Public Relations, whose major field will be the development of methods of educating the public regarding the services which The Medical Society of New Jersey is offering to the people. The services of medicine cannot be delivered unless they are actually *sought and utilized* by the people.

The Medical Society of New Jersey and its component societies of the several counties have developed a medical system which is unique in its completeness and its adaptability to actual conditions in every type of community.

See also pages 596-600

County Society Exhibits

This year the tercentenary celebrations and historic exhibits offer an opportunity for Medical Societies to promote a knowledge of medical history, and an appreciation of the civic services given by medical leaders of former days. The exhibit in medical history promoted by the Woman's Auxiliary at the last meeting of The Medical Society of New Jersey is an illustration of the wealth of material which physicians can supply. The Medical Society of Cumberland County sponsored a section on medical history as a part of the tercentenary celebration of the county. The Journal has published articles which record the services of the founders and promoters of the State Society, and demonstrate the efficient influence of the medical men who practiced medicine with success in days which we now call primitive. But people today are inheritors of the

human nature of their ancestors, and appreciate the ministrations of modern physicians who imitate the studied devotion of their predecessors.

The present celebrations offer an opportunity for physicians to enhance their own influence by exhibiting the evidence of the skill of former physicians who depended on their own trained senses and hands rather than instruments of precision.

Especially commendable was the civic activities of the physicians of the early part of the last century. They were officeholders, judges, and leaders in all good works. Their education was equalled only by that of the clergy, many of whom ministered to the bodies as well as the minds and souls of their people. An exhibit of the work of these early doctors will enhance the prestige of their present-day successors.

Abilities and Temperaments

Physicians differ widely in their abilities and temperaments. Every successful physician is a specialist in some line, and the societies of both the counties and the State have places for those who are naturally interested in particular lines of work. Some physicians like to speak in public,—these belong on the Public Relations Committee.

Other physicians are reticent and shrink from publicity, and yet are excellent observers of local events and are keen judges of human nature,—these make excellent “key men” in advising the State officers regarding the proper approach to their brother members and to officeholders who control the expenditure of public funds.

One cannot always judge of the ability and willingness of a member by his attendance at society meetings and his participation in debates. The quiet, undemonstrative member often has peculiar ability in some line of medical approach, and will accept a specific duty when he is invited.

The County Medical Societies can profit by the example of the fraternal orders, some of whom are among the most efficient of all schools of expression and leadership as their members learn to carry on the rituals. Diffident members starting in a subordinate office, with a brief speaking part, soon acquire a pride in their work and rise in rank to become the head of the local branch.

The County Medical Society is a fraternal order, whose efficiency depends on developing the unsuspected talents of its obscure members. Every member has ability in some line which, if discovered and developed, will insure his active interest in the organization, and his participation in its activities.

The great broadening of the field of the activities of The Medical Society of New Jersey during the past two or three years insures an active place of honor to every member who will accept a call to service. A County Society president can render no better service than that of discovering and using the latent talent of each member.

A Perfected System of Medical Service

The Medical Society is the power station of the medical profession. The central power station is The Medical Society of New Jersey, and every County Society is a local station equipped with its own machinery, but relying upon the State Society for power of an auxiliary or break-down nature.

The problems of every local medical station are essentially the same, and every one relies on the central location, at some time or other, for supplementary power.

The system of the local power stations has been unified and adjusted to the central station, so that the standards and methods of any one conform to those of all the others, and to the central station. Only in this way can service be assured.

It frequently occurs that old machinery must be discarded or modernized. How to make the local changes with the least friction and annoyance is the problem which confronts The

Medical Society of New Jersey. The officers and committeemen of the State Society have been hard at work through the summer months in devising a unified system in which each local unit shall maintain its independence during ordinary times, but can rely on the central power station in times of emergency or in meeting new demands.

No longer will the twenty-five-year-old methods of distributing medical services be efficient or even endurable. The new plans of the parent Medical Society offers the most practical plan of service that has ever been devised, but its adoption will require the installation of new machinery, and instruction in its use. The men who have devised the system are no amateurs in the operation of field stations, for they have prepared themselves by hard experience in operating the local stations of their County Societies. The local members understand their own peculiar needs, and the State Society

leaders are ready to adapt their service to local conditions.

A new era in Medical Society practice is at hand and will develop into a system of service more perfect than any hitherto devised. Evi-

dences of its coming are the reports of the meetings and conferences which have been conducted under the auspices of the Welfare Committee and reported on pages 596-603 of this issue of The Journal.

Demand and Supply

The public is becoming health conscious, and is responding to the advertising appeals of those who offer physical strength and mental alertness for a price. More money is spent for short cuts to health than for scientific medical service. This is particularly evident in the propaganda for baby foods, stimulating vitamins, bowel regulators, skin cleansers, and sleep promoters. Even some health magazines published under medical direction contain descriptions of particular foods, appliances, and exercises which are promoted as sure cures of real or imaginary defects, both mental and physical.

The people demand relief for a pimply skin, a nervous child, a chronic ache, and "tired feeling". It is too much to expect that the medical profession compete with health advertisers. Every attack on a nostrum only advertises it, and spreads a knowledge of its existence. The

principal value of these exposures is to inform physicians of the true nature of the nostrum.

The field of the physician in dealing with the popular demand for relief from minor ills is to make a sincere effort in diagnosing and treating the condition. Every person who has a minor affliction mentions it to his family doctor at some time; and the response which he too often gets is advice to forget it, or a prescription which is no better than the nostrum which the patient is inclined to buy on his own prescription.

Doctors permit the field of hygienic advice to be occupied by dietitians, public health nurses, and school teachers, whose popularity depends on the unscientific assurances which they give. More attention by doctors in supplying the demand for relief for nervous and weakened conditions will enhance the value of medical services in the opinion of the patients.

Individuality In Co-operation

The time for intense individualism in the practice of medicine has passed; and even his confreres criticize the doctor who repeats the old-time saying, "I'm a doctor", implying that he is self-sufficient and is independent of all his colleagues.

The intense specialization in every line of labor and the influence of labor unions compel men of every degree to work in a special line; and when conditions in his particular occupation are dull, the workman is discharged from

his job, and cannot find another. Yet his medical needs continue, and he expects his doctor to serve him with the same self-sacrifice that he gladly showed to the few who were thrown out of work under the conditions of a generation ago. Physicians are therefore compelled to be coöperative, not only in their relations with one another, but also with the official welfare agencies of their communities.

Physicians are realizing that the most commendable boast of a doctor should be, "I'm a member of my County Society."

ORIGINAL ARTICLES

A CONSIDERATION OF INCREASED TEMPERATURE VARIATIONS IN INFANTS AND CHILDREN

By LEWIS ROBBIN, M.D., Newark, N. J.

Read before the Section on Pediatrics of the 170th Annual Meeting of The Medical Society of New Jersey,
in Atlantic City, June 4, 1936.

Heat loss, according to Howell,¹ is regulated by sweat centers and sweat nerves, by vaso-motor centers and vasomotor nerves, by the respiratory center, and by the water content of the blood. Heat production is regulated by motor nerve centers and motor fibers to the muscles, and by the stimulating action of food in metabolism. The first method is known as physical; the second, as chemical. Furthermore, a chief heat center has been located in the corpus striatum and accessory centers in the septum lucidum, in the cortex, in the mid-brain, pons, and medulla. Their actions are controlled by temperature changes within the brain and upper cord. When the temperature of these cerebrospinal regions becomes high, the body temperature drops; when their temperature is low, the body temperature rises. The average body temperature of well adult human beings, by rectum, is found to be 37.2° C. or about 99° F., and of infants and young children to be slightly higher.

BODY TEMPERATURE IN YOUNG BABIES

In attempting to establish an independent observation, I had taken in the obstetrical department of the Irvington General Hospital records of rectal temperature readings in infants at birth, and during the nine days of postpartum stay. A total of fifteen apparently normal babies were chosen, of whom four were male and eleven female. The readings of one of these infants was discarded because cutaneous symptoms of syphilis developed on the seventh day. This infant ran a remittent fever between the second and seventh day varying between 99° F. and 102° F.,—a not extraordinary occurrence in congenital syphilis prior to skin manifestations.

The usual hospital technic was employed. A tycos thermometer slightly lubricated with

white vaseline was inserted one and a quarter inches into the rectum for two minutes. Reading, a total of 1911 of which were taken, were made by attendant nurses, and closely supervised by Miss Ruth Calbeck in charge. The temperatures after birth were charted every three hours during the day, and every four hours at night, before and after feedings, and before and after bathing.

The lowest reading was 95.4° F., the highest 101.6° F. The lowest reading occurred but once after a bath, the temperature before the bath being 96.1° F. One hour later, 10 a. m., the temperature had risen to 97° F. before feeding, and 97.2° F. after feeding. From then on it assumed the characteristic range. The readings of 100° F. to 101.6° F. occurred simultaneously, accidentally, no doubt, in two infants, both on the second day after birth between the hours of 6 p. m. and 2 a. m. Thereafter they, too, entered the characteristic zone.

This characteristic zone of temperature lay between 97.2° F. and 99.6° F. One hundred and one of these findings, or about 5.5 per cent, were 99° F. or slightly over. About 20 per cent were between 97.2° F. and 98° F. This leaves about 75 per cent of the bulk of the readings between 98° F. and 99° F. Sex, feeding, or bathing made no characteristic change. At times the temperature was higher, and other times lower, before or after feeding or bathing. Apparently the heat regulating mechanism in these new-born babies was fully well developed.

BODY TEMPERATURE IN OFFICE PATIENTS

I also recorded during the past year the rectal temperatures on 1000 apparently well children between one month and ten years, who came to my office for diet regulation, or for a routine physical examination. These were

single readings made between the hours of 2 and 5 p.m. On this basis the scientific value with respect to establishing a norm may rightly be questioned. But in view of the reason that diurnal temperature readings are usually considered likely to be highest in the afternoon and evening; that my readings were taken in from about one to three hours after meals; and that most of the young infants were physically active because of vociferous crying, I feel that these observations tend at least to add weight to an attempt to establish a standard of temperature range in healthy infants and children. The lowest reading was 98.1° F.; the highest 100° F. About 21.5 per cent of these temperatures were between 98.1° F. and 99° F.; about 79.5 per cent between 99° F. and 100° F. Sixty four per cent of the patients were between one month and one year; 15 per cent between one and two years; and 21 per cent between two and ten years. There were 47 per cent females, and 53 per cent males. Apparently from these findings, after the first two months especially, the range of the normal temperature rectally lies between 99° F. and 100° F., but may vary between 98° F. and 100° F., this range being characteristically higher for its greater part than that shown by the bulk of readings in infants from birth to two weeks.

INTERPRETATION OF TEMPERATURES

With these temperature ranges in mind, one might properly inquire, among other things, into the causes, the types, the duration, and the significance of abnormally high temperatures expressed as fever.

Since disease in the sense of any departure of the state of health may well be expected to influence temperature, I have briefly outlined the usual conditions causing a disordered state of health in infants and children as follows:

1. Trauma: Mechanical, thermal, chemical.
2. Malformations.
3. New growths.
4. Infections, including those diseases due to bacteria, spirochaetae, mycoses, parasites, protozoa, and filterable viruses.
5. Allergy.
6. Lipoid metabolic disturbances.

7. Internal secretory disturbances.
8. Blood dyscrasias.
9. Acute gastro intestinal intoxications.
10. Deficiency diseases.

Traumata, new growths, many of the parasitic and fungous infections, disturbances in lipoid metabolism, deficiency diseases, such as scurvy and rickets; allergic conditions, and imbalance in internal secretions, when uncomplicated, are usually afebrile. While we are in this paper essentially interested in fever, a brief elaboration of this statement would not be amiss.

NON-FEBRILE CONDITIONS

Mechanical trauma to bone and soft parts, per se, is afebrile. Textbooks on surgery of infancy and childhood do not mention fever as a part of fractures, bruises, or lacerations. Sixty cases, collectively, of fractures of the head and long bones, on which admission temperatures were charted, chosen at random from the orthopedic services of Dr. John T. English and Dr. Maclyn Baker, were found to be within the normal temperature range.

The early symptoms of rupture of an internal viscus shows no fever. Shock with accompanying subnormal temperature is likely to be the rule.

Traumatic cerebral hemorrhage in the newborn is an afebrile condition. In a survey over a period of ten years, the results of which I read before this Society three years ago, I found fever absent as an early symptom.

Mal-development of any part of the newborn is an afebrile condition. In congenital malformation of the genito-urinary tract, where retention of urine occurs, fever does appear very early but, as is manifest, from a complicating pyuria. Fetal and horseshoe kidneys have no accompanying fever.

New growths, such as Wilms' tumor, hypernephromata, cerebral tumors, retroperitoneal teratomata, chlorosarcomata, or mediastinal cysts, do not abnormally increase the temperature.

Generalized symptoms in children due to the more common worms, such as cestodes and nematodes, do not usually include fever. However, with the lumbricoids, it is not uncommon

to find a prolonged low grade increase in temperature. Localization of the worms by migration to unusual places, such as the ears and the vermiform appendix, and parasitic ulceration of the intestine are, of course, causes of fever.

Fungi such as thrush or mycotic stomatitis usually cause afebrile diseases. However, I saw an instance of thrush of the larynx, causing stricture and necessitating tracheotomy, performed by Dr. Louis Clerf, of Philadelphia, that was accompanied by a prolonged low-grade increase in temperature.

Gaucher's, Niemann-Pick's, and Hand-Schüller-Christian's disease, amaurotic family idiocy, xanthomatosis of the skin, all lipid disturbances, are characteristically without fever.

Hyperthyroidism, though rare, is afebrile. Parathyroid disturbances, such as tetany and osteogenesis imperfecta, present no increase in fever. This is so usually with diabetes insipidus and mellitus and with pineal and other pituitary diseases.

Allergic diseases, such as eczema, hay-fever, and asthma, are in themselves not productive of fever. Febrile allergic reactions induced by intramuscular or intravenous injection of a foreign protein are, of course, sharp and often prolonged.

FEBRILE CONDITIONS

We are thus left to consider fever, aside from the several exceptions in the foregoing instances, resulting from bacterial invasion, from filterable viruses, from protozoal infections, from the undetermined agents causing blood dyscrasias, from thermic causes, and from acute gastro-intestinal intoxications.

Pathologists state, as recently popularly printed, that there are in man about 123 diseases due to bacteria, thirteen due to spirilla, seventy-one due to filterable viruses, and fifty-six due to protozoa. Yet all these disease-producing agents, and those still undetermined causes of blood dyscrasias, as well as both chemical and thermic factors manifest themselves febrilely in three distinct ways:

First, as a continued fever with slight diurnal variation, 1° to 1.5° F.

Second, as a remittent fever, with marked diurnal variation (more than 2° F.).

Third, as a remittent fever with alternating stages of fever and apyrexia, lasting hours or days, occurring successively. (Stevens, *A Manual of the Practice of Medicine*.)

CONTINUED TYPE OF FEVER

In the newborn we see the sustained or continued type of reaction in the so-called inanition fever, in erysipelas and in thermic states. In all the pyogenic infections affecting the umbilical tissues, peritoneum, lungs, soft tissues, the bones, and the cerebral coverings, the remittent type of fever is predominant. Given a new-born baby, therefore, with the continued type of fever, we might well look for inanition, erysipelas, or an overheated nursery. We have had a not uncommon occurrence at the hospital where several of a group of newly born infants suffered a sustained temperature of 104° to 105° F. and over for several hours because of a defective thermostat. About two hours after the nursery was cooled to 70° F. the fever disappeared.

In older children the most common causes of this type of sustained reaction occur with lobar pneumonia, typhoid, vesicular stomatitis, and exanthem subitum. Typhus, also of this type, is not endemic here. Of these diseases the curves of lobar pneumonia and early typhoid are well known. In lobar pneumonia a sudden interruption of the plateau often signifies a new lobe involvement. Vesicular stomatitis is a fairly common affliction among young children. For four days before mouth symptoms the child has a continued fever, with the subsidence of which physical findings, such as ulceration of tongue, lips, and buccal and throat membranes occur. This condition is popularly called trench mouth. In exanthem subitum the child will usually have a plateau type of fever ranging between 103.5° F. to 104° F. for four days, followed by a generalized macular eruption, simulating the rash of measles. I have no doubt that this condition, very little about which is written, is often mistaken for measles or German measles. However, it is to be emphasized that in exanthem subitum the rash follows and is not coincident

with the fever. The etiology of this disease is perhaps gastro-intestinal.

REMITTENT TYPE

All other conditions of bacterial and virus origin give a characteristically remittent febrile type of curve. There are exceptions, of course. For instance, in malignant scarlet fever the usual remittent curve may be changed to the sustained or plateau type, signifying a bad prognostic omen. This is true likewise in violent septicemia, malignant mumps, and measles.

In both young infants and older children the prolonged remittent is the usual type of febrile curve characteristic of the blood dyscrasias when fever is present. In Hodgkin's disease we may, of course, meet with the typically intermittent curve. One boy aged four years, whom I followed for one year, presented a characteristic intermittent type of fever. Each afebrile was succeeded by a febrile week. His blood, which showed an unrelenting leukopenia, 1000 to 2500 white blood cells per cubic millimeter, was studied by Dr. Carl Vogel, who was of the opinion that the child was a bona fide case of Hodgkin's without appreciable adenopathy.

The spirochaetal infections, aside from, perhaps, the so-called trench mouth of undecided etiology, are essentially those of syphilis and rat-bite fever. In congenital syphilis, usually afebrile, a remittent type of fever, either low grade or severe, often precedes skin manifestations for several days. Secondary manifestations in older children may be accompanied by a remittent fever. Rat-bite fever is definitely intermittent, and should be immediately considered when this type of temperature is encountered. This disease, while rare, nevertheless occurs. I saw an instance recently presented before the Pediatric Section of The New York Academy of Medicine. Relapsing fever, although also infrequent here, should also be borne in mind when the intermittent type of fever occurs, as should the aforementioned and more frequently occurring undulant fever. Both typhus and typhoid may too present on occasion the intermittent curve.

Of the protozoa, malaria is of chief importance. The intermittent fever of the tertian

and quartan hematazoa and the remittent and continued fever of the aestivo-autumnal parasite are too well known to discuss.

SIGNIFICANCE OF FEVER

Fever is always significant; but the evaluation of this significance is not always easy. Barbour² defines fever as "any positive heat balance due not solely to food, exercise, or environment". According to standards set by the National Tuberculosis Association, "A temperature which persistently runs over 99.4° F. when taken at least four times a day over a period of one week (by mouth five minutes) should be considered of significance and to constitute a fever." I believe that a temperature in infants and children of over 100° F. by rectum, with the thermometer inserted at least two minutes, constitutes fever. "When", as Lakin³ observes, "it is considered that during muscular exercise the production of heat may be increased from 200 to 300 per cent without the temperature rising, whereas in fevers production of heat may be increased only from 20 to 30 per cent and yet pyrexia results, it is obvious that some lack of adjustment occurs." Slight fevers may accompany diseases of grave prognostic omen; high fevers may occur with trivial diseases. Lakin³ holds that elevations on the temperature chart correspond with depression of the opsonic index and vice versa. The temperature chart, therefore, bears an inverse relationship to the opsonic index. Trivial diseases may consequently be considered in the light of low opsonic index when the accompanying pyrexia is high, and serious diseases may thus be associated with a high opsonic index, the end result notwithstanding. Moderate fevers, nevertheless, usually present a good outlook; continued very high fevers, a bad outlook. Initial high temperatures are not nearly so grave as terminal high temperatures. Prolonged pyrexia of any degree is usually, but not always, bad. The fever in acute infectious diseases runs about one to two weeks. The contagious or virus diseases average about four days of increased temperature. In aseptic suppuration the fever and chills are a result of the absorption of autolytic products, rather than from the direct

result of the poisons of invading organisms. If a patient gets up too soon after an acute illness, the rise of temperature is held by some to be due to a washing out of inflammatory products from the foci of infection by increased circulatory activity. Cramer holds that "the thyroid and suprarenals acting through the sympathetic nervous system influence metabolism and together form a 'humoral apparatus' concerned in the regulation of body heat". The occurrence of pulmonary infections after anesthesia is perhaps "favored by the thyroid and suprarenal exhaustion that follows the exhibition of general anesthetics".

Prolonged fever, excluding manifest tuberculosis, infections, such as brucelliasis, and blood dyscrasias are always a great puzzle. We are all familiar with illness lasting six to eight weeks. Fever here is no doubt prolonged sufficiently for anyone. But by prolongation, I mean a range of time extending from six months to perhaps several years in conditions of obscured etiology.

I present the following case:

Case 1. J. W., aged five years, first came to me May 3, 1933, through the courtesy of Dr. Lorrimer Armstrong, of Westfield, with the chief complaint of suffering a temperature ranging between 99° F. and 102° F. by rectum for the past two months. Aside from the fever there was no complaint. The onset had been acute with a temperature of 103° F. Dr. Armstrong received a report of the urine examination showing casts, albumin, and many blood and pus cells. The urine had, however, cleared with the apparent recovery of the child from his acute onset. X-rays taken showed diffuse bronchial shadows and a widening of the hilar shadow. His tuberculin tests were negative. Tests for undulant fever were negative.

The essentials of his further history are these:

B. H. Normal pregnancy, normal delivery. B. W. 8 pounds 5 ounces.

F. H. No chronic illnesses. No recent acute illness. Parents well; two brothers well.

Fd. H. Nursed for one month, then given various Chickenpox at 4½ years. Tonsils and adenoids removed at 4 years.

Fd. II. Nursed for one month, then given various dilutions of whole unboiled certified milk, water, and dextri maltose feedings. Cereals begun at five months; green vegetables at seven months. Orange juice and viosterol in cod-liver oil given since one month of age.

Physical examination was completely negative except for a condition of underweight. His height was 45¾ inches, his weight 42¼ pounds. He was somewhat pale, but he was mentally and physically ac-

tive and eager to cooperate. A tuberculin scratch test and Mantoux, with undiluted O. T., were negative. His temperature at this time was 99.4° by rectum.

He was given an optimal vitamin diet and liver extract orally and advised to report in a month. Temperatures were to be noted morning, noon, and night and a report given of any untoward symptoms. Bed was advised. On this simple regime his weight increased to 45 pounds by September 28. Another Mantoux remained negative. Blood counts and urine analyses were negative; but the evening fever regularly varied between 101° F. and 102° F. by rectum.

On October 19th he was sent to Dr. Charles Baker for a complete x-ray diagnosis. His report reads: "Examination was made of the skull in both lateral positions, of the chest, lumbar spine and pelvis, both femurs, both knee joints, entire tibiae including ankle joints, the humeri, elbows, forearms and wrists.

Skull.—The bones of the skull are apparently perfectly normal in density, and detail of the cancellous structure is normal.

Chest.—Study of the chest reveals no pathology of the lungs, pleura, mediastinum, or heart.

Lumbar Spine.—The bones of the lumbar spine show an abnormality in the cancellous structure most noticeable in the fourth and fifth vertebrae where near the mid-line there are coarse trabeculae forming a sort of square mesh, similar to fine gauze.

The bones of the pelvis and upper femurs are normal.

Lower Femurs.—Study of the lower femurs just above the epiphyses on the inner margin shows areas of diminished density which are symmetrically arranged in both legs and which are accompanied by a slight roughening of the periosteum along the inner margin of the diaphyses. The lateral views of the knee joints do not bring this slight difference in density out and the knee joints in the lateral position would be considered normal in appearance.

Tibia.—The tibia and fibula on each side appear normal in density and outline.

Upper Extremities.—Study of these bones reveals no abnormality of density or structure.

Diagnosis.—We are unable to reach a positive diagnosis in this case.

The child was then entered on October 26, 1933, into the Irvington General Hospital for observation and laboratory examination.

Dr. John W. Gray reported the following findings: Wassermann, negative.

Standard Kahn, negative.

Frigility test: Hemolysis begins 0.42; hemolysis completed 0.34.

Sedimentation, 3 mms. per hour.

Bleeding time, 4 minutes.

Clotting time, 1.5 minutes.

Icterus index, 7.7.

Cholesterol, 152 mgms. per 100 c.c. of whole blood.

Blood culture, sterile.

Sugar, 91 mgms. per 100 c.c.

Chlorides, 503 mgms. per 100 c.c.
 Uric acid, 4.0 mgms. per 100 c.c.
 Urea nitrogen, 11.4 mgms. per 100 c.c.
 Calcium, 11.8 mgms. per 100 c.c.
 Phosphorus, 5.8 mgms.
 Calcium-phosphorus index, 68.4, a high normal.
 Hemoglobin, 11.8 gm., 69 per cent (Newcomer).
 Erythrocytes, 3,750,000.
 Color index, 0.9 per cent.
 Nuclear index, 22 (no shift).
 Leucocytes, 5300.
 Neutrophiles, 41 per cent.
 Lymphocytes, 44 per cent.
 Monocytes, 10 per cent.
 Normal morphology.
 Platelets, 190,000.
 Mantoux, negative.

Urine: Yellow, clear, acid. Specific gravity 1022.
 Albumin, very faint trace. Glucose, acetone, and diacetic, 0. Leucocytes 10 to 15 by high power field.

The stool was negative for blood, pus, and parasites.

The child was discharged with no definite diagnosis.

The parents then took him to Dr. Frederick Bartlett at the Fifth Avenue Hospital, where he again was subjected to a complete physical, x-ray, and laboratory examination. The findings were practically a complete duplication of those already given except for any skeletal pathology by x-ray. The chest x-ray was thought to show a significant hilar shadow, and the temperature, as I originally believed, was thought best explained by a hilar adenitis of non-tuberculous origin.

The patient was taken home, and brought to me December 8, 1933, for another examination because the mother noticed "black and blue" spots on his body. Examination showed small ecchymotic spots on the outer aspect of the thigh roughly ranging from one-quarter to one-half inch in diameter; also on the left posterior lumbar region and on the left cheek for one and one-half inches in diameter. The blood examination by Dr. Gray showed—

Hemoglobin, 12.5 gms., 74 per cent (Newcomer).
 Erythrocytes, 4,210,000.
 Color index, .8 per cent.
 Nuclear index, 21 (no shift).
 Leucocytes, 5400.
 Neutrophiles, 44 per cent.
 Lymphocytes, 52 per cent.
 Monocytes, 4 per cent.
 Platelets, 200,000.

He was then given calcium gluconate, and mercury vapor lamp exposures. He was active, could not be kept in bed, and had a vigorous appetite. He was seen at monthly intervals, continued to have ecchymotic spots in varying regions of his body until June 15, 1934, when they ceased to appear. During this interval monthly blood and urine examinations were made by Dr. Gray, without significant findings except for a moderately low platelet.

The sunlight therapy was then discontinued. His weight June 18, 1934, was 49 pounds; his height 49 inches. But the evening temperature still persisted. On May 24, 1935, he suffered a flurry of ecchymotic

spots which disappeared in several weeks. His blood findings were about the same.

Today (June 4, 1936) he is negative from both physical examination and laboratory point of view. His height is 53½ inches and weight is 61½ pounds. He attends school, enters into all physical exercise for a boy his age without untoward reaction. His mediastinal x-ray shadows are absent. Yet his mother reports an evening temperature of 100° F. to 101° F.

Of course, this child has shown definite signs of disease at various examinations. He has had pus in his urine, has had ecchymotic spots, and a debatably significant hilar shadow by x-ray. He has shown at various times a somewhat lower than average leucocytic count. It cannot be said that, despite his fever, he is not yet suffering from a low-grade infection of undetermined origin. But it must be emphasized that here is a boy living an apparently normal life as to diet, play, rest, and gain in weight, who yet shows a daily evening remittent fever.

Case 2. Another patient, aged six years, with a typical pituitary dysfunction, whom I have observed for two years, suffers a rise of temperature of 101° F. only on activity. His Mantoux is positive; but he has negative x-ray and blood findings. He has been continually sent home from school because of fever, despite absence of evidence of any apparent illness. But here again we cannot claim the child to be normal, for he shows an internal secretory imbalance.

Protracted fevers have been explained on the assumption of a disturbance in the nervous vascular system. In the imbalance of the thermo-regulation that exists in instances of exophthalmic goiter and after acute infection Gelmar holds that this mechanism obtains. The part played in some instances of pyrexia by the "endocrine system in the pathogenesis of protracted hyperthermias becomes easy to understand on consideration of the close connections between the endocrine glands and the sympathetic nervous system".⁴ An organic change in the patient, particularly in his sympathetic nervous system, takes place. One might again assume that the thermo-regulatory system varies in different apparently normal individuals. As pediatricians, we all know how sharply different patients respond by fever to the same etiologic factor. I have parents who

expect their child to manifest a temperature of 105° F. with even a trivial disease because "he always does so". This parallels the belief that pneumonia, or other sickness, is not the same disease in any two individuals; and that reaction to operative procedures varies with the patient. How easily the highly nervously organized person is prone to shock. In contrast, however, I have yet to see a neuropathic child with an imbalance of his heat regulating mechanism. I believe 40 per cent of older children brought to my office are problem children showing varying degrees of neuropathy. Neither physical examination nor the history reveals the fact of protracted fever.

So far as I know, there is no proved physiologic basis for prolonged or acute pyrexia. An elevation in children of temperature of one or two degrees of the monothermia or continuous type might be of less significance than the remittent type of fever. Yet such patients are often pale, prone to gastro-intestinal upsets, are easy to perspire, are irritable, and tire easily. Perhaps here we are indeed dealing with a physiologic or constitutional disturbance, with a thermo-regulatory system of great lability, assuming of course that we have excluded every possible angle of disease. These patients are a challenge to the belief of constancy of temperature in infants and children. Yet our inability to find a more than theoretical answer is not an exact diagnosis, to say the least.

The physiologic process of dentition as a cause of fever, I believe, should be mentioned only to be condemned. I have never seen a

child in fever while cutting teeth whose fever could not be explained by another cause. I have never known that lancing gums caused the disappearance of pyrexia in such an infant. Scientifically, such a pyrexia would be hard to explain. The gums are not sensitive at the cutting edge; therefore reflex pain affecting the heat center in the brain is hardly a logical explanation. Tissue injury is slight, certainly not so great as that in a fracture. There are no symptoms to indicate a neuro-vasomotor or internal secretory imbalance during this period. Then, too, very many infants with hemorrhage about the gums during dentition do not have an elevated temperature. The danger of ascribing to dentition the cause of pyrexia lies in the likelihood of overlooking a serious disorder. Dentition fever is a diagnosis akin to that of neurasthenia for tabes.

We are therefore led to lean to the belief that fever is not physiologic at any time and should take the stand that in the presence of any acute or prolongedly elevated temperature, we should persistently apply every means of clinical and laboratory ingenuity to obtain a diagnosis, even though we cannot always find an answer. For fever is an important symptom calling forth that skilful adaptation of all our peculiar powers of analysis which may be defined as the art of medicine.

REFERENCES

1. Textbook of Physiology, Howell, 1924.
2. Barbour, H. C.: Vol. 102, No. 12, p. 889, Journal of A. M. A.
3. Lakin, C. E.: Disturbances of Body Temperature. Lancet, London, 2:586, September 15, 1934.
4. Deutsches Archiv für Klinische Medizin, Berlin Mechanism of Development of Protracted Subfebrile Temperatures, 176, p. 581, August 22, 1934.

ACUTE PERFORATED PEPTIC ULCER

REPORT OF FIFTY-EIGHT CASES

By THOMAS J. SUMMEY, M.D., F.A.C.S., Moorestown, N. J.

Assistant Surgeon, Pennsylvania and Burlington County Hospitals

Read before the General Session of the Annual Meeting of The Medical Society of New Jersey at Atlantic City, June 3, 1936

This paper is limited to a discussion of acute perforations of the prepyloric and postpyloric regions of the gastro-intestinal tract. From May, 1928, to May, 1936, there were fifty-eight cases operated upon at the Pennsylvania,

the Post-Graduate, and the Burlington County Hospitals in the services of Dr. Walter E. Lee and Dr. Charles F. Mitchell, to whom I am indebted for reporting these cases. Twenty-nine of the reported cases are from Pennsyl-

vania, twenty-three from the Burlington County, and six from the Post-Graduate. While there were only six cases at the Post-Graduate Hospital, with a service more active than the other two, these cases are included because of their special interest and relation to this problem.

The literature upon this subject, both in this country and abroad, has been extensively reviewed by several surgeons in the last few years. Graves¹ reported, in 1933, 4402 cases from various Austrian and German clinics, showing a mortality of 68 per cent in 1897, which has been decreased to approximately 17 per cent at present. Eliason and Eberling,² in 1934, reported seventy-four case of their own with an operative mortality of 45.2 per cent and showed the general operative mortality in this country from 1921 to 1934 to be 25.9 per cent in 1940 cases. They also reported 3121 cases from European clinics with an operative mortality of 22.6 per cent. There was a total of 5061 cases from both sources, showing an operative mortality of 23.9 per cent. More

recently excellent articles have appeared by Donald,³ Trout,⁴ Corff,⁵ and others.^{6, 7, 8, 9, 10, 11}

SEX AND AGE INCIDENCE

Our group of perforated peptic ulcers is made up entirely of males, with an average age of 41.6 years. One case was under twenty years of age, fourteen case from twenty to twenty-nine, sixteen cases from thirty to thirty-nine, fourteen from forty to forty-nine, five cases from fifty to fifty-nine, five cases from sixty to sixty-nine and three cases over seventy years of age.

TABLE I.—Age of Patients

Under 20	20-29	30-39	40-49	50-59	60-69	Over 70	Total
1	14	16	14	5	5	3	58

The youngest in this group was a boy of eighteen and the oldest was a man of seventy-nine, and, as far as we can find, this is the oldest. The oldest case previously recorded was a male of seventy-seven, observed by Speck. Most of our cases occurred in the third and fourth decade of life.

Duration of Acute Symptoms before Operation		None	Weeks				Months									Years						Not Stated	Total
			1	2	3	4	2	3	4	5	6	7	8	9	1	2	3	4	5	Over 5			
Under 12 Hr.	L	3	3				2	1			2		1		2	1	2	1	20		2	40	
	D				1					1		1		1	1				2			7	
12-24	L									1		1						1			1	4	
	D																		2			3	
24-36	L																1					1	
	D																		1			1	
36-48	L																						
	D																						
2½ days	L																						
	D																						
3 days	L																						
	D																						
4 days	L																						
	D				1																	1	
5 days	L																						
	D	1																				1	
Over	L																						
	D																						

TABLE II—Showing Duration of Acute and Chronic Symptoms before Operation, with Outcome

CHRONIC SYMPTOMS

SYMPTOMATOLOGY AND PHYSICAL FINDINGS

As shown in Table II, 94 per cent gave a definite history of indigestion varying in length from one week to thirty years. The symptoms in the majority of our cases were fairly typical in those admitted within the first twelve hours after perforation with the exception of two where there was no rigidity and the peristalsis was normal.

Since there was some tenderness in the right lower quadrant, one of these cases was diagnosed appendicitis. This man, however, did give a history of collapse. At operation a small perforation of the duodenum was found, which had adhered to the liver, sealing the perforation. The other case had similar findings, with the exception of tenderness over the right upper quadrant. This man, too, had a perforation which shortly thereafter sealed in the same manner. X-ray examination in this case showed free air in the peritoneal cavity. There were several other cases in which generalized peritonitis had already set in, making diagnosis difficult. The history of a sudden onset with collapse, shock and x-ray evidence of free air in the peritoneal cavity were of great aid in establishing a diagnosis.

There are two unoperated cases, admitted in a moribund condition. Both died the day of admission and diagnosis was verified in each case by post mortem. These two cases, while not included in our operative mortality, have, however, been included in our gross mortality.

OPERATION

Heussner is credited with the first successful operation for perforated peptic ulcer in 1892, and ever since that time surgeons have been divided as to the best method of treatment; those of the conservative group holding that closure was all that should be done at the time, others following Deaver that all should have a gastro-enterostomy in addition to the closure of the ulcer, if the patient's general condition permitted it. As late as 1926 Guthrie¹² stated that he did nothing more than a simple closure of a perforated ulcer of the stomach or duodenum but found that a large number of teachers and prominent surgeons were performing a gastro-enterostomy at the

time the perforation was closed if the patient's condition warranted.¹³

In this group of cases we have performed only three gastro-enterostomies. One of these was upon a colored man, twenty-nine years of age, who was admitted to the Burlington County Hospital with an acute perforation, and it was impossible to determine, at the time, whether this was a gastric or duodenal ulcer, but it was believed to be on the duodenal side. There was considerable thickening of the affected wall, and after closure of the ulcer a gastro-enterostomy was performed. This patient made a good post-operative recovery, gained weight and was symptom free for four months, but at the end of six months he was re-admitted to the hospital and a definite diagnosis of carcinoma of the stomach was made. Exploratory operation revealed an inoperative gastric carcinoma and he died seven months later.

The other two cases were elderly men, in whom, because of marked thickening of the duodenum and a history of retention, it was feared that complete obstruction would follow the closure of the ulcer.

The writer feels that the operation for acute perforation of gastric or duodenal ulcer should be limited to a simple closure in practically all cases. By so doing, the mortality will be lowered and one will have time later on for a thorough investigation with the aid of a gastro-enterologist and a roentgenologist to determine whether or not more surgery is required.

MORTALITY

The operative mortality of the fifty-eight operated cases in our series is 20.6 per cent. As noted by nearly all the other authors, the mortality rate was in direct ratio to the time interval between perforation and operation. In twenty-two of our cases operated on in the first six hours, there were three deaths, a mortality of 13 per cent. In the next twenty-eight cases operated on between the seventh and the twelfth hour after perforation there were six deaths, a mortality of 21.4 per cent. In four cases operated on between the thirteenth and the eighteenth hour after perforation there was

one death, a mortality of 25 per cent. In four cases operated on after eighteen hours there were two deaths, a mortality of 50 per cent.

Table III shows this in graph form.

TABLE III—*Relation of Interval Between Perforation and Operation to Mortality*

Time Interval (Hrs.)	Cases	Deaths	Mortality (%)
0-6	22	3	13
7-12	28	6	21.4
13-18	4	1	25
Over 18	4	2	50

Besides the fifty-eight cases operated upon with a mortality of 20.6 per cent, we have included the two cases entering the hospital in a moribund condition who died the day of admission without operation, which makes our gross mortality 23.3 per cent.

It is interesting to note that Brown,¹⁴ in 1929, reported 100 cases from the Pennsylvania and Presbyterian Hospitals for the period of eighteen years immediately preceding our survey. He reported a gross mortality of 33 per cent for the series as a whole, a mortality of 39 per cent in seventy-two cases of simple closure and 29 per cent mortality in twenty-eight cases in which gastro-enterostomy was performed. Gibbon,¹³ in 1930, reported sixty-seven cases of acute perforation from his services at the Pennsylvania and Jefferson Hospitals with a total mortality of 26.8 per cent. Gastro-enterostomy was performed in twenty-four cases with a mortality of 12 per cent and simple closure was performed in forty-three cases with a mortality of 35 per cent. The interesting thing to note, in these reports, is that a gastro-enterostomy was performed in a majority of the cases when the patient's condition warranted it.

CAUSES OF DEATH

Causes of death in the cases operated upon, as shown in Table IV, were as follows: Peritonitis, five; post-operative shock, one; intestinal obstruction, one; pneumonia, four; hemorrhage from second ulcer on the posterior wall of the duodenum, one. The latter was a white man of sixty-six years of age, who gave a history of indigestion for twenty years. He had had no previous hemorrhage. Three years

before the catastrophe, he had had his appendix removed through a McBurney incision and he was under active ulcer treatment at the time of this perforation. He was operated upon within six hours after the catastrophe occurred and the perforation was closed. His post-operative condition was entirely uneventful until the eleventh day when he had a rather sudden and severe hemorrhage. Since an initial hemorrhage is considered to be seldom fatal and transfusion is thought harmful unless an immediate operation is planned, this patient was treated by supportive measures for the first twelve hours. At the end of that period the patient's condition was not improving. We then felt his only hope was an operation, since he was losing ground rapidly. Nine hundred c.c. of whole blood was given by direct method in the next twelve hours. The blood leaked out almost as fast as we could give it to him and the patient died. At autopsy the "kissing" type of ulcers were found on the anterior and posterior walls and the fatal hemorrhage had occurred from an ulcer on the posterior wall of the duodenum.

TABLE IV—*Causes of Death; Operated Cases*

Peritonitis	5
Pneumonia	4
Cardiac	0
Shock—Postoperative	1
Hemorrhage from second ulcer post duodenal wall	1
Intestinal obstruction	1

ANESTHESIA

As shown in Table V, thirty-eight of these cases were given spinal anesthesia, four ether, one nitrous oxide, ten nitrous oxide-ether, one local, two local and nitrous oxide, one local and avertin, one local and nitrous oxide-ether.

TABLE V—*Anesthetics Used*

Type of Anesthesia	Cases
Spinal	38
Inhalation—	
Ether	4
Nitrous oxide	1
Nitrous oxide-ether	10
Local	1
Local and nitrous oxide	2
Local and avertin	1
Local and nitrous oxide-ether	1

We feel that spinal anesthesia is the ideal anesthetic if the patient has reacted from the initial shock, as they usually do a few hours after the onset. It permits perfect relaxation, enables one to work quickly and smoothly and makes aspiration of the soiled peritoneal cavity easy.

DRAINAGE

Drainage, the writer feels, is not indicated unless there is marked soiling of the peritoneum of more than twelve hours' duration, and agrees with Trout,⁴ who believes that drains are often harmful.

POST-OPERATIVE TREATMENT

Before the patient leaves the table, he is given 50 c.c. of a 50 per cent solution of glucose intravenously if required, and upon his return to bed the Trendelenberg position is maintained for six hours in those cases where spinal anesthesia has been used. Further treatment for shock is rarely necessary. The fluid balance is maintained the next two or three days by the use of continuous venoclysis of a 10 per cent glucose solution or by hypodermoclysis of physiological salt solution. The stomach is drained by suction until the pylorus becomes patent. Nothing is given by mouth for twenty-four hours. At the end of the second day, the patient is given water freely. On the third day a Sippy diet is prescribed and increased until the patient takes the full Sippy regime at the end of one week.

FOLLOW-UP RECORD

One of the most interesting features in this group has been the observations in the follow-up clinic. We find the patients who were faithful in carrying out dietary instructions and reported regularly to the Medical Clinic have progressed very nicely in most instances. We have been able to follow 91 per cent of our

cases. The majority of them have maintained the prescribed diet; 20 per cent of them, however, still complain of some form of indigestion even though adhering to a definite ulcer regime.

One case had two perforations within a year, the first at another hospital and the second at the Post-Graduate Hospital. After closure of the second perforation, he continued to have ulcer symptoms and hyperacidity. No relief was obtained from diet and medication and six months later a partial gastrectomy was performed by Dr. Lee and since that time he has been symptom free.

There is another case in the same clinic whose course has been practically the same.

One man, who had a perforation of a prepyloric ulcer five years ago, made a good operative recovery and was symptom free until six months ago when he returned with definite ulcer symptoms and marked hyperacidity and had typical x-ray evidence of ulcer, this time on the duodenal side.

One case developed obstruction, which subsequently required a gastro-enterostomy and we now have another patient who shows a beginning obstruction without hyperacidity.

There are six other cases who have complained of indigestion and require special diets to keep them symptom free.

CONCLUSIONS

I believe that simple closure is all that is required for acute perforations of the pre- and post-pyloric regions of the gastro-intestinal tract; that post-operative care is of importance and this should be given by the surgeon, internist and roentgenologist; that a gastro-enterostomy is not indicated unless there are signs of pyloric obstruction; when ulcer symptoms continue and hyperacidity is present in spite of adequate medical treatment, partial gastrectomy is the operation of choice.

REFERENCES

1. Graves, A. M.: *Am. Surg.*, 98:197, Aug., 1933.
2. Eliason, and Eberling: *Am. J. Surg.*, 24:63, 1934.
3. Donald, J. M.: *J. M. A.*, 4:384-389, May, 1935.
4. Trout, H. H.: *J. A. M. A.*, 104:1, Jan., 1935.
5. Corff, Meyer: *Am. J. Surg.*, Jan., 1936.
6. Rhodes and Collins: *Calif. and West. M.*, 39:173, Sept., 1933.
7. Hinton, J. W.: *Am. Surg.*, 101:856-862, Mar., 1935.
8. Brenner, E. C.: *Ann. Surg.*, 102:185-193, Aug., 1935.
9. Westermann, J. J.: *Am. Surg.*, 101:1377-1388, June, 1935.
10. Smithies, F.: *Am. J. Digest. Dis. and Nutrition*, 1:679-697, Dec., 1934.
11. Sauer, P. K.: *Ann. Surg.*, 102:995-1002, Dec., 1935.
12. Guthrie, D. N.: *N. York J. M.*, 23:66, 1923.
13. Gibbon, John H.: *Trans. Am. Surg. Assoc.*, Vol. 48.
14. Brown, Henry P., Jr.: *Ann. Surg.*, Feb., 1929.

Burlington County Hospital,
Mt. Holly, N. J.
and
1930 Chestnut Street,
Philadelphia, Pa.

TRAUMA AND CANCER

By ROYALE H. FOWLER, M.D., F.A.C.S., Newark, N. J.

Presented at a Symposium on Cancer, St. Vincent's Hospital, Montclair, N. J., June 9, 1936.

In connection with the Workmen's Compensation Law, the relationship of trauma to neoplastic diseases is becoming increasingly important. In one of Dr. James Ewing's recent lectures, he states: "A single trauma of ordinary tissues is incapable of producing a malignant tumor. Trauma may be an indirect and determining cause of certain tumors. Repeated trauma is more likely to produce disordered regeneration. Only when the structure represents an exaggeration or variation may a tumor safely be referred to trauma. When there arises a suspicion of any known carcinogenic agents or conditions—and knowledge of these is rapidly increasing—a presumption is established that they, not trauma, are the cause of the tumor."

Alleged "traumatic tumors" would disappear from the literature if the so-called "facts" given in support of them were very critically analyzed in the light of inquiry under present strict criteria. One of these criteria is the great probability of coincidence. Bruises and minor wounds are so common that almost every tumor victim will be able to think back and try to blame such an occurrence. An injury sustained in a potential tumor area, as in the breast, for example, is more likely to intensify subjective symptoms and to direct attention to an hitherto unsuspected tumor. This psychological principle is termed by Ewing "traumatic determination".

One may accept aggravation of a tumor only when the injury introduces into the disease significant, harmful effects which do not normally occur. The idea that injury accelerates tumor cell growth is not supported by clinical and experimental data. Trauma may cause metastases only in advanced stages, and then it does not alter the course of the disease.

The following cases are presented for discussion:

Case I.—Cancer of the breast, allegedly due to trauma.² The plaintiff was injured July first, 1935, when an automobile driven by her husband collided

with one of the defendant's wagons. Among other injuries sustained, one of her breasts was bruised and the overlying skin broken. Within seven weeks thereafter a mass developed at the site of the bruise, which was removed surgically. A pathologist found it to be early carcinoma.

The plaintiff sued the defendant, alleging that the cancer was caused by the accident. From a judgment for the plaintiff, the defendant appealed to the Supreme Court. While the appeal was pending the plaintiff died and the action was revived. The defendant contended that the evidence was insufficient to show that the cancer was a result of the injuries sustained in the collision; that it is impossible in a particular case to say with a reasonable degree of certainty that cancer results from a specific injury.

In the present case there was sufficient evidence, in the opinion of the court, to establish (a) the fact of injury; (b) that the injury was sufficiently severe to cause a bruising of the breast; (c) that prior to the injury there was no observable indication of the presence of a tumor; (d) that the tumor in question developed at the point where the injury was sustained; (e) that the presence of the tumor was observable within seven weeks from the time of the accident; and (f) that the clinical diagnosis showed that the tumor was malignant.

On the question of whether or not, in the face of these essential facts, it can be said with a reasonable degree of certainty that the cancer was caused by the injury sustained, the experts disagreed. An expert witness, on behalf of the defendant, testified that the cancer did not result from the injury.

The pathologist testified that his examination showed early carcinoma, and that the breast also showed chronic mastitis, and some cysts. He testified that the chronic condition had existed for several months, possibly longer, and that it might have been there for a year; that the cysts might have been there a number of weeks or several months or more. He expressed no opinion as to the cause of the cancer.

An expert witness on behalf of the plaintiff testified that the injury might have caused the cancer, but that pathologists are unable to examine in any known way any particular malignant growth and state that this did, or did not, arise as a result of injury.

Another witness stated that, "considering all the facts in hand and the fact that, so far as can be humanly told, there was no tumor in her breast prior to the injury; and considering the fact that an acceptable period had elapsed for such a cancer to develop to the size of a walnut; and granting the fact that she had an adequate bruise to the breast, it is my opinion that it is very probable that this cancer developed as a result of her in-

jury". The testimony of this witness constituted the only evidence in the case, said the court, which tends to remove the question in dispute from the realm of doubt and speculation. The witness, however, assumed that there was an "adequate" bruise. Neither he nor anyone else testified as to what an "adequate" bruise is, or whether the bruise which the woman received was "adequate". He further assumed that there was no tumor in her breast prior to the injury, an assumption not warranted by the evidence. The evidence, said the Supreme Court, when analyzed, establishes no more than a possibility that the cancer resulted from the injury. Therefore, the finding of the jury that the injury to the breast did cause the cancer was not sustained by the evidence.

During the trial a medical expert called by the defendant testified that he knew of no authority which stated that a solitary traumatism may be followed by the development of a malignant growth. In cross-examining the witness, the plaintiff's counsel read an excerpt from a book on surgical pathology, with which the witness was familiar, to show that a reputable authority had made such a statement.

In reversing the judgment of the Circuit Court, the Supreme Court remanded the case for a new trial, expressing the opinion that the facts in the case had not been fully developed.

Case II.—Abdominal tumor attributed to trauma.³ The employee, while using a "breast auger" in boring holes incident to coal mining, experienced a pain in his abdomen July 22 or 23, 1931. He testified: "I was putting my weight, pushing against my abdomen, and something stung me like a pin stuck in there." He worked two days thereafter but was then forced to quit.

He consulted the company physician early in August, 1931, who discovered a mass near the umbilicus and sent the employee to a hospital. There he was operated on, and the mass was removed. The industrial commissioner refused to award compensation and the employee appealed to the Supreme Court. The company physician testified that when he examined the employee in August, 1931, he found a "tumor of the abdomen", but there was no external evidence of injury, and he doubted whether the disability was the result of the injury.

The operating surgeon testified that the muscles of the abdomen had evidently been traumatized by using the auger to such an extent that the employee had developed a "tumor" of the abdominal muscles. He testified that a pathologic examination of the tumor disclosed a "low-grade infection of the fascia and abdominal muscles, due to trauma", and in his opinion there was no question but that the tumor was caused by the trauma. There was nothing in the record, said the Supreme Court, to contradict affirmatively the clear and definite statements of the operating physician.

The evidence, therefore, in the opinion of the court, established the fact that the employee's disability was a result of an injury received by him in the course of his employment. The case was

remanded for an award to be made in compliance with the Workmen's Compensation Act.

Comment.—The microscopic examination of the tumor of case II revealed only an inflammatory mass. It is probable that, if the condition originated as stated, it was the result of repeated irritation and pressure of the drill and not due to a solitary act. Such a history may be given by a patient in some cases to bring the case under the compensation law, rather than the recital of the true facts of long continued use of the tool. A somewhat similar case is recalled in a workman who used a drill which he placed against the abdomen beneath the right costal arch. This act was said to have brought on signs and symptoms of acute cholecystitis. At operation, the gall-bladder was found to be the seat of carcinoma. The medical expenses and temporary disability were paid by the Insurance Company until the man died, when further obligation ceased.

Case III.—Trichinosis and cancer.⁴ An epithelioma occurred on the buccal mucous membrane of a patient seen in 1909. A portion of the cheek was excised. Microscopic examination showed a typical epithelioma. In the buccinator muscle there were encapsulated trichinae. The opinion was expressed by Dr. Francis Carter Wood, to whom the slide was submitted, that there was no particular importance to be attached to the association of the parasite with a new growth. It was judged merely a pathological curiosity.

Schmidt-Lange⁵ states that it has been known for a long time that trichinosis and cancer may concur in human subjects. Moreover, it has been proved in animal experiments that malignant tumors may be produced by some parasites (*cysticercus fasciolaris*, the larval form of *taenia crassicolis*). To be sure, trichinellae have hitherto not been recognized as a causal factor of malignant tumors, and the concurrence of trichinosis and cancer in human subjects has been designated as an accidental occurrence. However, the author thinks that the observation of the simultaneous appearance of severe trichinosis, and sarcoma in a white mouse indicates an etiologic relationship between the two processes, especially since the condition of the tumor indicated time relation between the two conditions. The location of

the primary tumor in an organ not involved in the trichinella infestation makes it appear likely that either the numerous young trichinellae that invaded the liver by the blood stream produced an irritation like that of a foreign body; or the waste products of disintegration and metabolism, which, in case of such a severe infestation, enter the vital organs, were the cause of the cancer formation. The author considers the trichinellae not a cancer cause in the narrow sense of the word, such as he had discussed in former studies on plant cancer and Rous sarcoma, but rather one of the various factors (polyetiology), according to Askanazy, that plays a part in the etiology of the tumor cell.

CONCLUSIONS

1. In dealing with primary causes, trauma as a factor should be denied, unless very critical requirements are met.
2. Solitary application of trauma is not a cause per se; even repeated applications seem to have no influence.
3. The theory of chronic irritation of a foreign body, plus a suitable anlage, appears to have some sponsorship.
4. In the majority of tumor cases with a history of antecedent trauma, it is probable that there is no causal connection.
5. Some liability, under Workmen's Compensation laws, to provide for these tumor cases, in which trauma may be established as a determining though subordinate, never sole, cause, is favored.

BIBLIOGRAPHY

1. Ewing, James: The Modern Attitude toward Traumatic Cancer. *Bulletin of the New York Academy of Medicine*, 11-5, 281-331, (May) 1935.
2. *Bruins v. Brandon Canning Co. (Wis.)*, 257 N. W. 35.
3. *Epperson v. State Compensation Com'r (W. Va.)*, 169 S. E. 168.
4. Fowler, Royale H.: Epithelioma Associated with the *Trichina Spiralis*. *Transactions of the Brooklyn Pathological Society*, 492d Regular Meeting, March 11, 1909.
5. Schmidt-Lange: Trichinosis and Cancer. *Zeitschrift für Krebsforschung*. Berlin. 43:255-336, (Feb. 8) 1936, p. 264.

744 Broad St., Newark, N. J.

ANNUAL REPORT OF THE MEDICAL COMMISSION FOR MATERNAL WELFARE OF ESSEX COUNTY, NEW JERSEY

By BENJAMIN A. FURMAN, M.D., Newark, N. J.

Issued March 12, 1936

The Medical Commission for Maternal Welfare in Essex County was the first commission of its kind established in New Jersey; and as far as we know, it was the first in the United States. From Essex County the idea has spread all over the State, and commissions have been set up in most of the other counties. At present we have a State Maternal Welfare Commission, of which one of our members is Chairman. Our work has received very favorable comments from many parts of the country, and we have had numerous requests for information as to the general set-up of our Commission and as to our methods of procedure. We feel that we have done something to help blaze the trail for better obstetrics.

The Commission in Essex County was organized in May, 1923, following a resolution

proposed by the Public Health Committee of the Essex County Medical Society, which reads, in part, as follows:

"Whereas, The lack of an organization devoted to maternal welfare, embracing the entire County of Essex, has caused all efforts along these lines to be fragmentary, over-lapping, disorganized and not uniform in character and scope, and

"Whereas, The lack of such organized effort has been one of several factors responsible for the greater maternal mortality than may be inevitable, and

"Whereas, The people everywhere are entitled to look for guidance and help in such matters to their medical advisers, who in this county are represented by the Essex County Medical Society, be it, therefore,

"Resolved, That the Essex County Medical Society, mindful of its duty to protect public as well as individual health and determined to live up to the great traditions of unselfish service to the

communities in which its members practice the healing art, does hereby approve and direct the organization of a body which shall be devoted to maternal welfare in this county, and in which the Essex County Medical Society shall be officially represented by delegates appointed by its President, who may collaborate with other men or women active or interested in public health work."

You can see, therefore, that the Maternal Welfare Commission derives its charter and authority from your County Society, and its work is an integral part of your Society's activities. There were originally twelve active members in the Commission, and recently four more were added so that all the hospitals in the county could be represented.

The essential purpose of the Commission is the promotion of maternal welfare, and of the practice of better obstetrics throughout the county. We have endeavored to do this work with the coöperation of all the existing agencies in the county—the Boards of Health in the different localities, all the hospitals doing obstetrics, the individual physicians, the midwives, and most important of all, we have endeavored to work with the Council of the County Society. In fact, as our original charter states, we "do not have the power to make any decision legally binding on the County Society, or any component part of the Commission". We can only "exert power by virtue of the wisdom of our recommendations and decisions". We are, therefore, controlled by and directly responsible to the Essex County Medical Society, and everything that we have attempted to do has been with this idea in mind.

COMMITTEES

The work of the Commission has been done largely through committees reporting at the regular meetings. There are six committees in all: (1) Pre-natal, (2) Hospital, (3) Follow-up, (4) Education, (5) Statistical, (6) Financial.

PRE-NATAL COMMITTEE

The Commission has felt that first of all sound obstetrics depended upon efficient pre-natal care. It has always been the general attitude of the family physician that the obstetrical case was a necessary evil in his private

practice, and pre-natal care previously was oftentimes neglected. Since the establishment of the Commission in 1923, we have been endeavoring to place a great deal of emphasis upon the importance of pre-natal work. Pre-natal clinics have been established in the different hospitals; and in Newark the pre-natal work was separated from the Child Hygiene Department, and made a separate department with headquarters at the City Hospital. In the outlying sections of the county we have endeavored to foster the same idea with very good results. The establishment of the E. R. A. for a while disrupted our systematic pre-natal clinic work, but we feel that in a good many cases the E. R. A. has put some of these cases back in the hands of the family doctor, and we have hoped to reach him through our different agencies.

Early in our existence, the Commission worked out a pre-natal card which was made accessible to any of the doctors in the county who wanted to apply for them. They are obtainable from the Health Departments in the various cities and towns in the county and they could be used more generally and to greater advantage of both physicians and patients. The pre-natal aspect of the maternity case cannot be too greatly emphasized.

HOSPITAL COMMITTEE

The Hospital Committee has endeavored to coördinate and standardize the work of the different hospitals having obstetrical services. Uniform record sheets were devised which were simple but efficiently comprehensive to cover the important facts needed for permanent record. They were passed upon by the American College of Surgeons, and these sheets, or one very similar, are being used in all the hospitals in Essex County recognized by the College. By using the same record sheets, a more uniform report can be made out at the end of the year and an annual report is requested from each hospital so that results may be compared and different methods of procedure studied. On the basis of these reports, some interesting statistical papers have been gotten out from time to time, some of

which have been printed in the obstetrical journals.

We have endeavored to set up rules for the guidance of physicians in charge of obstetrical cases in the different hospitals. We think that these rules have been generally adopted and enforced, and we know that the observance of these rules has improved the standard of obstetrical practice throughout the county. Many of the younger men start in private practice with very meagre instruction in obstetrics, and by setting up such rules we have hoped to set them on the right track in the practice of obstetrics. Although these rules seem simple ones in some cases, they are most important. They apply to the wearing of gloves and masks, the isolation of cases of temperature in the maternity service, the use of douches and intra-vaginal treatments, the recording of every dose of pituitrin, the observance of strict asepsis in circumcision, etc.

In many of the hospitals the wearing of masks by the doctors and nurses was not strictly enforced. There has been a great improvement along this line and we believe that the masks are a very important part of the obstetrical operating room technic, as well as of the maternity suite. Some of the New York hospitals require routine throat cultures on all nurses and internes. Some men even advise that doctors who have upper respiratory infections should hand over their cases to other men in order to prevent the possibility of infecting their patients. We have not attempted to go this far, but we feel that this is an important sidelight on the problem of educating the doctor.

We have endeavored to stress the importance of few vaginal and rectal examinations. Oftentimes all the information necessary as to the progress of the case can be obtained from a careful and efficient abdominal examination. The technic of the obstetrical operating room most certainly should equal that of the surgical operating room.

The question of consultation and assistance in obstetrical cases has also been before the Commission, and discussed and considered in all its aspects. To our mind, this is one of the

most important parts of the maternal treatment. Some of our hospitals have strict rules as to the calling of consultants, and we think that consultation by one member of the obstetrical staff should be obtained in any abnormal case. This would apply especially to cases requiring Cesarean, high or medium forceps, version or breech delivery, or any case of prolonged labor. No case should be allowed to go longer than twenty-four hours without consultation. This can easily be accomplished when the consultant staff are willing to give their services free, especially in the lower or medium priced cases. When a man has his appendix removed, the surgeon always has an assistant, and when the wife has her baby taken from her by surgical intervention, she certainly is entitled to the same consideration. I am talking not only of Cesarean section, but also of forceps cases, except the very low ones, and of versions and breeches.

In 1933 this Commission recommended to the Council of the County Society for its consideration the following resolution:

"This Commission has conducted a six years' survey of the obstetrical work and statistics in sixteen hospitals in Essex County. We find in these hospitals, as a group, that ten per cent of the maternal deaths have followed Cesarean sections, and that a large percentage of the other deaths occurred after obstetrical operations. Therefore, we strongly recommend that in any operative obstetrical procedure, supervision or consultation must be had: that this may be by any member of the Obstetrical Department of any accredited hospital. It is assumed that this matter will be handled with the utmost tact and consideration for the patient concerned and for her physician. It is further taken for granted that the question of any fee for consultation be entirely a secondary matter and be waived absolutely whenever desirable, as has often been done heretofore in many cases."

We might add that we believe that postponed consultation in the low-wage income families is one cause of high maternal mortality.

FOLLOW-UP COMMITTEE

The Follow-up Committee has done a great deal of work and has brought out some vital information. It was discovered that too many cesareans were being done in some institutions. Maternal death rate following cesarean was 7.6 per cent as compared with a general rate

of 0.5 per cent. The general foetal death rate was 2.7 per cent. Following cesarean it was 7.2 per cent. In the 85 per cent of eclampsia patients not operated on, the death rate was 1.3 per cent. Cesarean operations for toxemia gave a death rate of 18.2 per cent against less than one per cent in twenty times as many patients treated conservatively. This paper covered the years 1927 to 1929.

For many years our Follow-up Committee has been attempting to get information about maternal deaths. After much discussion, a special form has been printed and sent each physician who signed a certificate in the case of puerperal death. The information as to the name of patient and name of the doctor were supplied by the health officers. The health officers of Newark and some other communities coöperated very well, others poorly. Physicians filled out the forms incompletely, and in many cases not at all, even after a second request. Therefore, in 1932, the advice of the New York Committee investigating maternal mortality was followed, and a paid investigator was used to interview the physicians, see his record on the hospital chart, and fill out the form used in New York City, a form furnished by the United States Department of Labor. This work was carried on for three years and has just recently been completed. At the present time the work is in the hands of a professional statistician, and we hope very shortly to have an interesting report to publish.

EDUCATIONAL COMMITTEE

The Educational Committee has had papers by its members published in the State Medical Journal, and has occasionally distributed reprints on obstetrical subjects to the physicians of the County Society.

We have sponsored many obstetrical lectures. In 1930 and 1931 we ran an excellent course of seven lectures on obstetrics by Professor Watson and his Sloane Staff. This course was given at the time when the State Educational Committee was beginning its excellent work and subsequently we endeavored to run our lecture courses in conjunction with this committee and under the supervision of

the Rutgers University extension. We feel that our first lecture course did a great deal to stimulate interest in obstetrical subjects. Subsequently Dr. Holden and his group gave a course on gynecology which was also well attended. At the present time we are sponsoring a course in obstetrics which is being given for the Maternal Welfare Commission by the Committee on Medical Education of the State Society. We have over eighty-five men enrolled in this course and an interesting feature is the fact that about 75 per cent of the men come from outside the county. Burlington County and Sussex County are represented. This course has been arranged with the advice and under the supervision of Dr. H. J. Stander, Professor of Obstetrics and Gynecology at Cornell University, and is being given by members of his teaching staff. This touches only the high spots of the work of this committee but it gives a good idea of its various activities.

STATISTICAL COMMITTEE

The Statistical Committee has submitted reports tabulating the deaths of various types and causes, making an effort to differentiate between deaths by abortion and deaths by childbirth, which are classified together as maternal deaths, as well as deaths occurring from medical diseases during pregnancy. The Commission has always felt that the reason for our unfavorable figures on maternal deaths was due to this unfair classification, which has given the medical profession a black eye in the public press. Of course, this problem has vexed the physicians all over the country, and we feel something should be done in the reclassification of maternal deaths.

This report necessarily has covered only the important aspects of our work since we organized thirteen years ago. However, we have tried to give you a general idea of our aims and methods. Our aim has been better obstetrics, and our watchword has been coöperation with the individual doctor through his hospital and his County Society. We appreciate that we have only scratched the surface and that there is still much that can be done to achieve our ambitions. It can only be accomplished with your help and coöperation.

PRENATAL CARE IN ESSEX COUNTY

By JOHN N. PANNULLO, M.D., Chairman, Newark, N. J.

The Report of the Prenatal Committee of the Essex County Medical Society read on March 12, 1936.

Since 1925, when prenatal care was first systematized in Newark, there has been a definite decrease in (1) the maternal death rate; (2) the number of toxemias of pregnancy; (3) the number of puerperal sepsis cases; and (4) the accidents of pregnancy and labor.

At that time about one in thirty of the cases delivered in the Newark City Hospital received prenatal care; today more than five out of six get prenatal care.

In 1935 about 3019 patients received prenatal care in the various clinics, while about 600 more received care at home in collaboration with physicians and midwives; and so it is safe to assume that about 90 per cent of all maternity patients receive prenatal care.

The results of this care are shown in the low maternal death rate in Newark during the past five years—4.4 last year.

a. Thirty-five per cent of the deaths in 1935 were due to abortions.

b. Twenty-five per cent due to sepsis (10 per cent in 1934).

c. Fifteen per cent due to hemorrhages.

Eclampsia has become quite rare, and there were only three deaths from it in Newark last year.

Our stillbirth rate, about one in thirty births, is somewhat high, and could be improved. Our death rate for prematurity, averaging about one in fifty births, needs improving.

In my opinion, Wassermann tests should be taken routinely. In the city prenatal clinics, 98 per cent of the patients reporting there have Wassermann tests, while among private patients the percentage is low.

About 10 per cent of the patients have positive Wassermann tests, and we believe this to be inaccurate. However, due to lack of co-operation from the local health authorities, proper treatment and more accurate statistics cannot be obtained.

During the past year, due to the E. R. A., prenatal work has been somewhat disrupted, although we believe conditions will soon be normal again, and the death rate will continue to tumble.

SOME STATISTICS FROM THE HOSPITAL COMMITTEE

By CARL H. ILL, M.D., Newark, N. J.

Eight years ago the Maternal Welfare Commission began to collect statistics from all of the Hospitals in Essex County, and I would like to bring out in this short report the difference in the mortality rates in a few of the hospitals, trying to illustrate the principle that operative obstetrics has a higher mortality than is conservative. For this reason, I have picked four hospitals which have about the same type of patients and a considerable courtesy staff. I will call these hospitals A, B, C, D. I have purposely left out forceps because these are so often done as a prophylactic low forcep

that the figures would not be a true indication of the real necessity of forceps.

In the last five years hospital A had 4293 cases,—138 stillbirths (3.2 per cent), 38 versions (.8 per cent), 183 cesareans (4.3 per cent), and mothers' deaths 26, or 5.9 per thousand.

Hospital B had 5382 cases,—143 stillbirths (2.4 per cent), 29 versions (.54 per cent), 64 cesareans (1.2 per cent), and 16 mothers' deaths, which is 2.29 per thousand.

Hospital C had 2303 cases,—60 stillbirths (2.6 per cent), 11 versions (.47 per cent), 42

cesareans (1.8 per cent), with 6 mothers' deaths, or 2.6 per thousand.

Hospital D had 1774 cases,—63 stillbirths (3.5 per cent), 8 versions (.45 per cent), 30 cesareans (1.5 per cent), with 4 mothers' deaths, an incidence of 2.25 per thousand.

In analyzing these figures, we see the stillbirths are practically constant, ranging from 2.4 to 3.5 per cent. The versions range from .45 per cent to .8 per cent. The Cesarean sections, from 1.2 per cent to 4.3 per cent. The

hospital with the largest number of cesareans had by far the highest death rate,—two and a half times as great as the others.

In considering the deaths, we find that Hospital A lost 13 mothers out of 183 sections, or 7.19 per cent. Hospital B lost 2 out of 64, or 3.1 per cent. Hospitals C and D did not lose any. I think this shows conclusively that in Essex County the death rate is much lower in those hospitals that do conservative obstetrics.

NEWER ANESTHETIC AGENTS

By E. A. ROVENSTINE, M.D., New York City

Director, Division of Anesthesia, Bellevue Hospital, New York City

Abstract of an address before the Middlesex County Medical Society at Metuchen, March 18, 1936.

The eighty-nine years of experimentation with anesthetic agents since the inception of clinical anesthesia, have produced few drugs that successfully replaced the first two volatile agents, ether and chloroform, or the initial gaseous agent, nitrous oxide. Early in the present century only ethylene, procaine, and tribromethanol of the hundreds studied, gained a place in clinical practice. Within the last five years, three new drugs have been enthusiastically recommended. A gas, cyclopropane; a volatile drug, vinethene; and short-acting barbituric acid derivatives, are under widespread observation.

None of these are ideal agents; in fact, no ideal drug for anesthesia has been produced. The anesthetist is still looking for the agent that will produce conditions that allow the convenient and satisfactory completion of the operative procedure, is applicable to a simple technic, and is not dangerous to the patient or members of the operating team.

The clinical anesthetist will evaluate any agent on the following qualifications:

1. Chemical dependability.
2. Potency without oxygen want.
3. Rapidity of control.
4. Resultant damage to various systems; respiratory, circulatory, etc.
5. Ease of induction and recovery.

6. Commercial properties—bulk, expense, explosability, etc.

CYCLOPROPANE

Cyclopropane was introduced to anesthesia from the Pharmacology Laboratories of the University of Toronto in 1929. The drug was described as a satisfactory agent for small animals. The Department of Anesthesia of Wisconsin University presented the initial clinical report in 1933. Although the agent may still be considered experimental, much evidence has accumulated from various clinics and laboratories to recommend its continued use. In the limited time it has been used, no evidence has been advanced to question its dependability chemically. Anesthetists who recall the ethylene contaminated with carbon monoxide, nitrous oxide diluted with nitrogen, will want to use cyclopropane for a long time to be sure they may never need think of impure gas. Cyclopropane is the only gaseous agent with a potency comparable to ether. It is potent in low concentrations. Anesthesia may be induced and maintained with 5 to 25 per cent of the gas diluted with oxygen. This permits oxygen concentrations always in excess of 50 per cent and eliminates the factor of oxygen want. The agent induces anesthesia in one-half to two minutes, and recovery is likewise rapid. Its control compares favorably with the other

gases. Cyclopropane does not stimulate respiration, and has no effect upon normal or diseased tissues of the respiratory system. This property makes it especially adaptable in patients with active pulmonary inflammations or infections.

Early clinical observations found arrhythmias not infrequent. More recent electrocardiographic studies with dogs and humans have shown these irregularities more common with cyclopropane than other agents except chloroform, avertin, and ethyl chloride. In cardiacs the agent offers the advantage of adequate oxygenation, but it may not be justified in patients with faulty conduction mechanism.

There is little effect on the gastro-intestinal system, peristalsis is undisturbed except in very deep anesthesia, and there is less distention and less nausea and vomiting than with other inhalation agents. There is no appreciable effect upon urinary secretions, no glandular stimulation, and the salivary secretions are scarcely more than with ethylene. No histological changes have been demonstrated in tissues. The blood chemistry is little changed. There is a slight rise in blood sugar, phosphorus, and calcium. There is a transient leucocytosis, and no change in coagulation or bleeding time.

The induction of anesthesia with cyclopropane is pleasant and rapid. The gas has not an unpleasant odor. Recovery is likewise rapid and ordinarily without discomfort. The drug is inflammable and explosive in anesthetic mixtures.

VINETHENE

Vinethene, or divinyl ether, is the oxide of vinyl alcohol. It was reported by Leake, of California. The pure drug is definitely unstable and therefore unfit for anesthetic purposes. The preparation now marketed by Merck & Company has a preservative added which eliminates this danger, provided the drug is used shortly after the original container is opened, and before the expiration date printed upon the label.

This agent compares with ethyl ether in potency, and may be given with air or oxygen. It does not possess the irritant properties of ether, and may be inhaled in higher concentra-

tions. Anesthesia is produced quickly, and the drug is eliminated rapidly. Two to six minutes suffices for induction or for recovery. Because of this property, it is recommended for intermittent use in obstetrics to replace the commonly used chloroform.

The resultant damage from this agent probably is somewhat similar to ether. It is not irritating to respiratory mucosa as is ether. There is some evidence that in cases with hepatic insufficiency the damage is aggravated. The simple liver function tests are, however, negative. It stimulates the secretion of mucus more than other agents in common use. Its use is not recommended in toxic, cachectic, aged, or debilitated patients. It seems to have a place of usefulness in drug addicts and psychotics where a rapid induction is facilitated. The odor of the drug is not unpleasant. The drug is inflammable and very volatile. It is more expensive than ether.

BARBITURIC ACID DERIVATIVES

The derivatives of barbituric acid have diverse therapeutic applications and dozens of them are recommended for clinical anesthesia. In the past, efforts to secure surgical narcosis with these drugs have not been satisfactory, and their use quickly abandoned. Recently, however, two new products, *sodium evipal* from Germany, and *pentothal* from this country, have created considerable interest. Sodium evipal has had a rather extensive clinical trial. Their action may be considered together.

No derivative of barbituric acid has been produced that is a true anesthetic in the same sense with the gases or volatile agents. They all have a sedative action upon the cerebral centers, and in large enough doses will produce sufficient hypnosis and depression of the central nervous system so that surgical procedures may be accomplished. The new ones are short-acting drugs. Their effect when given intravenously is immediate and of short duration. They are more toxic than the common longer-acting barbiturates; but the therapeutic index, or ratio between the minimal fatal dose and minimal anesthetic dose, is greater. They depress circulation, lower blood pressure, and also depress respiration. Overdose causes re-

spiratory death. These drugs are destroyed or oxidized in the body, and are not secreted in the urine as are the longer acting ones; but the urinary output is diminished. Their usefulness in clinical anesthesia is not established. Evipal has often been enthusiastically reported in large series of cases, but fatalities have occurred. Toxic patients, those with hepatic insufficiency, the aged cardiac patients, those in shock, those with upper respiratory infections, and the debilitated are often considered poor cases for intravenous barbiturate anesthesia.

Excitement has been noted following evipal, and idiosyncrasy of some patients is pronounced.

All intravenous drugs may be said to be uncontrollable, since once given they cannot be withdrawn. Certain analeptics, such as coramine and metrazol, are useful to combat the effects of an overdose, but are far removed from complete security. They have been shown to stimulate circulation and respiration, and their use should not be omitted whenever either is profoundly depressed.

ENCEPHALOGRAPHY AND ITS DIAGNOSTIC IMPORTANCE

By ISRAEL STRAUSS, M.D., New York City

Abstract of an address before the Hudson County Medical Society, on May 7, 1935

When discussing the question of head trauma or cerebral lesions, it is to be remembered that the brain has large silent areas, and therefore many brain lesions give few or no localizing signs even though the patient has been subjected to repeated, thorough neurologic examinations. Therefore, any diagnostic procedure that is of service in solving some of these knotty problems is welcomed by the neurologists.

Encephalography has come to mean to the neurologists what a chest plate means to the internal medical man, or a gastro-intestinal series to the gastroenterologists. With the encephalogram, the modern neurologist has a new and powerful weapon in his armamentarium.

Encephalography is a procedure in which a series of properly exposed roentgenograms are made of the head in several positions within one hour following the removal of a definite amount of cerebral spinal fluid and its replacement with air by the cisternal or lumbar route. The indications for encephalography includes those cases in which organic signs are obscure, such as those following trauma, epilepsy, brain tumor, hemiplegia, and birth injury. With this method the cerebral ventricles are filled with air, and some of the air floats upward through the subarachnoid spaces over the cerebral hemisphere and these spaces are outlined and any

abnormalities in contour of the brain surface and the ventricles may be detected.

The unique value of this procedure lies in the relative ease with which intracranial alterations can be demonstrated in the absence of any of the usual signs of focal damage to the brain. Cases, previously considered functional, on reëxamination and study with the aid of the encephalogram, have been definitely shown to be organic. At times I have been astounded by the encephalographic changes.

The encephalographic findings often account for all the complaints. The pictures give limited but valuable information. They permit one sometimes to gauge the degree of cerebral damage, or at least to convince oneself that organic changes have taken place. Lack of filling or unequalled filling of the ventricles, increase surface markings, extensively localizing collections of air over the cortex, and pulling of the ventricles to the side of the injury, are all important and are significant of intracranial damage. These distortions are correlated with the existence of subjective symptoms in the post-traumatic syndrome.

It is readily granted that marked clinical symptoms may be present even without demonstrable encephalographic changes. There are, undoubtedly, other important factors to be considered aside from trauma, such as circu-

latory (vasomotor), and perhaps chemical, which cannot be visualized in the roentgenogram, and which are significant in the understanding of the real cause for the subjective symptom complex.

Let me show you a number of cases in which there were no focal signs on clinical examination but encephalographic studies showed striking changes from the normal. (At this point a series of encephalograms were shown; but owing to lack of space, discussion of only one case is given.)

CASE REPORT

M. K., a shipping clerk, fell down two flights of stairs on the morning of June 19, 1930. He recalled nothing until he found himself in the Beekman Street Hospital that afternoon. He was delirious for eleven days. Roentgenogram examination of the skull showed no evidence of a fracture. He was told that he had numerous convulsive attacks in the hospital. He remained in the hospital for three weeks. The first convulsive attack after discharge was on a day toward the end of October, 1930. A second one occurred January 1, 1931, and a third toward the end of March, 1931.

He was seen for the first time on May 6, 1931. He did not complain of headaches, dizziness, or any of the usual post traumatic symptoms. Examination on May 6th revealed no evidence of any organic disease of the central or peripheral nervous system of the internal organs.

Examination at Mount Sinai in January, 1933, showed the right pupil to be larger than the left; neither reacted fully to light accommodations. The right palpebral fissure was wider than the left. Encephalography showed considerable dilatation of the lateral and third ventricles, and a collection of air in the left parietal region, which extended from the

frontal lobe back almost to the occipital region. The absence of any subjective symptoms in this case, in spite of extensive encephalographic alterations, is interesting.

Before closing, I want to tell you about an experience I had with the State Industrial Compensation Court in Jersey City. I was called to testify in the case of head trauma, but on the witness stand the opposing attorney, who represented one of the largest corporations in New Jersey, refused to permit me to give the result of my mental examination of a patient. He refused to accept the fact that in mental disease the patient's story and discussion of his situation in answer to questions propounded by me during a psychiatric examination were not acceptable as findings, because they were given orally by the patient. In other words, the court and attorney on the opposing side did not realize that what the patient said about himself or anything else concerning his condition is part of the mental examination. Such an attitude on the part of the Industrial Court is unworthy of a great progressive State such as New Jersey, and is entirely out of step with the present state of medical science.

Discussion by Dr. M. Sandler, Fort Lee, N. J.: Dr. Strauss is a pioneer in the development of encephalography, but is one of the first outstanding neurologists expounding and popularizing the post-concussion syndrome following head trauma in which many patients have varied subjective complaints with none or very little focalizing organic signs; yet who on thorough examination are found to have an organic basis.

UNUSUAL FORMS OF RHEUMATIC INFECTION IN CHILDREN

By MURRAY H. BASS, M.D., New York City

Read before the Hudson County Medical Society, in Jersey City, on November 6, 1935

It is my purpose this evening to bring to your attention the importance of the rheumatic syndrome, and to impress upon you not only its great frequency, but the variety of its symptomatology and the great significance of its effect upon the future of the affected individual. How very frequent this disease really is may be gathered from the fact that at one time 20 per cent of the medical cases in the Presbyterian Hospital in New York City were

cases which were suffering, or had suffered, from rheumatic disease.

It is not so long ago that when rheumatism was spoken of we thought of arthritis, chorea, and cardiac disease, and no more. However, rheumatism is much more than this. It is a disease of the whole body. Exactly how it enters the body is not known; but once it has gained an entrance, it may affect the heart, the joints, the lungs, the serous membranes, the

eyes, the nervous system, the skin, and the vascular system. The joints have always been considered so essential a part of the disease that many arthritic conditions now known to be separate entities were formerly all classed as rheumatism. Even now we see many syndromes which still leave us in doubt as to whether we should classify them as rheumatic, but at least we have two pathogenomic signs, one seen during life, the other post-mortem, which make our diagnosis certain. I refer to the *rheumatic nodule*, and the *Aschoff body*. With the knowledge of these two phenomena we have a key which in many cases clinches our diagnosis, and correctly classifies our case.

The pathology of rheumatism has been much clarified in the past decade by the Aschoff body, and by studies such as those of Pappenhaimer and Von Glahn, who described distinct lesions in the vascular system. These lesions were found in the lungs, aortic valve, kidneys, perirenal and periadrenal adipose tissue, appendix, epiploica of the sigmoid colon, testes, and pancreas. In the lungs practically every small branch of the pulmonary artery was affected; in other situations only isolated vessels. The lesions were characterized by exudation of fibrin into and about the vessel, by necrosis of the cellular elements of the vessel wall and by a very characteristic reaction in the surrounding tissue. The acute changes were followed by organization, often with the formation of new blood channels within the thickened intima. Absence of thrombosis was a characteristic feature. The investigators believe that this is a characteristic type of infection and is due to the rheumatic virus.

Now given a pathologic process so widespread as this, is it surprising that the clinical manifestations of the disease are so protean?

ORDINARY SYMPTOMS

The ordinary case of rheumatism seen by the pediatricist is of course that of the child who has joint pains, and then develops endocarditis or chorea. All of you are all too familiar with this picture and we need not dwell upon it. However, there are many variations of this syndrome which it is well for us

to know about. Take for example the following occurrence:

A boy of seven was seen by me for the first time for a general maculopapular eruption and fever of 101. No previous history was obtainable. A diagnosis of German measles was made.

A month later the child was brought to the office by the mother, who stated that the rash had disappeared and reappeared a number of times and that for a week the boy had complained of pain in the large joints. The mother then explained that she had lost an older boy with rheumatic heart disease several years before and she was now anxious to find out the condition of this boy's heart.

Physical examination was negative. The presence of the rheumatic history, the joint pains, and the recurrence of the rash made the diagnosis of German measles untenable. One year later, after a very definite exposure, the boy developed typical German measles.

Now here is a boy who is undoubtedly rheumatic and who must be treated as such. This case brings out two facts of importance, first, value of careful history, since we know that rheumatism often affects more than one member of a family; second, the great significance of rashes in the diagnosis of rheumatic disease.

SKIN SYMPTOMS

It is the pediatricist and internist, rather than the dermatologist, who makes the correct diagnosis in rheumatic eruptions. Though clinically it has been known that the skin was often involved in this disease, it was my good fortune to be the first to describe a severe case of rheumatism with cutaneous manifestations that died and showed a heart riddled with Aschoff bodies.

Florence B. (reported by me in Medical Clinics of North America, 1918), aged three years, under observation for admission to an infant asylum, developed varicella, followed by acute follicular tonsillitis. Physical examination of heart entirely negative. One week later a profuse eruption of raised, bluish-red, somewhat shiny, smooth, circinate lesions made its appearance on the back and over the large joints. There was no fever but the child looked very ill. After a period of a week the temperature rose, the child became irritable and a double murmur appeared over the mitral area. During the next four days the heart became more and more involved, signs of cardiac failure appeared and the child died four days after the first signs of cardiac disease. At autopsy there were found widespread typical rheumatic lesions on the mitral

and tricuspid valves. Microscopically great numbers of Aschoff bodies were found.

SKIN SYMPTOMS

The skin manifestations of rheumatism are manifold. The commonest lesions we see are those of the erythema group, erythema iris, papulatum, circinatum or multiform. These efflorescences are seen as a rule about the joints mostly about the elbows, the knees and the buttocks. Sometimes they appear all over the trunk. They are very rare on the face. It is characteristic of them that they vary not only in their appearance in the same patient, by which I mean that there may be ringed eruption about one joint and papular eruption about another, but the rash also comes and goes, sometimes appearing and disappearing for several days at a time. The lesions may be flat or raised, they are of a pink and often violaceous hue and may sometimes be painful to the touch. Occasionally they cover the whole body and are very hard to differentiate from the exanthemata. I would like to recount to you a case history in this connection:

A girl of nine, who has been under my observation since birth, and has had no acute illness whatever, developed in February, 1932, a generalized scarletiform eruption with very slight sore throat. There was no fever. Next day the rash was gone, but reappeared in a blotchy fashion, being most marked on the dorsum of the left hand.

She then developed severe joint pains especially in the small joints of the hands and the temperature rose to 102. The arthritic symptoms persisted for about a week and were accompanied by a severe purulent pan-sinusitis.

About five days after the appearance of the joint pain, typical rheumatic nodules appeared on the occiput and along the rib on the left chest. These persisted about two weeks, when the child desquamated profusely. The urine was normal throughout.

The child made a perfect recovery. Six weeks after the onset of the illness a Dick test was positive.

RESEMBLANCE TO SCARLET FEVER

Now what can we learn from this case? First, I should say that the resemblance to scarlet fever was extremely striking. It is of course possible that this really was scarlet fever, yet the way the rash came and went, especially its recurring on the dorsum of the hand and disappearing from the remainder of

the body, was greatly against the diagnosis of scarlet. If the patient really had scarlet fever, she had two different diseases at the same time, for the appearance of nodules makes the diagnosis of rheumatism certain. The fact that the Dick test was positive four weeks after the illness is also greatly against the diagnosis of scarlet fever. Let me cite another case:

A boy of eleven years was brought to the clinic on account of fever and an eruption. He was seen by a doctor who looked at his chest and throat only. The throat was inflamed, and the chest showed what seemed like a typical scarlet eruption.

When more closely examined, the boy's pulse was found to be extremely irregular. When completely undressed, the boy's rash appeared to resemble scarlet fever on the chest only; over the remainder of the trunk it resembled measles, being blotchy and papular.

On close questioning, we obtained a distinct history of joint pain a week before the onset of the eruption. The diagnosis of acute rheumatic myocarditis was entertained and the boy was admitted to the hospital where he remained several months and was discharged as well.

The importance of this case lies in the fact that rheumatism may so easily be mistaken for scarlet fever. In this case, not only the multiform appearance of the eruption, but also the cardiac irregularity helped in making the diagnosis.

PURPURA

Before leaving the discussion of the cutaneous manifestations of rheumatism, we must speak of *purpura*. All one can say at the present time is that purpuric spots may appear on the skin in the course of this disease. They often occur about the joints only, they may be generalized, they may be accompanied by swelling and pain about the joints and they may or may not be accompanied by abdominal cramps and bloody stools.

THE RHEUMATIC NODULE

Of all the diagnostic signs useful in differentiating rheumatism from other diseases during life, the most useful is the finding of subcutaneous fibrous nodules. These nodules are not medical curiosities, for if carefully searched for, they are not hard to detect. Bronson and Carr in 1923 gave a very clear description

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. IX

October, 1936

No. 10

LAST month's *Abstracts* summarized the factors to be considered in deciding when to allow a lung compressed by artificial pneumothorax to reexpand. This month's issue presents the problem of terminating pneumothorax because of some complication before the desired healing result has been achieved. Frank B. Stafford groups such cases under the heading *Undesirable Reexpansion of the Lung* as distinguished from *Voluntary Reexpansion of the Lung*, both of which he discusses in an article in the American Review of Tuberculosis. Quotations of only the former subdivision are here presented.

UNDESIRABLE REEXPANSION OF THE LUNG

Progressive obliteration of the pleural space will develop even under high intrapleural pressure of air. Too long an interval between refills, or too small a refill may allow the lung to come out and form contact with the chest-wall. When the pleural membranes have been artificially separated there is a strong tendency for them to adhere when they again come in contact, particularly so in some cases. It sometimes happens, for an unexplained reason, that the absorption of gas is unexpectedly rapid, and at a rate out of proportion to that previously experienced with that case. This is more apt to happen with patients who are coughing more than usual, or are taking more exercise. Once the lung touches the chest-wall, the pleural membranes become rapidly adherent and obliteration of the pneumothorax is the result.

Chronic Effusions

In "selective collapse," expansion may easily take place in the same way, since the lower lobe is only partially collapsed and swings out and adheres to the lateral chest-wall, or to the diaphragm below. Also, collapse may be lost through oblitative pleural adhesions in chronic effusions. After fluid has been present for several months, it may become thick; heavy fibrin sediment which is present organizes, pleural adhesions are produced, and the lung is gradually drawn out to the chest-wall. Expansion of this type takes place from below upward, and usually begins in the costophrenic angle. After seeing a few cases of this type, one wonders whether it is not advisable to aspirate routinely the fluid, when it is sufficient in amount,

and to replace it with the necessary amount of air. Substituting eleothorax to maintain the compression of the lung is advised by some.

Reactivation of Old Lesion

There are few cases of tuberculosis requiring pneumothorax treatment in which the disease is purely unilateral. The reactivation of an old lesion in the contralateral lung or the development of new disease is a constant source of annoyance, and is responsible for having to stop compression in many cases. When there is a small, or even a moderate-sized lesion, without much evidence of excavation, located in the contralateral lung above the 2nd rib, pneumothorax will usually prove successful. On the contrary, if there is much disease in the lung field opposite the root zone or in the lower lobe, continued compression is fraught with danger, especially if the collapse is maintained at more than from 50 to 60 per cent.

Hemorrhage Control

Rubin reports end-results in 324 cases of pneumothorax of two to fifteen years' duration. All were far advanced except a few minimal and moderately advanced cases, in which collapse was used in treating uncontrollable hemorrhage. In 102, or 31 per cent, of the cases, pneumothorax had to be discontinued in less than three months' time, due mostly to dense adhesions obliterating the pleural space. Rubin feels that, next to traction from heavy adhesions drawing the lung out and making further successful pneumothorax impracticable, effusions becoming empyematous and re-

activation of disease in the opposite lung are about on a parity as a cause of reexpansion.

In Children

Myers and Levine have reported 52 cases of tuberculosis in children treated by pneumothorax. Some of the cases have been treated for several years, but at the time the report was made eleven of this number had been discontinued for the following reasons: seven on account of spread of the disease to the opposite side, three due to the formation of obliterating pleural adhesions, and the remaining patient was killed accidentally.

Dense Adhesions

It often happens that the normal lower lobe of a lung can be completely compressed. Dense adhesions, either in the subscapular region or laterally in the region of the 3rd and 4th ribs, prevent collapse of the disease in the upper lobe where it is needed most. High intrathoracic pressure, in which there is definite danger of rupturing the lung, will occasionally cause the air to dissect around and through the adhesions, giving a partial collapse and fair therapeutic results to a small number of cases. In past years we have persisted with this type of case sometimes indefinitely, hoping something could be accomplished. Almost invariably fluid will form which persists in spite of frequent aspirations. Eventually, tuberculous empyema develops, and the clinical course is unfavorably influenced. We now recommend the discontinuance of refills in these cases, and allow the lung to reexpand, with perhaps advice regarding some other form of surgical collapse. A localized upper thoracoplasty is always to be preferred to a poor pneumothorax in this type of case.

Minnig says, "The formation of pleural adhesions is the one insurmountable barrier to successful pneumothorax and when this makes successful collapse impossible some other form of collapse should be tried."

Internal pneumonolysis is now being successfully used in certain types of pleural adhesions. When the pleural membranes are almost universally adherent by dense, resistant adhesions, this treatment is of no avail. It often happens that a cord, string-like, or even a broad-band type of adhesion may anchor the partially compressed lung to the chest-wall overlying an open cavity. If the adhesion can be successfully separated by the electrocautery and

a good collapse obtained, more drastic measures to accomplish satisfactory results may be avoided.

Our results in pneumonolysis, to date over a four-year period, are as follows: Total number of cases operated upon, 59; in 6 of this number the work was only exploratory, as the adhesions were of the type which could not be separated; of the remaining 53 cases, 28 had cavities, and 27 of this number were closed after the adhesions were cut. Twenty-five cases were without cavities, but adhesions were preventing the collapse of heavily infiltrated or consolidated areas. Of this number the adhesions were successfully cut in twenty-three. Thus, of the 53 cases in which division of adhesions was attempted, 50, or 94.5 per cent, were successfully separated. These results were based upon the following observations: stereoscopic X-ray study of the lung after operation, change in the sputum from positive to negative, gain in weight, improvement in appetite and digestion, reduction in amount of air required, and lengthening of the interval of refills. From these results it would appear that before allowing a lung to reexpand due to adhesions, one would be justified in having a thoracoscopic study made with the idea of having the adhesions separated if they are of a suitable type.

Inconvenience and expense to the patient in obtaining refills may prove to be a major issue in deciding to terminate the treatment. In some sections of the country an experienced operator may not be available when the patients return home from the sanatorium. The fatigue of travelling and the cost of the refills must also be considered, and these may be too heavy a burden to bear.

The condition of the lung before collapse is one of the most important points in considering reexpansion. No case should be voluntarily terminated without first reviewing the old X-ray films, and making a close study of the physical signs and clinical course prior to compression. If extensive disease with a large area of excavation and marked toxic symptoms were present, then the decision becomes more difficult to make. Also, if compression was instituted to control hemorrhage there is always the fear on the part of the patient that the bleeding will recur when the refills are stopped.

The Indications for Terminating Artificial Pneumothorax, Frank B. Stafford, Am. Rev. of Tuberc., Sept., 1936.

Distributed by

NEW JERSEY TUBERCULOSIS LEAGUE, INC., 15 East Kinney Street, Newark, New Jersey

which I shall quote: "Rheumatic nodules are fibroid tumors varying from the size of a grain of sago to one or more centimeters in diameter. These apparently large nodules are often conglomerations of smaller units. Frequently in a place irritated easily, as the olecranon process or the occiput, the nodules appear much larger than their actual size due to a chronic thickening of the subcutaneous tissues over and about them. This thickened tissue is fairly freely moveable and should not be confused with the underlying nodules. The nodules themselves are attached to **tendon** sheaths and aponeuroses. Their movability varies with the tissues to which they are attached. The skin moves freely over them. They are not tender, unless by exigency of size and location, stretching of the surrounding tissue occurs. They are not reddened unless by external injury. Their disappearance is microscopically complete, leaving no discoloration.

"Early in their development, a useful method of detecting them is by moving the skin back and forth over the suspected area. They will appear as little elevations, often a bit shiny, not moving with the skin. To verify the presence of a nodule over a bony joint, one may compress it between the nails and forefingers. Even a small nodule gives a feel different from skin and subcutaneous tissue. The growth of individual nodules and the appearance of fresh crops may be rapid, and their disappearance equally so; or they may persist month after month without striking changes.

"Histologically, according to Coombs, they are composed of a ground-work of fibrin with multinuclear fusiform cells, together with plasma cells and leukocytes. Barlow and Warner regarded them as 'organizing granulation tissue, homologous with inflammatory exudate forming the basis of vegetation on the cardiac valves'. Their structure more closely resembles that of the Aschoff bodies in the heart muscle, and like the latter, they represent a local tissue reaction to the unknown etiologic agent of rheumatic fever." (*Am. Jour. Med. Sci.*, 1923, 165, 790.)

Not only their diagnostic, but also their prognostic, significance is important. When

present in large numbers, when persistent or recurring, they usually point to the fact that the case is one with a serious outlook.

I feel certain that the occurrence of nodules is more widespread at the present time in New York City than was the case twenty-five years ago. It was my privilege to have been House Physician on the service of Dr. Henry Koplik. I have never met a more careful observer than he was, and as far as I can recall, nodules were not found at that time. During the past decade, however, they have become increasingly more common. I do not believe that this is because we search for them more carefully, although this too may be a factor, but they seem to have become a more commonly encountered symptom in the past few years. It will pay you when you are in doubt as to the presence of rheumatism, to search carefully for nodules; especially over the elbows, the occiput, and the spinal column.

SCARLET FEVER AND RHEUMATISM

The relationship of rheumatism to scarlet fever has always been of considerable interest; and especially is this true in the cases where endocarditis develops in the course of scarlet fever. Time was, when scarlet fever was supposed to cause many cases of heart infection. Lately, however, with more careful following of cases, it has become evident that cardiac disease, in the sense of permanently crippled valves, is not a sequel of scarlet fever. A few years ago Moltschanow, a Russian pediatrician, collected seventeen cases of valvular disease, and has shown that they followed arthritis coming on late in the course of the scarlet fever. He strictly differentiates this condition from the so-called "scarlet heart" which one sees earlier in the disease and which is possibly due to imbalance between the autonomic and the sympathetic nervous system. In the two of his cases which ended fatally, Aschoff bodies were found in the heart muscle.

Every clinician feels that there is some connection between these two illnesses, rheumatism and scarlet fever; though to say that the one is the cause of the other is perhaps going too far. Cheadle, who had an extremely large experience, may be quoted as follows:

"The account of the various phases of rheumatism would be incomplete without some reference to the scarletinal affection. An articular inflammation appears now and again in the course of scarlet fever, which can in no way be distinguished from that of acute rheumatism. It is often accompanied by endocarditis and sometimes by chorea. This scarlatinal rheumatism, although it may come late in most cases, arises early; Dr. Barlow noted it as early as the third day. In a series of cases observed by Dr. Ashby, of Manchester, the symptoms intervened with great regularity at the end of the first week."

You see, therefore, that some observers find rheumatism complicating scarlet early in the disease and others only later.

I feel certain that there is an intimate connection between the two diseases, and I have had personal contact with a number of cases bearing out this intimate relationship, as in the following example:

A colored boy of about six years was admitted to the pediatric service with a very badly decompensated heart. This history stated that he had always been well, had not suffered from rheumatism, and had contracted scarlet fever about six weeks ago. He had some joint pains during that illness, but had been discharged from the contagious hospital as cured. A few days later he found himself getting weak and he was unable to walk on account of dyspnoea.

He was, therefore, sent to Mt. Sinai Hospital where he was found to have a very markedly enlarged heart, with very poor heart sounds, a hugely congested liver, râles in both lungs, no radial pulse, cyanosis and dyspnoea. In spite of very active treatment, the boy died within twenty-four hours of his admission. Postmortem examination showed rheumatic type of endocarditis and heart muscle riddled with Aschoff bodies.

I am going to cite in detail later one of my own cases in another connection where a girl of twelve whom I had taken care of since birth developed scarlet fever. She had never at any time shown signs of rheumatism, but in the course of scarlet developed a cardiac lesion and went on to death, when typical rheumatic changes were found both in the endocardium and the myocardium.

The subject is made complicated by the fact that both illnesses are accompanied by joint swellings and arthralgia, that they both have cardiac symptoms, and that they both have symptoms referable to the skin. That both scarlet fever and rheumatism have some rela-

tionship to the streptococcus is probably certain; and it is possible that this common factor in their etiology may have something to do with their clinical relationship. The consideration of the joint symptoms in rheumatism and in scarlet as a manifestation of allergy, as pointed out by Schick and again emphasized by Swift, is also of interest in this connection. The tender swollen joints with their clear sterile fluid content reminds one exactly of the arthritic symptoms of serum sickness. May they not, both in rheumatism and in scarlet fever, be an expression of sensitiveness to closely related toxins?

How very involved this subject is may be gathered by the same case history previously cited. You see, therefore, that although there certainly is a relationship between scarlet fever and rheumatism, it is still not at all clear just what this relationship is. Cases must be carefully analyzed and facts must be most impartially marshalled and studied before we can arrive at any definite conclusion. It appears to me that the most probable explanation is that certain children are infected by the rheumatic virus, and that the added infection of the scarlet fever in some manner breaks down their resistance so that the rheumatic virus gains the upper hand and clinical manifestations of rheumatism make their appearance.

The following case I wish to speak about is one of great interest. I mention it here because it was also a case of rheumatism following close upon scarlet fever, but its interest is much greater than this, for it is a case which exemplifies the fact which I stressed at the beginning of this lecture, namely, that rheumatism is a general disease which may affect many organs of the body.

A. V., a ten-year-old girl, had always been in excellent health until the present illness. Family history negative; no rheumatic disease. Early in January the child had what seemed to be a mild attack of scarlet fever, with a generalized rash followed by true desquamation. January 25th, Dick test negative; February 1st, urticaria, with fever up to 104.4. Occasional joint pains. All usual treatment for urticaria useless. Blood count normal. Urine normal. Blood culture negative. Electrocardiogram showed no involvement of heart muscle. Rheumatic disease suspected.

February 24th, sudden violent abdominal pain

with general rigidity. Tenderness especially marked over right upper quadrant. Leukocytes 14,000, polynuclear cells 79 per cent. The question of acute appendicitis, acute cholecystitis or a primary peritonitis was considered. In view of the alarming condition of the patient, operation was decided upon.

Exploratory laparotomy: All intestines were remarkably distended. Appendix normal. On the under surface of the liver was a fine fibrinous exudate extending across its entire surface. The gastro-hepatic ligament was edematous throughout its entire length and the tissues about the duodenum were edematous and adherent by filmy adhesions. No collection of pus anywhere.

A few days after operation, signs of endocarditis became apparent. During the course of the next two months the child remained in the hospital running high fever. She developed involvement of several heart valves, myocarditis, pericarditis with effusion, pleurisy and repeated attacks of pneumonia. In spite of many transfusions and vigorous anti-rheumatic therapy, she died about four months after the onset of her disease.

The autopsy revealed: Acute verrucous and thromboendocarditis of mitral valve. Verrucous endocarditis of chordae tendinae. Hydrothorax, ascites, patches of pneumonia. Generalized periarteritis nodosa.

The importance of this case lies in the fact that the very acute abdominal symptoms which at first sight seemed to be due to appendicitis proved to be part of the rheumatic infection. Rheumatic peritonitis has been mentioned and suspected in many cases, but proven cases are extremely few. The literature on this subject has been collected and published by Wood and Eliason in the *A. J. Med. Sci.* in 1932. They comment on the fact that many cases so-called have not been verified by postmortem. The usual case is as follows: The patient has abdominal pain and possibly has the local signs of appendicitis, followed after a day or two by arthritis and endocarditis. The cases are mostly described in the French literature.

When one considers the fact that the joint linings are histologically so closely related to other serous surfaces, it seems strange that the large serous cavities are not more often affected. The pericardium and the pleura are not too rarely involved in the rheumatic process, but for some reason the peritoneum usually escapes. In my case, the peritoneum was carefully inspected and the gluey type of exudate matting together the contents of the lesser sack was clearly seen. A culture of this material was negative. That the condition was

part of a rheumatic infection was made certain by the post-mortem examination of the heart. In 1930, Paul reported a most interesting case of a man of 26 who died of a very acute infection characterized by pleurisy and pericarditis. At post-mortem there was found extensive cardiac lesions, fibrinous pleurisy, and a peritonitis localized to the upper abdomen,—a perisplenitis and a perihepatitis. In the diaphragm and the hepatic tissue underlying the pleural involvement, the arterioles and perivascular spaces showed changes characteristic of those described in rheumatic fever, that there were Aschoff bodies in the diaphragm. Paul concludes that peritonitis may rarely occur as a manifestation of rheumatism.

In my case then we have a definite involvement of the heart, pericardium, pleura, peritoneum, joints and skin.

So much for scarlet fever. Now, how do we stand as regards the relations of rheumatism to other infections? To answer this question an enormous amount of work has been done. Four years ago there appeared the book by Coburn entitled "The Factor of Infection in the Rheumatic State". In this most interesting volume is collected a huge amount of evidence,—clinical, serological and bacteriological, to show that the rheumatic process is greatly modified by upper respiratory infections. The author has brought forward, to me at least, very convincing evidence that respiratory infections so commonly encountered in our climate are an extremely important factor in initiating rheumatic disease.

UPPER RESPIRATORY INFECTIONS

I think that we are now forced to conclude that regardless of what the real etiological factor may be, an upper respiratory infection may bring on a true attack of rheumatism. Let me illustrate with two cases from my own practice.

D. E., a boy aged fifteen, who never had any serious illness, developed a severe maxillary sinusitis. In the course of the treatment for the sinusitis, while in bed, the boy complained of pain in the left shoulder and elbow. He was given salicylates. Gradually a loud aortic diastolic murmur made its appearance. This aortic insufficiency has resulted in a huge cardiac enlargement, and now, five years

after the first appearance of a murmur, the boy presents the typical picture of chronic cardiac valvular disease.

B. S., a boy aged seven years, developed an upper respiratory infection, followed by otitis media and mastoiditis, for which he was operated on. He had been my patient since his infancy and had always had a very faint systolic murmur, which had been considered functional. During convalescence from his mastoid infection he began to cough and to show dyspnoea on exertion. The heart murmur became extremely loud, there was evidence of cardiac dilation, enlargement of the liver, râles in the lungs. After a prolonged period of cardiac insufficiency he gradually recovered, but presents a typical picture of compensated mitral disease. Four years after the onset of the cardiac disease he developed an attack of severe chorea.

In this last case, the boy had a murmur for a number of years which we called functional. Perhaps our interpretation of this murmur was incorrect, and we were dealing with an unsuspected case of rheumatic endocarditis. Under the influence of the pharyngitis and otitis media this endocarditis was activated, and a typical mitral regurgitation, with all its signs and symptoms, made its appearance.

In the first case, the boy whom I had carefully observed for fifteen years had never had a joint pain and had had a perfectly normal heart up to the time of his nasal sinus infection. Whether the same streptococcus that caused the antrum infection also caused the heart infection, or whether the heart disease was of different origin and only occurred because the boy's resistance had been lowered, we do not yet know. All we can say is that in our climate the ever-present respiratory infections are a very real menace for our children, not only because of the damage they themselves occasion, but also because of the very real pathway they prepare for the introduction of rheumatic disease. Some years ago I was asked to see a little girl of twelve who had been a patient four years previously in our hospital wards. She had been discharged with a perfectly compensated mitral insufficiency and had remained well for four years. At that time an epidemic of grippe had broken out. The child lived in fairly good surroundings in a two-family house in The Bronx. The whole family had been stricken by the grippe and had recovered. This child, however, developed

not only a red throat and fever, but also an acute dry pericarditis. Here again, the respiratory infection caused the quiescent rheumatic infection to become active after four years of apparent cure. Some of the statistics obtained on this subject are of real significance. McCulloch and Jones, for example, showed that of 304 attacks of rheumatic fever, only twenty-eight did not follow an obvious upper respiratory infection.

This relationship of rheumatism to respiratory disease may explain several clinical findings which have always seemed to me to be of great interest. Has it ever occurred to you how commonly one finds endocarditis among the poor, and how seldom among the rich patients? It cannot be as was at one time thought, due to the location of the dwelling, for we encounter heart disease ever so much more often on Third Avenue than we do on Park Avenue, although these two avenues are but two blocks apart. There must be some factor in the hygiene and the care of the rich child which is omitted in that of the poor. The child of the better class is more carefully treated, its teeth are looked after, its food is better prepared, its hours of rest and sleep are more carefully controlled, it is dressed more appropriately when the weather changes,—in short, it is looked after in the most meticulous manner,—and apparently this makes a big difference as far as susceptibility to rheumatism is concerned.

Some years ago I was interested in the Mary Zinn Home for Cardiac Children. This home was located in White Plains on the top of the hill, and was a most perfectly appointed institution. We admitted there cardiac cases who had been discharged from the various hospitals of the city. Now while these children remained under our supervision in these excellent surroundings they remained well. We had a really remarkable health record. Some of the inmates remained as long as fourteen months and were well all that time. However, when these same children were discharged and sent back to their homes in the poorer sections of New York City, they immediately got relapses and came down again with fresh rheumatic recurrences. Coburn has performed a

most interesting experiment in this connection. It is known that in Porto Rico rheumatic infection is very rare. I shall quote from Co-burn's book:

"The investigation to determine why natives of San Juan seldom develop the rheumatic disease by inherent racial characteristics was demonstrated by the development of rheumatic phenomena among Porto Ricans living in New York. Whether food, sunlight, climate or conditions of living in Porto Rico changed the state of susceptibility of the individual so that he was unable to manifest rheumatic symptoms remained to be determined. For this reason a rheumatic group was transported to San Juan. The same rheumatic phenomena that they experienced in New York appeared during their first weeks in San Juan. After this, though they had mild respiratory infections,—that is, slight colds but no sore throats—the rheumatic process became quiescent. There was little change in diet.

"It was thought that possibly the warm climate had brought symptomatic relief, or that the sun baths had protected them from a continuation of the rheumatic process. Accordingly, they were brought back to New York and exposed to the Summer sun. Within a few days after arrival in New York, there was a return of rheumatic manifestation in some of the group. These clear-cut recrudescences of rheumatic disease, which clinically had appeared quiescent over a period of months, demonstrated that life in the tropical climate and sun had not protected this group from activation of the disease process. In some instances, the recrudescences followed mild upper respiratory disease. This suggested that perhaps an infection, which was not commonly present in San Juan might be associated with the upper respiratory disease in New York and be the explanation of the relative rarity of the disease in the Tropics, and its prevalence in the North Temperate Zone.

"This study then prompted an investigation of the flora of the throats of persons in New York and in Porto Rico. It was found that the hemolytic streptococcus was a much more commonly found organism in the Temperate Zone than in the tropics. The author believes that the presence of this streptococcus in the throat must be in some way connected with the development of the rheumatic state."

DIAGNOSIS

And now for a few words as to the diagnosis of rheumatism. I have commented on the fact that one must not necessarily expect to find a systolic murmur and joint pains to

make the diagnosis certain. I have described cases in which skin lesions made the diagnosis; in others, abdominal lesions; and in another, a cardiac irregularity. I should like to quote to you the history of a case last year under my care.

A. S., a boy aged thirteen under my observation since his infancy, had been in excellent general health, when one evening he complained of feeling ill and vomited. He had no fever but vomited several times. The mother, thinking the illness was simply a disordered digestion, did not call a physician till the third day when the temperature rose to 102.

When seen by me he showed a very irregular heart, due to great numbers of extra systoles. On close questioning he gave a history of pain in the left wrist the day before the onset of illness. His fever lasted only two days. His blood sedimentation time was 25 minutes. After prolonged bed rest, he made a complete recovery and has remained well for over two years. At no time did he show a cardiac murmur.

It was the cardiac irregularity, which by the way you must note was very transitory, that made this diagnosis possible, for the presence of slight joint pains was only ascertained after cardiac irregularity had been noted. Not only such gross irregularity but also electrocardiographic evidence may prove helpful in diagnosis. The prolongation of the P. R. interval in the electrocardiogram as was shown by workers in the Rockefeller Institute may also prove useful in clinching the diagnosis by showing a very early involvement of the heart muscle.

When one realizes the complexity of the rheumatic picture and the multiplicity of the symptoms which I have attributed to rheumatism I think you will agree with me that a consideration of this disease is well worth careful study. Not only because it is so varied from a clinical standpoint, but also because it is an illness of such frequent occurrence, rheumatic fever should be uppermost in the mind of every clinician who deals with sick children.

ORGANIZED MEDICINE AND SOCIAL INSURANCE

By FRANCIS F. BORZELL, M.D., Philadelphia, Pa.

Chairman, Committee on Economics of The Medical Society of the State of Pennsylvania

Abstract of an address given before the Burlington County Medical Society, April 10, 1935

"The American Medical Profession has been placed on the spot," is a statement which we hear from various sources,—on the radios, in the newspapers and magazines, and from the lecture platform. Why is it that a profession that has been guided by a standard of ethics higher than any other profession should be placed in such a very uncomfortable position? It surely is not because of our having failed in our trust as the dispensers of medical services, for, as the custodians of the health of the people, we have a record that is unequalled by any other profession.

As we look upon society today, we are struck by the demands of certain well-intentioned pseudo-scientific sociologists to cast aside the old traditions, discard the old order of things, and accept programs which they would have us believe will hasten a day of universal peace and happiness. They present panaceas for this and cure-alls for that, until it is no wonder that the nation has reached a state of bewilderment and chaos. It is on such fallow soil that those with pet theories, and with the determination and ardor of the reformer, plant their seed of discord and irritation that have only one final objective, whether intentional or unintentional; namely, *social upheaval*.

The obvious weaknesses of systems and conditions actually in force are easily picked upon and criticized, while the untried proposals readily escape such specific criticism, and thrive and grow on promises and theories.

Ever since the beginning of activities of the million-dollar Committee on the Costs of Medical Care there has appeared a steady persistent series of accusations against the organized medical profession. Charges have been made such as "The Medical Trust", selfish interests, reactionary, etc. Deductions have been made from wholly inadequate studies, such as the statement that America is suffering from woefully inadequate service after a study of 9000 families out of a possible 20,000,000 families

in the United States. The charge was made that as high as 80,000,000 people in the United States suffered from insufficient medical services, all because they could not pay for such services.

Let us ask ourselves a question,—Is it true that such a vast proportion of the American public is suffering seriously from a lack of medical services because the services are not available? If this were true, one would expect to find such a situation reflected in the health of the nation. Fortunately, here we have some figures, and cold figures seem to be the order of the day. The last annual report of the United States Public Health Service showed that in spite of depression influences and in spite of the fact that so large a proportion of the public was dependent on the admittedly insufficient services of the F. E. R. A., the death rate is lower, tuberculosis is definitely on the decline, and the average age limit is higher.

What about those countries blest with the beneficent influences of so-called compulsory health insurance? In the year 1933, quoting from the statistics of the League of Nations, we find conditions shown in the following table:

MORTALITY AND MORBIDITY, 1933

All Deaths per 1000 Population	Infant Deaths per 1000 Births	Diphtheria per 100,000 Pcp. Deaths	Cases	
United States	10.7	59	3.9	39
Germany	11.2	76	5.6	114
England and Wales..	12.3	63	6.3	117
Scotland . . . . .	...	81	7.2	180
France	15.8	75	...	50
Irish Free State	13.6	65	12.9*	113
Poland	14.2	128	17.0*	52
Illinois	10.5	49	1.7	22
*1932				

It was also shown that the United States had a lower death rate as well as a lower mortality and morbidity rate from tuberculosis than any other first class power from which data was available. Does this picture indicate that the

American people are suffering so terribly from lack of medical services?

On the positive side, we have rather meager statistical data to guide us. In order to establish, for Pennsylvania at least, whether this oft-repeated accusation is or is not true, the Committee on Medical Economics of the State Society is planning a survey of sufficient representative counties that will afford us a fairly accurate analysis. I, personally, have no doubt that medical services as delivered in the past in America will not suffer by such a careful scrutiny.

If our first question (namely, Is the American public suffering seriously from a lack of medical services because these services are beyond their reach, because of economic difficulties?) can be answered in the negative, and there are many of us who believe it can, then the medical profession stands acquitted of the first and most serious charge hurled against it.

Unfortunately for our peace of mind, and for our desire to be let alone to leisurely practice our art, a vindication of our past performances is not going to relieve us of the necessity to step out of the sick room and take our place as an organized profession in the councils of society and government. Even though the present threatening clouds of social insurance and particularly health insurance pass over, we have been consciously or unconsciously thrown into the arena of social strife and cannot evade the issues confronting us. In the remaining part of my address, I shall attempt to outline what would seem to be certain necessary concrete activities of the organized profession in the future.

PUBLICITY

1. The medical profession must become *more articulate in its contacts with the public*. It must accept every favorable opportunity to speak to lay groups; such as, women's clubs, parent-teacher associations, the Kiwanis, Rotary clubs, Lions clubs, church organizations, etc.

Every County Society should have an active functioning *Speakers' Bureau*. This bureau should seek to prepare its members in the art of public speaking, and should prepare suitable

talks for various groups and on various health subjects. The local radio stations should be used. The local newspapers should contain regular releases from the County Society. The County Society should have representation on all public welfare boards, the Chamber of Commerce, etc. In short, the County Society should build up such a prestige on medical and allied social matters that nothing involving such problems would be attempted without full co-operation of the County Society.

CONTACT WITH LEGISLATORS

2. *Intimate contact should be made with every legislator in the county*. Give him or her a liberal education in medical matters, and teach him to look to the County Society for medical advice on legislative matters.

CATASTROPHIC SICKNESS

3. From a constructive angle, and to prevent the adoption of destructive methods, the organized profession must seriously study ways and means of financing the small percentage of sickness costs commonly termed *catastrophic*.

This will not be easy, nor can we hope to find a comprehensive plan that will fit the entire nation, or even an entire state or county.

The organized medical profession must actively study problems not wholly related to medical science.

We have suffered in an increasing measure from certain unfair and unjust encroachments. These are largely difficulties which we alone must attempt to solve; and many of them will not be solved until the profession demands a solution.

PENNSYLVANIA STUDIES

With a view to determining from the standpoint of the State what some of these problems are and to what extent the profession is suffering therefrom, the Committee on Medical Economics in Pennsylvania is organizing five sub-committees whose scope are as follows:

- I. Participation of Lay Workers in Professional Fields.
 1. Anesthesia.

2. Activities of visiting nurses and social workers.
3. Activities of Tuberculosis Leagues.
4. Child Health Clinics.
5. Lists of welfare organizations and their officially announced functions.
6. Physio-therapists practicing without professional supervision.
7. Roentgen technicians practicing without professional supervision.
8. Lay laboratories, lay technicians, without professional supervision.
9. Laymen operating industrial plant clinics without adequate professional supervision.

II. Health Department Coöperation.

1. What is machinery of public health service by counties?
2. How closely does each County Society already coöperate or vice versa?
How closely do the doctors coöperate?
3. How much actual vaccination, immunization, etc., is being done by the Health Department that should be done by physicians?
4. What organized effort has been made by the profession to encourage vaccination and immunization by the physician?

III. Hospital Economic Relations.

1. Report from each county on:
 - a. Hospitals in each county.
 - b. Bed population.
 - c. How financed.
 - d. Character and extent of O. P. service.
 - e. System or method of supervision in actual practice to determine eligibility for free care.
 - f. Degree of medical representation on boards.

- g. Are physicians permitted to render bills for full pay ward patients?
- h. How many hospitals are adopting flat rates for specific service; for example, obstetric, tonsillectomy, etc.? What are the rates and conditions?

IV. Industrial Medicine and Contract Practice.

1. Types of contracts prevalent in each county.
2. How is industrial medicine practiced?
 - a. Types of industries prevalent.
 - b. Are industrial surgeons under blanket contracts or is there free choice of physicians?
 - c. How many industrial clinics? Are they operated by employers or the insurance companies?
 - d. How many medical men of various specialties are under contract?

V. Nursing Care.

1. What are the available facilities for nursing in each county?
 - a. Private nursing (R. N. Services).
 - b. Visiting Nurses Associations.
 - c. Availability of nursing attendants not registered (practical nursing).
 - d. Any provision for training in practical nursing.
 - e. Facilities for rural nursing.

In this changing world in which we find ourselves, the medical profession occupies a position of the highest importance. Physicians have greater responsibilities than ever before, which are both individual and collective.

The successful assumption of the collective responsibility is in direct proportion to the degree with which the individual member of the organized profession bears his share of the burden. We need not change our ethical standards, but rather let us emphasize them and translate them more fully into constructive practical application.

BRADYCARDIA AND HYPOTHERMIA AT ONSET OF ACUTE APPENDICITIS

By SYLVAN E. MOOLTEN, M.D., New York City

From the Pathological Department, St. Peter's Hospital, New Brunswick, N. J.

The case of acute appendicitis to be reported invites attention for its unusual symptomatology, not only as a diagnostic problem but likewise by way of explanation of the mechanism of the bradycardia and hypothermia observed at the onset. While nearly all surgical writers have noted the possibility of normal or even subnormal pulse rate and temperature in the stage of onset of acute appendicitis, even with supervening gangrene,^{1,2} bradycardia and hypothermia as outstanding features have not been accorded special attention. Only one original reference is available specifically regarding bradycardia (Kahn, 1906),³ and the clinical prediction of gangrene of the appendix was verified operatively in each of six instances. Only two of the six cases mentioned by Kahn were recorded, and their pulse rates were 64 and 60 respectively; their temperatures were 98.4° F. and 98.2° F.

The occurrence of marked bradycardia of reflex origin has been noted in acute nicotineism and other toxic states,⁴ traction diverticulum of the esophagus with vagus hyperirritability,⁵ hyperactivity of the carotid sinus mechanism,⁶ and a variety of lesions of the central nervous system. Syncope typical of the Stokes-Adams' syndrome may occur, provided the slowing of the pulse is abrupt rather than gradual (Weiss and Baker⁶); and it may be prevented by the use of atropine. Marked cardio-inhibitory phenomena attributed to reflex vagal irritation have been described in certain abdominal diseases, particularly gallstone colic, and in excessive dilatation of the urinary bladder⁷; and have likewise been produced experimentally by mechanical or chemical stimulation of most abdominal viscera.⁸

REPORT OF CASE

At seven o'clock on the morning of June 16th, 1935, the patient, a well-developed man thirty years old, awoke with epigastric discomfort described by him as follows: "I feel as if someone were pumping my stomach with a bicycle pump." He had been overeating the preceding night, par-

ticularly sea food of several sorts, had smoked to some excess (five to six pipefuls), and did not reach home until 2:00 a.m. At the time of examination (9:00 a.m.) epigastric discomfort was steady and severe, but without nausea. A small scybalous stool had been passed spontaneously. The rectal temperature was 97.6° F., and the pulse rate was 42. The blood pressure was normal (120/80). Percussion over the liver region and palpation over the region of the appendix both elicited tenderness referred to the mid-epigastric region. There was slight sensitiveness to rectal palpation on the right side, but no other positive findings. A small dose of sodium bicarbonate given in hot water failed to relieve the epigastric discomfort and provoked vomiting of clear fluid shortly afterward. The patient was of normal sensitiveness to pain, and had been in good health previously except for an episode of mild epigastric pain one year ago attributed to excessive smoking and fatigue. At that time his temperature was 99° F. (rectal) and his pulse rate 72, and he became symptom-free in a few days.

The symptoms superficially suggested some form of food poisoning, the pre-icteric stage of catarrhal jaundice, or possibly acute nicotineism, especially because of the marked bradycardia. However, it was felt that the possibility of afebrile gangrenous appendicitis was sufficiently compelling to forbid catharsis, and to warrant surgical consultation. At 11:00 a.m. the patient was seen by Dr. Joseph Stenbuck, who, in view of the short duration of symptoms (four hours) advised further observation and the diagnostic administration of atropine. At the time of his visit the rectal temperature had risen slightly (98.0° F.) but the pulse rate had dropped to 39.

Accordingly, at 2:30 p.m. atropine sulphate (gr. 1/75) was administered hypodermically. The patient slept one-half hour, and awoke feeling much refreshed and completely relieved of his epigastric discomfort. His pulse rate had now risen to 60. Tenderness was still present in the right lower quadrant and was referred locally, but there was no spontaneous pain. Tenderness here was still present at 6:00 p.m. (eleven hours after the onset), at which time psoas spasm was detected. The patient consented to hospitalization despite his feeling of well-being.

Eight hours after administration of the atropine he was still free of symptoms. His temperature was now 99.4° F., pulse rate 84, and leucocyte count 14,400 with 66 per cent polynuclear cells. Tenderness without pain persisted, and he was persuaded to submit to operation, which was done at midnight (seventeen hours after the onset).

Operation (Dr. Stenbuck): About 500 c.c. of clear serous fluid were present in the peritoneal cavity. The appendix was laterocecal, and bound down by

an adhesion in its proximal half. It was somewhat swollen in its whole length, and its serosa was injected. The mucosa was congested throughout, and at one point exhibited a bluish black discoloration with beginning ulceration. Microscopically, sections taken through the area of discoloration revealed dense infiltration of polymorphonuclear leucocytes through the entire thickness of the wall with beginning tissue necrosis. Report: "Acute phlegmonous appendicitis."

Convalescence was uneventful and short, and the patient has been in good health ever since.

The early symptoms in the present case suggested a marked degree of gastrospasm or pylorospasm, described subjectively as a continuous bursting sensation in the epigastrium. Comparable objective findings have been noted in experiments with dogs by Smith and Miller,⁹ in which irritation of the appendix provoked reflex increase in the tone of the stomach, particularly of the pyloric portion, and an increase in the depth of the peristaltic waves, which could be abolished by atropine. Perhaps the most important single evidence for the vagal origin of the symptoms in the present case is the response of the patient to a single injection of atropine sulphate (gr. 1/75). Following a brief period of general sedation and sleep, he felt completely relieved of symptoms and presented a rise in pulse rate from 39 to 60. One might infer, too, that the hypothermia of onset was similarly corrected through the vagus mechanism. However, any attempt to draw conclusions from the slight rise in temperature after atropine is invalidated by the fact that an acute infection was also present and obviously sufficient to explain this rise by itself. In this connection, nevertheless, it should be recalled that atropine may at times

affect the temperature and leucocyte count in a manner similar to its action upon the pulse rate. Fever (105°-109° F.) and leucocytosis have both been encountered after its therapeutic use, particularly in young infants with pylorospasm.¹⁰ These effects may be interpreted as homologous with its vagus-inhibitory action in general.

The practical aspect of the use of atropine in this case concerns the establishment of the diagnosis of acute appendicitis. Findlay¹¹ advocated its routine use for this purpose in early cases suspected of appendicitis in order to differentiate it from enteritis, colitis, food poisoning, and similar conditions, particularly when nausea and fever are lacking. In an adult, 1/100 grain is administered, followed by a soap-suds enema in half an hour. If localized tenderness persists over the appendix area on abdominal or rectal palpation, the diagnosis of acute appendicitis must be considered seriously. In the present case, this finding alone formed the basis for the decision to operate, since all subjective symptoms had subsided. The gravity of a possible postponement of operation until the second day may be appreciated from the fact that at laparotomy 500 c.c. of fluid were already present, and the appendix itself presented at one point diffuse phlegmonous inflammation extending to the serosa.

Summary: Bradycardia and hypothermia may initiate the symptomatology of acute appendicitis, and, with other symptoms, may be explained on the basis of irritation of the sensory endings of the vagus nerve in the appendix. The diagnostic importance of injection of atropine is emphasized.

REFERENCES

1. J. C. Da Costa: *Modern Surgery*, 8th Ed.; W. B. Saunders Co., Philadelphia, 1923, 1142. H. A. Royster: *Appendicitis, Surgical Monographs*; D. Appleton and Co., New York, 1927, p. 101. R. T. Vaughan: *Nelson Loose-Leaf Surgery*, 1931, vol. v., p. 297.
2. Da Costa (1), Royster (1), Vaughan (1): E. von Neusser, *Disorders of Respiration and Circulation, Part II. Bradycardia and Tachycardia*, Translated by Andrew MacFarlane; E. B. Treat and Co., New York, 1908, p. 48.
3. M. Kahn: Bradycardia in Appendicitis, *J. A. M. A.*, 1906 (Dec. 15), 47:2011.
4. S. Genkin, D. Piskarew, B. Serebrjanik, u. S. Braun: *Klinik und Pathogenese der Nicotinvergiftung*, *Deutsches Archiv. f. klin. Med.*, 1935 (June 15), 177:642; von Neusser (2), p. 18.
5. Soma Weiss and E. B. Ferris, Jr.: Adams-Stokes Syndrome with Transient Complete Heart Block of Vagovagal Reflex Origin: Mechanism and Treatment, *Arch. Int. Med.*, 1934 (Dec.), 54:931.
6. Soma Weiss and J. P. Baker: The Carotid Sinus Reflex in Health and Disease: Its Role in the Causation of Fainting and Convulsions, *Medicine*, 1713 (Sept.), 12:297.
7. T. Lewis: Vaso-vagal Syncope and the Carotid Sinus Mechanism, *Brit. Med. J.*, 1932 (May 14), 1:873.
8. von Neusser (2), p. 48.
9. H. G. Scott and A. C. Ivy: Viscerocardiac Reflexes: An Experimental Study in Frogs and Dogs, *Arch. Int. Med.*, 1932 (Feb.), 49:227.
10. F. M. Smith and G. H. Miller: The Reflex Influence of the Colon, Appendix and Gall-bladder on the Stomach, *Arch. Int. Med.*, 1930 (Dec.), 46:988.
11. G. F. Munns: Atropine Hyperpyrexia in Early Infancy, *J. A. M. A.*, 1929 (July 20), 93:171. Benzing, cited by Munns.
12. F. M. Findlay: Atropine as a Diagnostic Aid in Appendicitis, *New England J. of Med.*, 1933 (Mar. 23), 208:630.

ARTHRITIS AND ITS TREATMENT WITH GOLD SALTS

By HYMAN OREN, M.D., Park Ridge, N. J.

A summary of the results of treating one hundred cases of arthritis in the Hackensack Hospital by intra-muscular injections of gold salts

In the last forty years the use of gold in medicine has become more widespread, particularly in the treatment of arthritis. Forestier, of France, has used gold in a series of five hundred cases of rheumatoid arthritis, with 60 per cent of cures. He claims that the action of the gold in his series of cases is that of promoting the defensive mechanism of the body to combat infection, perhaps stimulating the reticulo-endothelial system; while Epstein, of New York City, who has used gold extensively in the treatment of whooping cough, claims that the action of gold is primarily antibacterial in nature. Robert Koch demonstrated in vitro the inhibitory action of gold on the growth of tubercle bacilli.

The use of gold by Slot, of England, in the treatment of arthritis was with fairly successful results, but not in the treatment of acute and subacute "rheumatism". Both these men used oily preparation of gold salts, and observed more or less moderate toxic symptoms which did not prevent them from continuing the treatment, but only at lengthened intervals.

In order to substantiate the work which has been done in France and England, I have used a water-soluble gold preparation, five per cent solution of sulfhydryl gold naphthyl trisulpho carbonium derivative in the treatment of various types of arthritis. This solution seemed to be slightly toxic. Gold poisoning is manifested by a stomatitis, small ulcers of the tongue, urticaria, or a severe morbilliform type of rash. As for the respiratory system, there may be an acute or chronic type of bronchitis; and if the gold treatment is still continued, the patient may go into a broncho-pneumonia. It has practically no effect upon the circulatory system. Gold shows no toxic effects upon the liver or the spleen. Gold may have quite a marked toxic effect upon the kidneys in such a manner that it will involve only the tubules

and not the glomeruli, giving a condition very similar to a mercurial nephrosis.

In treating one hundred cases of various forms of arthritis at the Hackensack Hospital with the water soluble organic gold salts the only toxic symptoms we have noticed has been a mild urticaria, which usually cleared up within five to seven days; and by increasing the interval of treatments we are able to keep the patient free from this.

With repeated careful urinalysis we did not find any clinical signs of kidney damage due to the use of gold. In this series of one hundred cases, sixty-six cases were atrophic arthritis, and sixty responded very well to the gold salt therapy. In twelve cases of gonorrheal arthritis, all responded exceedingly well. Of the twenty-two cases of hypertrophic arthritis which we treated, thirteen cases responded well to the treatment. The first sign of response to treatment in these cases was the diminution of pain; secondly, there was a decrease in the amount of swelling of the affected joints; and lastly, there was increase in motion. Results were very encouraging due to the fact that there is the rapid response of the patient to the treatment, very little pain connected with the administration of the gold salts, and an absence of systemic reactions, in spite of the fact that a great many of these patients had hypertension, heart disease, cirrhosis of the liver, diabetes, and other diseases.

The mode of administration was entirely by the intra-gluteal route, in doses of 2 c.c. Three injections were given the first week, two injections the second week, and one injection weekly until a series of twelve had been given. After an interval of four weeks, a second series of twelve injections was given at weekly intervals. If necessary, one to three more courses may be given after intervals of three to six months; but at no time was more than five courses given. The frequency of treatment depends a great deal upon the response of the patient.

MATERNAL WELFARE—ARTICLE NUMBER NINE

TOXEMIA OF PREGNANCY

By A. B. DAVIS, M.D., Camden, N. J.

Probably the greatest advance in obstetrics in recent years has been the recognition of the importance of prenatal care; and the chief single reason for this greatly increased emphasis on prenatal care is the prevention of the toxemia of late pregnancy. According to the American Committee on Maternal Welfare, eclampsia and the forms of toxemia associated with it cause annually about 30 per cent of the approximately 15,000 maternal deaths in this country. Beside the nearly 5000 deaths thus caused annually, many more women who survive the convulsions of eclampsia, or the severe non-convulsive forms of toxemia, have permanent vascular or renal injuries which impair their health and shorten their lives. Not many years ago eclampsia was considered, as the Greek word implies, "a sudden seizure without warning". Since the advent of the blood pressure machine, and since its more frequent use accompanied by urinalysis and weight-recording in prenatal cases, it has been found that eclampsia and the preëxisting toxemia are not the "thieves in the night" that they seemed to be to our fathers, but that they, in almost all cases, announce their advent by danger signals which are very apparent if we are sufficiently on the lookout for them.

Here, of all the fields of medicine, the ounce of prevention is worth the pound, or many pounds, of cure. Efficient prenatal care, even in the apparently normal case, means blood pressure reading, urinalysis, weight recording, and advice by a competent obstetrician every two to four weeks from the third to sixth month, and every two weeks from the sixth through the eighth month, and probably every week during the last month of gestation. The case showing suspicious symptoms will need even more frequent observation.

The first suspicious symptom is usually a rise in both the systolic and diastolic blood pressures. This is followed usually by the appearance of albumin in the urine, and by a gain in weight greater than the pound a week

usually allowable in later pregnancy. When these danger signals appear, the indications are the increase of elimination by saline laxatives, the decrease of intake by restriction of diet, especially restriction of meat protein and salt, limiting the diet if necessary to milk and fruit juices, and finally sedation of the nervous system by sedatives such as bromides and phenobarbital, and an increased amount of rest. Cases that do not promptly improve or that continue to grow worse under such treatment should be hospitalized and receive treatment outlined below for more serious cases.

The toxemia of pregnancy, like other diseases, may be considered to be acute or chronic. The acute develops rapidly and, unless checked, goes on rapidly to convulsive seizures or eclampsia; the chronic develops less rapidly, with more warning but still, if not properly treated, is potentially eclamptic.

The chronic type resembles in many symptoms a chronic nephritis, and may leave more or less permanent kidney damage, but it is not originally or actually a nephritis. A nephritis existing before pregnancy should contra-indicate pregnancy, and may make it impossible for pregnancy to continue to viability, or for the birth of a living child; and in any case, it will probably further damage the kidney and shorten the mother's life. But this is not toxemia of pregnancy, but rather the overloading of an organ that already has little or no reserve power. Severe, true, chronic nephritis gives evidence of nitrogen retention in the blood by the urea, non-protein nitrogen, and carbon dioxide combining tests. But these seem to remain within the normal limits even in severe cases of true toxemia of pregnancy. Also ophthalmoscopic examination of the eye grounds reveals little or no change in toxemia except occasional slight retinal hemorrhage with possibly some choked disc in severe cases; while the cases of true nephritis show the retinal changes of that disease.

Yet the slower developing or chronic forms

of toxemia of pregnancy frequently resemble nephritis clinically. Goodall has recognized in the more chronic form of the toxemia of pregnancy six types which are of interest especially because of the differences in prognosis.

The first three types are all symptom-free. The first type shows only albumin in the urine with possibly some casts, but no rise of blood pressure. In this type the prognosis is good for both mother and child.

In the second type there is albumin with hypertension. The prognosis is grave for both mother and child, depending on the degree of hypertension rather than the amount of albumin. In these cases we should try to find a further reason for the hypertension, possibly antedating pregnancy.

The third type shows rising blood pressure and a progressive pallor, with or without albumin and casts. Prognosis for the mother is doubtful, depending on the blood pressure and on her past. Prognosis for the baby is bad because of the frequency of associated placental disease. Except as a woman might notice her progressive pallor, the above types are symptom-free.

The fourth type consists of normal blood pressure, but general or local edema. Prognosis is good for mother and baby.

Fifth type,—edema, high blood pressure, albumin and casts, and nerve center symptoms, as headaches, neuralgias and visual disturbances. Prognosis is poor unless pregnancy is soon terminated.

Sixth type,—high blood pressure, gastrointestinal symptoms (epigastric pain with or without jaundice), much albumin, casts, and bile in the urine. Prognosis bad. Early termination of pregnancy is indicated.

The increasing pallor mentioned in type three above reminds us of the frequency of hypochromic anemia of pregnancy, which begins frequently around the fifth month and is characterized by the diminished hemoglobin content of the red cells and the diminished or absent hydrochloric acid in the gastric secretion. Such cases are much benefited by very large doses of iron, preferably ferrous salts as in Blaud's mass. Combatting this anemia

may prevent more serious toxemic symptoms.

As to treatment of the more severe toxemia and eclampsia, the best results are obtained if the patient is treated as a medical case, and we forget, for the time being, the presence of the baby. The indications are, first, sedation; second, elimination; third, supportive measures; fourth, operation or removal of the baby.

Prompt sedation is very important because the nervous system is on a "hair trigger", as it were, and convulsions have occurred or are imminent. Usually morphine, one-half grain hypodermically, should be given immediately, and may be repeated in one-quarter grain doses as indicated, unless respiration is below sixteen per minute. Sodium amytal in six- to twelve-grain doses given slowly intravenously will usually control convulsions if morphine does not. Rest, warmth, and exclusion of external stimuli, as light and noise, are important.

Elimination is best obtained by intravenous injection of 250 c.c. 25 per cent glucose solution. Ampoules or flasks of this solution especially prepared for intravenous use should be used, diluted if necessary by distilled water, and not given through new rubber tubing unless such tubing has been boiled in an alkaline solution. The solution should be given warm and not faster than five c.c. per minute. It may be repeated every eight hours.

Twenty c.c. of 10 per cent magnesium sulphate solution may also be used intravenously or a 25 per cent solution intramuscularly repeated hourly if necessary. Magnesium sulphate enema, and magnesium sulphate in the stomach, also help elimination by the bowel. In serious cases, supportive measures such as hypodermics of digitalis may be needed for the heart.

Finally, labor should be allowed to come on spontaneously or encouraged only by such mild procedure as rupture of the membrane. Accouchment forcé is entirely contra-indicated, as is also, in almost all cases, Cesarean section.

This may seem indeed but a sketchy outline of what might be said on this subject, but it is all that our space permits. It is hoped that the points that are here presented may be of use.

STATE SOCIETY ACTIVITIES

PRESIDENT'S ANNOUNCEMENT—NO. 4

ELECTION CAMPAIGNS

By SPENCER T. SNEDECOR, M.D., Hackensack, N. J.

The three previous announcements are contained in the July, August, and September Journals.

In the heat of a political campaign physicians often become deeply stirred and aroused by the divergent platforms and the pleas of candidates who are seeking election.

It is timely for us to consider just what position organized medicine should take in a political campaign, and what attitude it should assume toward candidates for office, some of whom, it must be remembered, will become our representatives after election, and will enact legislation and establish policies regarding the administration of medical practice.

Should the County or the State Medical Society take an active part in the political campaign? It would seem to be extremely unwise for The Medical Society of New Jersey to take a stand publicly for, or against, either candidate or either party. If there were a definite open threat against vital principles of the practice of medicine by a candidate or any party, then the Medical Society might have to reconsider its impartial position.

A number of reasons bear out our attitude in this matter. In the first place, the Medical Society was formed to promote the interests of individual physicians and the public health. Secondly, our Society is composed of members of various parties whose opinions must be respected and who are entitled to vote for their personal favorites. Furthermore, partisanship by a medical organization in an election campaign would impair or destroy its usefulness and influence.

PRINCIPLES OF ACTION

The Medical Society, however, has several duties to perform in its relation to political activities. These may be stated as follows:

1. To elicit from each candidate for office a statement of his position in respect to legislation which concerns the Society.
2. To pass that information concerning the position of candidates on such legislation back to its members.
3. To inform candidates of the general principles of action and the attitudes of the Medical Society.

These principles have been scrupulously observed by The Medical Society of New Jersey in its approach to governmental legislators and executives, both National and State.

NATIONAL CANDIDATES

A great question before the Medical Profession today is: What will be the attitude of the Federal Government toward *governmental control* of the practice of medicine? The answer may be inferred from the statements of the two leading candidates for the office of President of the United States.

The attitude of Alfred M. Landon was expressed in his address before the American Medical Association in Kansas City at its opening general session on May 12, 1936, in which he said:

"The American practitioner will not be a party to destruction of that individual, personal service which has been the occasion of a special and justifiable pride. Whatever further advances are made in the broadening of medical service—and there will be an abundance of them—will be made, so far as he is concerned, in accordance with the fundamental condition of previous achievements." (Jour. A. M. A., May 23, p. 1810.)

The following telegram was sent to President Roosevelt on September 14, 1936, by Dr. S. T. Snedecor, President of The Medical Society of New Jersey:

"It is reported to us from what we believe to be trustworthy sources that a bill for compulsory health insurance, modelled closely after the Epstein Bill, has been prepared for introduction into the coming session of Congress, and will carry the endorsement of the President. The organized medical profession of New Jersey is keenly interested in this matter and would appreciate a clear statement of your attitude on the subject, particularly in view of the fact that Mr. Landon has already definitely expressed his views."

The reply, which was received on September 30, from Mr. Stephen Early, Assistant Secretary to President Roosevelt, was as follows:

THE WHITE HOUSE
WASHINGTON

September 28, 1936.

My Dear Dr. Snedecor:

The President has asked me to acknowledge your telegram of September fourteenth, and to thank you for your desire to be informed regarding the attitude of the Administration toward health insurance. Perhaps the best way to assure the medical profession that the present Administration contemplates no action detrimental to their interests is to recount the action that the Administration has already taken in the field of health as exemplified by the provisions of the Social Security Act.

There are four provisions in the Social Security Act which deal with health, and these received the support of outstanding doctors during the hearings on the legislation in Congress. The American Medical Association, the American Public Health Association, and the State and Territorial Health Officers Conference of North America came out in support of the public health provisions; the American Child Health Association and the Child Welfare League of America endorsed the maternal and child health provisions.

This in itself assures that the health plans will be carried out in a manner compatible with our traditional social and political institutions.

All states and territories are now coöperating with the Public Health Service, all but one state are coöperating with the Children's Bureau in maternal and child health services, all but ten states in service to crippled children, and all but nine states in child welfare services.

The foregoing indicates conclusively that public support is behind this program. But in addition to the general safeguard that is provided by local and state participation, the Act contains every precaution for insuring the continued support and coöperation of the medical profession. The public health provision requires the Public Health Service to consult with the state health authorities. The crippled children and maternal and child health sections require that as a condition of a grant-in-aid from the Federal government that states shall coöperate with medical organizations.

As you may recall, the Social Security Act which embodies the health provisions just mentioned is based upon a report submitted to the President on January 15, 1935, by the Committee on Economic Security which he appointed. That committee was composed of the Secretary of Labor, the Secretary of the Treasury, the Attorney General, the Secretary of Agriculture, and the Federal Emergency Relief Administrator. The report of the com-

mittee included no recommendations as regards health insurance.

Again thanking you for calling this matter to the attention of the President, I am,

Very sincerely yours,

(Signed) STEPHEN EARLY,
Assistant Secretary to the President.

Dr. Spencer T. Snedecor, President,
Medical Society of New Jersey
50 Anderson Street,
Hackensack, N. J.

COUNTY SOCIETIES

We can see no harm in County Societies proceeding along similar lines in obtaining statements from candidates for the State Senate and Assembly in respect to questions in which the County Societies are interested; in informing their membership of their statements; and in impressing candidates with the attitude of the Medical Society on those phases of legislation.

We must not for a moment forget our important relations with these representatives who will be duly installed into office after election. Our association with them throughout the year is most important, and we must not destroy a friendly basis for coöperation by thoughtless partisanship. Last year our relations with these representatives were developed in two ways.

First, all of our national representatives were contacted; and interviews with fourteen of the sixteen took place during last Christmas vacation, in order to present to them our position on compulsory sickness insurance and on the Pure Food and Drug Act.

Secondly, many County Societies approached their legislators by interviews, by meetings, or by having them as guests at dinner, in order to promote a friendly understanding and better appreciation of our problems.

This type of activity, we believe, should be continued this year. Let us establish a personal approach to our State and National legislators, and advise them of the important civic aspects of our policies. This plan of action will have the advantages of being entirely non-partisan, and of recognizing every legislator as an essential partner of physicians in the great work of promoting the public health.

THE WELFARE COMMITTEE, ITS ORGANIZATION AND FUNCTIONS

GENERAL PRINCIPLES

The Medical Society of New Jersey has persistently made studies into the fields of work peculiar to physicians, and their responses to calls to service. The studies have included three lines of investigation:

1. The persons and organizations engaged in delivering the services of medicine and health to the people.
2. The fields and methods of their action, and their present relations to one another and to the people.
3. The changes in organization and function needed to make the services complete and up-to-date, and also satisfactory to physicians and to the people.

As a result of constant study and attention to details, the present system of organization and functions of The Medical Society of New Jersey was gradually developed by the method of *evolution* from the old and the tried, in distinction from *revolution*, or the adoption of the novel and the plausible. Four principles have been observed in initiating any new project:

1. Dealing with each condition and need by itself.
2. Assigning its study and solution to a special committee.
3. Keeping in contact with the committee, and seeing that it acts promptly and definitely.
4. Incorporating its plan of action and relations into the list of regular activities of the Society.

Following up a project until it is an accomplished fact distinguishes The Medical Society of New Jersey from those whose officers stop

with passing a resolution approving a plan of action.

The responsibility for carrying on the work of the Society is concentrated in two groups of officers:

1. Business and the general management of affairs are concentrated in the *Board of Trustees* during the intervals between the three day sessions of the House of Delegates.
2. Medical and economic problems are under the direction of the *Welfare Committee*, which is therefore responsible for nearly all the activities which directly concern the physician as a practitioner of medicine.

The Welfare Committee functions as a unit under the chairmanship of Dr. Hilton S. Read, of Atlantic City; but the details of its work are done by four sub-committees whose scope includes nearly all the professional activities and contacts of practicing physicians.

The functions relating to the *prevention* of sickness and ill health are assigned to the Sub-Committee on *Public Health*, of which Dr. Stanley Nichols, of Asbury Park, is Chairman.

The functions connected with the *restoration* of health, or the ordinary practice of medicine, are assigned to the Sub-Committee on Medical Practice, of which Dr. Thomas K. Lewis, of Camden, is Chairman.

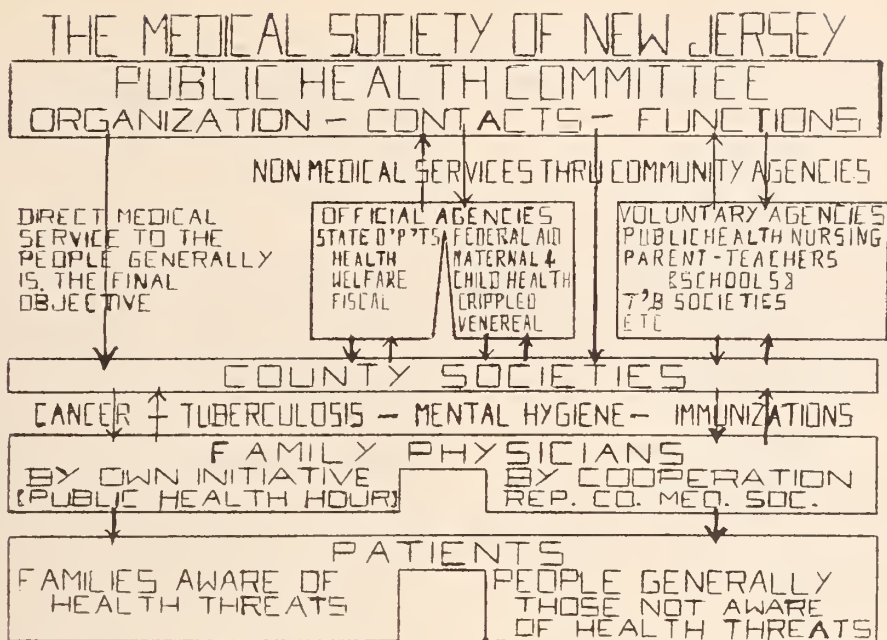
The function of the *education* of the public is assigned to the Sub-Committee on Public Relations, of which Dr. Hilton S. Read, of Atlantic City, is Chairman.

The function of adopting *legal* standards and methods for the protection of health is assigned to the Sub-Committee on Legislation, of which Dr. B. S. Pollak, of Jersey City, is Chairman.

1. THE SUB-COMMITTEE ON PUBLIC HEALTH

The plan of organization and scope of contacts of the Sub-Committee on Public Health is shown on the chart, which is made on a plan similar to that of the Welfare Committee, on page 553, and that of the public relations of physicians on page 552. The various services are rendered under the direction of seven *advisory committees*, each giving service in a field in which the coöperation of the medical profession, official, and civic organizations, is necessary. In an ideal community, such as does not exist anywhere, all services for the protection of health would be rendered by family physicians responding to the call of

persons who are aware of health threats to themselves and their families, and seek protection against them. But most people are not aware of the greater number of threats against their health, and therefore do not usually seek the services of physicians. Hence there has arisen a system of health agencies,—some official, and some voluntary,—which seek to educate the people regarding the prevention of diseases, and the services of health. But there will always continue to be a need for the official and the accessory health agencies in order to supply the services to those who otherwise would not have the means or the knowledge to obtain them.



The Sub-Committee on Public Health,—Its Organization, Contacts, and Functions.

3. FEDERAL AID

Official State Departments, such as those of Health, and of Institutions and Agencies, and also the Commissions, such as those on Crippled Children and the Blind, have long given services to certain groups of the needy by agreements with the representatives of the Medical Society and the practicing physicians. Last year the operation of the Federal Social Security Law provided for the financial assistance in the services in New Jersey by the National Government to the extent of over \$300,000 annually. The physicians of New Jersey at first feared that this money should be disbursed by agents of the Federal Government acting largely independently of the Medical Profession; but the agreement was reached whereby The Medical Society of New Jersey should plan the services to be rendered, and should accept the responsibility for their efficiency and the wise expenditure of the funds which legally must be through State officials as the disbursing agents. Under these agreements with the Medical Society these funds will be used to aid in financing the work of four Advisory Committees of the Sub-Committee on Public Health,—Maternal Welfare, Child Hygiene, Care of Crippled Children, and Control of Venereal Diseases.

These agreements and voluntary assumption of responsibility by the Medical Profession have allayed the oft-expressed fear that the

Federal Government might control the practice of medicine in New Jersey.

4. MATERNAL WELFARE

The Advisory Committee on Maternal Welfare is the natural development of a state committee which has functioned with efficiency for several years, and is now an integral part of the State Medical Society, under the chairmanship of Dr. A. W. Bingham, of East Orange. Among its projects now in practical operation and financed from Federal funds, are:

1. A series of practical articles in each issue of The Journal.
2. A series of fifty lectures under the auspices of all the County Societies. (Program in Journal, April 1936, p. 226.)
3. The appointment of sixteen Field Physicians to visit physicians and explain the facilities at their service. (Journal, September 1936, p. 538.)
4. The appointment of a list of expert consultants on whom physicians may call for assistance in difficult cases.

5. CHILD HEALTH

The Advisory Committee on Child Health, Dr. Stanley Nichols, Chairman, is now developing its program under projects already in existence, financed by State and Federal funds:

1. Baby-Keep-Well Stations,—advice on their location, organization, choice of medical staff, etc.

2. Post-graduate lectures on child welfare.
3. The appointment of field physicians similar to or identical with those under Maternal Welfare.

6. CRIPPLED CHILDREN

The Advisory Committee on the Care of Crippled Children, Dr. Elmer P. Weigel, Plainfield, Chairman, is developing a program for the benefit of crippled children, including visiting nurses, hospitalization, operations, and orthopedic apparatus. The cost of the special services will be met from Federal funds.

7. VENEREAL DISEASES

The Advisory Committee on the Control of Venereal Diseases, Dr. C. H. deT. Shivers, Atlantic City, Chairman, will coöperate with the State Department of Health and be financed with Federal funds.

8. CO-OPERATIVE FIELDS

There are at least three fields of public health in which prevention and curative work has been carried on with the Medical Profession of New Jersey coöperating with other agencies, both voluntary and official. These fields are tuberculosis, cancer control, and mental hygiene, each under an advisory committee.

9. TUBERCULOSIS

The Medical Society of New Jersey is actively engaged in anti-tuberculosis work through the Advisory Committee, of which Dr. B. S. Pollak, of Jersey City, is Chairman. This committee is working in close coöperation with other agencies as follows:

1. The State Departments of Health, of Institutions and Agencies, and of Education; and also similar branches of county government.
2. Voluntary health associations, such as the New Jersey Tuberculosis League and its local branches, and women's organizations, such as Public Health Nursing, Parent-Teacher Associations, etc.

Friendly contacts and close coöperation with those groups are being developed by Medical Societies and practicing physicians through the Advisory Committee.

10. CANCER CONTROL

The function of cancer control has been assigned to an advisory committee under the chairmanship of Dr. Henry B. Orton, of Newark. This committee has made an excellent start in its work of organization, investigation, and education.

11. MENTAL HYGIENE

The prevention and treatment of abnormal mental conditions has been under the official control of the Department of Institutions and Agencies by means of the State institutions for the insane and mental defectives. The promotion of the participation of physicians in all phases of this field has been assigned to the Advisory Committee on Mental Hygiene, of which Dr. James S. Plant, of Newark, is Chairman. The work of this committee is still in its formative stage, but will be actively developed during the coming year.

12. IMMUNIZATIONS

The broad field of the participation of family doctors in the important work of giving serums and vaccines for immunization against infectious diseases has been actively promoted by the general Sub-Committee on Public Health, under the leadership of its Chairman, Dr. Stanley Nichols, of Asbury Park. The special feature of this activity is the "Public Health Hour" which each of the coöperating physicians, about 1000 in number, has set aside when he will give immunizations at reduced rates, or free, using material supplied by the State Department of Health.

The further development of the Public Health Hour will depend largely on the more active participation of the voluntary health agencies, such as Public Health Nursing Committees, and Parent-Teacher Associations. The practicing physicians of the State have often expressed their disapproval of public clinics for immunizations; and the Public Health Committee is now engaged in developing practical measures to induce representatives of lay health organizations to send the patients to the doctors' offices to receive their immunizations.

The functions of the Sub-Committee on Public Health and its seven Advisory Committees have been defined and their projects have been put into operation. Their scope and influence will rapidly increase under the impetus of the demonstrations which have already been made.

2. THE SUB-COMMITTEE ON MEDICAL PRACTICE

Physicians complain that their field of private practice is continually being narrowed by clinics and other forms of welfare service, and that an ever-increasing proportion of people fail to pay their doctor bills although they take unnecessary automobile trips and go to the movies regularly. These doctors ask, "Why doesn't the Medical Society do something to help us?" The State Society Committee on Medical Practice gives a clear answer to this question through its form of organization designed to meet the conditions of which they complain.

The Medical Practice Committee is one of four sub-committees through which the Welfare Committee functions; and is the one which most directly and immediately concerns the welfare of the family doctor. It functions through six advisory committees whose chairmen are Welfare Committee members in addition to those regularly appointed by the President of the State Society.

The scope of the activities of the Committee on Medical Practice, and the organization of the advisory committees and an outline of the work of each are set forth in the following table:

Sub-Committee on Medical Practice

ADVISORY COMMITTEES

A. IN ACCESSORY SERVICES

1. HOSPITAL RELATIONSHIPS

Survey of New Jersey Hospitals with the following objectives:

- (a) Improvement in relationship between boards of trustees, administrators, and professional staffs.
- (b) More active participation by the profession in hospital administration.
- (c) Better control of dispensary and free ward services.
- (d) Realignment and better coordination of the accessory services.
- (e) Certain readjustments in hospital management to meet the needs of the low-wage class.
- (f) Improved methods of training junior staff members.

2. NURSING AND NURSING EDUCATION

- (a) More active participation by the Medical Profession in the training of nurses.

- (b) Study the advisability of County Societies organizing training courses for practical nurses.

3. PHARMACEUTICAL PROBLEMS

- (a) Stimulation of simpler and more ethical prescription writing as a means of assisting both pharmacist and patient through reduced cost in medication.
- (b) The New Jersey Formulary—Provide official designations for new and approved drugs that have not yet found their way into the U. S. P. or N. F.

B. IN MEDICAL ECONOMICS

4. MEDICAL CARE OF INDIGENTS

- (a) Study and analyze all agencies having to do with medical care for indigents and unemployables.
- (b) The evolution of a philosophy or code of ethics for this type of medical service.
- (c) The development of a uniform method of approach for use in both state and county services.

5. WORKMEN'S COMPENSATION

- (a) Study of conditions in New Jersey with the idea of developing any needs for reforms.
- (b) The preparation of any necessary laws or amendments to existing laws.
- (c) Closer hook-up with labor, industry, insurance carriers and the Department of Labor.

6. CONTRACT PRACTICE

- (a) Fact-finding of conditions; and classification of contracts
- (b) Clarification of objectives
- (c) Establishment of standard methods of action and contracts, by County Societies.

3. SUB-COMMITTEE ON PUBLIC RELATIONS

The leaders of The Medical Society of New Jersey have been keenly aware of the lack of popular knowledge concerning their organized efforts. One great reason for this popular ignorance has been the fact that information regarding their projects and plans has been issued in radiating lines which impinge upon a few intelligent readers of their reports and pleas.

The next step is to issue the information in circular waves which shall impinge on all classes of people.

It is disconcerting to find how little people generally know about the details of the activities of the Medical Societies of the counties and the State. Evidence of this is the series of debates in public schools on the question, "Should the government provide all forms of medical service to the people?" There would have been no occasion for debates on that question if the Medical Societies had instituted a plan of publicity which would have reached all people of all classes.

The function of *medical publicity* has been assigned to the Sub-Committee on Public Relations, of which Dr. H. S. Read, of Atlantic City, the Chairman of the Welfare Committee, is himself the Chairman. The assignment of Dr. Read to the chairmanship of this new sub-committee is wise and practical, for its work is that of informing the people regarding all phases of the work of the subdivision of the Welfare Committee.

Among the specific means which are under serious consideration are the following:

1. A Speakers' Bureau, to be composed of physicians who will address lay audiences on topics related to medical organizations. This may lead to the establishment of training classes for speakers such as that of the staff of the Hackensack Hospital (Journal. May 1936, p. 311).

2. The Woman's Auxiliary will be an efficient means of arranging lectures to be given before women's clubs, for their members are extremely desirous of hearing addresses on health projects, especially those given by local physicians on subjects in which the local communities are interested.

3. Newspaper editors consider accounts of local activities in public health to be "live news", and the reporters will always be glad to assist the medical writer in preparing his reports for the newspaper.

4. The preparation of *news releases* to be sent to the editors of newspapers in the small communities is being considered.

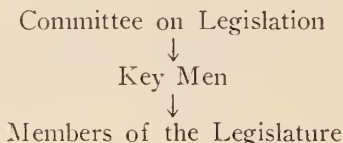
5. Radio talks on medical subjects are efficient means of informing the people on medical topics. The Medical Societies of Hudson and Atlantic Counties have demonstrated how the radio can be used.

6. The preparation of lantern slides and film slides to be used in addresses before county societies is already started.

Among the first objectives of the Sub-Committee on Public Relations is to inspire the officers and committeemen of county societies to make frequent use of the means of publicity at their disposal.

4. THE SUB-COMMITTEE ON LEGISLATION

A chart of the organization of the Sub-Committee on Legislation would be exceedingly simple and would consist of three lines of type as follows:



The greater part of the work of the committee is done while the Legislature is in session. The committee has for its advisers all the officers and committeemen of the Society.

Its official representative is the Executive Officer of the State Society, Dr. LeRoy A. Wilkes, who attends the sessions of the Legislature and follows the course of all bills affecting medicine or health.

The informal advisers of the Sub-Committee on Legislation are "Key men", each of whom is a physician appointed because he is intimately acquainted with his legislator and can inform him regarding the objectives and opinions of physicians.

The Sub-Committee on Legislation functions quietly and efficiently, and has the entire confidence of both the legislators and the medical profession.

THE WELFARE COMMITTEE MEETING, SEPTEMBER 20, 1936

The first formal meeting of the *Welfare Committee* of The Medical Society of New Jersey was held in the Executive Offices of the State Society at 137 East State Street, Trenton, on the afternoon of Sunday, September 20, 1936. It was very well attended. A great majority of the members of the enlarged Committee, and of the Advisory Committees who number fifty-two members, were present and took part in the discussions on the program outlined for the year. The full list of members of the Welfare Committee and its advisory committees is printed on the first three pages of each issue of this Journal.

The meeting of the Welfare Committee was opened by President Snedecor promptly at two o'clock and adjourned at 3:15 to permit the advisory committees to meet and discuss their programs. Dr. Hilton S. Read was unanimously reelected Chairman. The personnel of the several sub-committees and advisory committees, which had already been published in The Journal, was approved.

DEVELOPMENT OF PLANS

The meeting by no means marked the actual beginning of the work of the Welfare Committee, for President Snedecor, Dr. Read and the hold-over members and chairmen of committees had been busy all through the summer months reviewing the activities and accomplishments of the committee, and planning the work which had been suggested at the Annual Meeting of the State Society early in June. A complete plan of organization had been planned after many consultations with the officers of the County Societies, in order to enlist the services of able and active County Society members, the aim being to provide in its final form a committee whose members should be familiar with every type of service needed in every county. The officers gave particular attention to local needs in appointing the sub-committees and the advisory committees, and outlining the varied scopes of their work.

The outline of the proposed activities of the Welfare Committee and its varied sub-groups had been described in articles by Dr. Read in the August Journal, page 483, and by President Snedecor in the August and September Journals, pages 482 and 540. These activities were briefly reviewed by the officers and the chairmen of the several committees.

RESPONSES FROM COUNTY SOCIETIES

Welfare Committee members and visiting officers of the County Societies, nearly all of

whom were represented, were asked to give their candid opinions regarding the program that had been suggested. Every speaker praised the program of work and the means that had been suggested to enlist the interest of the members in meeting the needs of their own home counties, many of which were small and as yet unorganized for effective work.

PRESIDENT'S CABINET

President Snedecor described the formation of the *President's Cabinet* which had been organized to assist the President in forming friendly contacts with the officers and members of the County Societies. The burden of making these contacts has hitherto fallen upon the President; but last year the subordinate officers had undertaken the work during the sickness of President Newcomb. The response of the officers and the appreciation of the County Societies was so marked that President Snedecor organized the Cabinet, with the approval of the Board of Trustees. The Cabinet will consist of the President-Elect, the two Vice-Presidents, and the Chairmen of the Board of Trustees and of the Welfare Committee. The scope of the work of the Cabinet is outlined in the President's announcement on page 541 of the September Journal.

At the meeting of the Welfare Committee the President introduced the members of the Cabinet and announced that a member of the Cabinet might be expected to be present at every meeting of every County Society; and also that the members would be available to every County Society for consultation and advice, if application is made through the Executive Offices.

President Snedecor briefly referred to the special subjects of the addresses to be made by the members of the Cabinet, and announced that plans are now being developed for several series of lantern slides which will be used as outlines of addresses to be given by the members of the Cabinet.

The members of the Cabinet are enthusiastically planning their assignment to particular duties which are both essential and honorable.

The members of the Welfare Committee and the President's Cabinet were fully agreed that announcing a plan of organization and of work is only a beginning of their activities; and that still more essential will be the work of organizing assistance to the County Societies and the members in applying the plans to their local communities.

MEETING OF OFFICERS OF COUNTY MEDICAL SOCIETIES ON SEPTEMBER 27

A meeting of the officers of the County Medical Societies of New Jersey was held in Trenton on Sunday, September 27, 1936, at 2 o'clock, in response to the invitation of the Welfare Committee of The Medical Society of New Jersey. About forty presidents, secretaries and other representatives of the County Societies were present. The program divided itself into two parts:

1. A statement of the objectives of the working committees of the State Society.
2. Responses by the officers of the County Societies.

PRESIDENT'S REMARKS

Dr. Snedecor opened the meeting by a reference to the state of affairs ten years ago when the Secretary did the work year after year, and a new man was *honored* as President each year. "Today," said Dr. Snedecor, "there is work for all, and a President is chosen because he has proven his leadership in some important office or committee chairmanship.

"The State Society, as well as the County Societies, has developed by evolution, in which each item of progress reveals other needs to be met. It has a *continuing* program which will always progress, but never will be finished."

President Snedecor then outlined the major objectives of the State Society, emphasizing the essential parts which the County Societies and the members must take in securing their attainments. He referred briefly to an article in the Sunday Times featuring a great medical center that is proposed for New Jersey, but without a reference to the physicians.

He alluded to the survey of hospitals now being made by the Sub-Committee on Medical Practice, and the need that every physician should cooperate in its search for facts. He also referred to the special activities in maternal and child welfare, the care of crippled children, and the control of venereal diseases,—their cost to be paid by the Federal Government, but the work to be directed by local physicians. He particularly asked the representatives of the County Societies to inform the leaders what its particular problems are in order that they may be solved.

Regarding the care of the indigent class, President Snedecor emphasized the point that whatever is done, it must be accomplished in each community by local leaders acting in harmony with those in all other parts of the State. Moreover, the work is so extensive that pay

must be provided for the doctors who deliver the medical services to the dependent classes.

Dr. Snedecor also spoke on the essential needs of every County Society, in order that the work in every field of the State may go forward under a unified plan. The greatest need of every County Society is a *central office*, with a clerk to answer or deliver messages, and with its telephone number listed in the published directories of occupations and businesses.

The President also asked the leaders of each County Society to plan a meeting in the near future at which some member of the President's Cabinet may explain the broadening field which every County Society must cultivate. While the State leaders will plan the work, those in each county must adapt the program to their own conditions. The State Society program is that in which every County Society is deeply interested. If one Society does its work better than another is doing it, tell the rest for the benefit of all. The evidence of the unity of the plans of the State and the County Societies is the approval of the State plans expressed by representatives of the County Societies who met with the Welfare Committee last Sunday (see page 601).

Dr. Snedecor then introduced the members of the President's Cabinet, who will visit every County Society and explain the unified objectives which had been unanimously approved at last Sunday's meeting. There are 3500 members to be reached and informed regarding the plans developed at repeated conferences of representatives carried on throughout the summer. The leaders of the County Societies are already informed. The next great objective is to deliver the message to every member and secure his support.

SECRETARY'S MESSAGE

Dr. J. B. Morrison, Secretary of the State Medical Society, referred to conditions a decade ago when a visit of a President or other State officer to a County Society was a rarity. He urged the County Societies to give the President and his Cabinet a hearty welcome on their visits.

PUBLIC RELATIONS

Dr. Hilton S. Read, Chairman of the Welfare Committee, outlined the work of the newly-formed Sub-Committee on Public Relations which plans to inform the people of the work of the Medical Societies for their benefit. He

emphasized the opportunity of the Woman's Auxiliary to arrange meetings with local benefit societies, to be addressed by members of the State and County Societies. The people are ready to listen to messages on public health, and they will coöperate with the County Societies when their work is known.

PUBLIC HEALTH

Dr. Stanley Nichols, Chairman of the Sub-Committee, outlined the public health activities which are being initiated and conducted by the County Societies. The details of the work of the committee will be carried on by seven advisory committees, who will attempt to adapt the program to the peculiar needs of each county.

Dr. Nichols described the *manual on public procedure* to be prepared by the chairmen of the advisory committees, and issued as a supplement to The Journal in the late Fall. The members have hitherto hesitated to engage in public health work; but now organized assistance is in sight through the Federal funds which will be applied to carrying on public health measures by family doctors, with the assistance of field physicians and expert consultants. The services of these physicians will

be available to every member as he finds need for their assistance.

OTHER COMMITTEES

The objectives of other sub-committees and advisory committees were briefly outlined by Dr. Zehnder in nursing, Dr. Sharp on contract practice, and Dr. Fort on workmen's compensation.

COUNTY SOCIETIES

Dr. Wilkes, Executive Officer of the State Society, spoke on the growing realization of their growing duties and opportunities by officers of County Societies. The people have been taught to expect medical services to be free, just as are services of education. He trusted that medical services will prove more widely efficient than those in education as they are now given in public schools. Most real education must be paid for in terms of either money or effort. We must educate the people in their responsibilities for making good use of the health services offered by physicians.

The representatives of seventeen counties responded and expressed their appreciation of being called in consultation early in the year and of receiving a plan of action which they can apply in their own counties.

NEW JERSEY TUBERCULOSIS LEAGUE, INC.

The thirtieth anniversary meeting of the New Jersey Tuberculosis League, Inc., will be held on Thursday and Friday, October 22 and 23, 1936, in the New Jersey State Normal School, 185 Broadway, Newark. This meeting will commemorate the birthday celebration of the Christmas Seal Sale in New Jersey.

The League represents the organized anti-tuberculosis movement in New Jersey. Its membership includes all classes of workers, including physicians, nurses, and directors of tuberculosis sanatoria. It has the support of The Medical Society of New Jersey, whose Secretary, Dr. J. B. Morrison, of Newark, is also President of the League. All members of The Medical Society of New Jersey are invited to attend the sessions. The members will find the meetings of special importance because of the demonstration in mass testing of school children now under way. (Jour., April 1936, p. 222, and May 1936, p. 281.)

The meeting on the evening of October 22 will be a special commemoration session. Dr. James Alexander Miller, of New York, will

give the principal address on the subject "Vignettes from Tuberculosis History". An "Historical Pageant" will be presented by students in the dramatic department of the Normal School, and the motif of the music will be "Songs of thirty years ago".

The new Social Security Program will be discussed at a luncheon session which is scheduled for 12:30 p.m. on Friday, at which the principal speakers will be Miss Jane Hoey, Director of the Bureau of Public Assistance of the Federal Social Security Board, and Dr. Ellen C. Potter, Director of Medicine of the New Jersey State Department of Institutions and Agencies.

A medical and clinical session was held at the Essex Mountain Sanatorium, at Verona on September 28. There was a symposium on "Thoracoplasty", at which the speakers included Medical Directors Dr. Byron M. Harman of the Essex Mountain Sanatorium, Dr. S. B. English of the State Sanatorium, Glen Gardner, and Dr. B. S. Pollak of the Hudson County Tuberculosis Sanatorium.

THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

91 LINCOLN PARK, SOUTH, NEWARK, NEW JERSEY

PROGRAM OF STATED MEETINGS, 1936-37

Thursday, October 15, 1936. Academy
Paul Klemperer, M.D., Pathologist, Mt.
Sinai Hospital, New York.
Paper: "Newer Aspects of Liver Pathology."

Thursday, November 19, 1936. Medicine and
Pediatrics.

William P. Murphy, M.D., Harvard University, Nobel Prize Winner 1934.

Paper: "Clinical Findings and Treatment of Pernicious Anaemia."

Thursday, December 17, 1936. Academy.

Charles Gordon Heyd, M.D., F.A.C.S., Post-Graduate School, Columbia.

Paper: "Liver Deaths" (illustrated).

Thursday, January 21, 1937. Obstetrics and
Gynecology.

Walter C. Dannreuther, M.D., Professor of
Gynecology and Obstetrics, N. Y. Post-Graduate Hospital.

Paper: "Supra-vaginal Hysterectomy."

Thursday, February 18, 1937. Eye, Ear, Nose
and Throat.

Ward J. MacNeal, Ph.D., M.D., New York.

Paper: "Recent Experiences with Bacteriophages and Other Bacterio-theurapeutic Agents."

Thursday, March 18, 1937. Anniversary Meeting, Academy.

Speaker to be announced later.

Thursday, April 15, 1937. Surgery.

Arthur M. Shipley, M.D., Professor of Surgery, University of Maryland.

Paper: "Surgery of Pericarditis."

Thursday, May 20, 1937. Academy, Annual Meeting.

Max Danzis, M.D., F.A.C.S.

President's Address.

Program subject to change.

A lecture to the laity will be given at the Academy of Medicine of Northern New Jersey, at 8:45 p. m., Thursday, October 29, 1936, on the subject, "The Organic Background of Mind", by Foster Kennedy, M.D., Professor of Neurology, Cornell University Medical College. Sponsored by the Committee on Public Health and Medical Education. Invite your friends.

HENRY C. BARKHORN, M.D.,

Chairman

MAX DANZIS, M.D., *President*

NUMBER OF CHILDREN REPORTED AS RECEIVING FREE STATE BIOLOGICALS SINCE JULY 1, 1936

DIPHTHERIA TOXOID

County	To Aug. 31	Month of Sept.	Total to Sept. 30	Average per Month
Atlantic	140	10	150	50.
Bergen	287	195	482	160.6
Burlington	84	11	95	31.6
Camden	8	24	32	10.6
Cape May	18	13	31	10.3
Cumberland	145	35	180	60.
Essex	3470	1108	4578	1526.
Gloucester	41	30	71	23.8
Hudson	12	17	29	9.6
Hunterdon	19	2	21	7.0
Mercer	8	5	13	4.3
Middlesex	75	380	455	151.6
Monmouth	252	15	267	89.0
Morris	54	23	79	26.3
Ocean	12	2	14	4.6
Passaic	358	111	469	156.3
Salem	24	11	35	11.6
Somerset	24	1	25	8.3
Sussex	24	0	24	8.0
Union	305	129	434	144.6
Warren	24	16	40	13.3
Totals	5384	2140	7524	2508.0

SMALLPOX VACCINE

County	To Aug. 31	Month of Sept.	Total to Sept. 30	Average per Month
Atlantic	38	72	110	36.6
Bergen	287	273	560	186.6
Burlington	116	69	185	61.6
Camden	63	302	365	121.6
Cape May	10	30	40	13.3
Cumberland	114	94	208	69.3
Essex	992	306	1298	432.6
Gloucester	72	117	198	63.0
Hudson	18	50	68	22.6
Hunterdon	13	2	15	5.0
Mercer	28	14	42	14.0
Middlesex	107	214	321	107.0
Monmouth	304	95	399	133.0
Morris	281	158	439	146.3
Ocean	88	4	92	30.6
Passaic	784	419	1203	401.0
Salem	4	14	16	5.3
Somerset	12	8	20	6.6
Sussex	109	13	122	40.6
Union	219	376	595	198.3
Warren	88	94	182	60.6
Totals	3747	2704	6451	2150.3

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

OCTOBER

6 Camden	13 Cumberland
6 Cape May	14 Mercer
6 Hudson	14 Ocean
8 Burlington	14 Union
8 Essex	15 Gloucester (So-
8 Passaic	cial session)
8 Somerset	20 Warren
9 Atlantic	21 Middlesex
9 Salem	27 Hunterdon
13 Bergen	28 Monmouth

NOVEMBER

3 Camden	12 Passaic
3 Hudson	13 Atlantic
10 Bergen	18 Middlesex
11 Mercer	19 Gloucester
(Banquet)	25 Monmouth
11 Ocean	Sussex (At call
12 Burlington	of President)
12 Essex	

BURLINGTON COUNTY

Parry M. Scott, M.D., Reporter

The First Annual Fall Meeting of the *Burlington County Medical Society* was held September 9, 1936, at the Moorestown Field Club, Moorestown, N. J. The meeting was called to order by Dr. Howard Hornberger at 9 p.m.

R. G. Gladden, M.D., New Lisbon, N. J., was unanimously elected to the Society.

SCIENTIFIC

Dr. Edward Muldoon of the Program Committee introduced the speaker of the evening, Thomas Cook, D.D.S., of the University Hospital, Philadelphia, Pa., who spoke on "Diseases of the Mouth and Their Importance to the Physician". He explained the importance of knowing when teeth are supposed to erupt and when the first and second permanent sets follow. The experiences in research work of Dr. Holt, New York, have proven that decay in the first teeth in children comes from eating sweets. He told members of work done in experiments with short chain streptococci, which are usually found in abscessed teeth; of how the streptococci were transplanted to the base of dogs' teeth and a decay similar to that found in man took place within six months. He took up the importance of finding various causes of pain in the mouth, also of the confusion that arises in the differentiation of impacted molars, tic douloureux, Paget's disease, and cysts. He advised the use in abscesses of hot applications to the inside of the mouth, and an ice-bag to the outside.

The speaker showed lantern slides of various mouth diseases which illustrated chancre, gumma, Hutchisonian teeth, agranulocytosis, and various leukaemias and leucopenias. He cautioned the members about the removal of too many teeth at one time, especially in blood diseases; and also to be sure to tell the dentists of the presence of hemophilia.

IMMUNIZATIONS IN SCHOOLS

Discussion was renewed from a previous meeting regarding school physicians doing wholesale immunizations against diphtheria and smallpox. It

was agreed to let it rest with the physicians' own personal choices, with the stipulation that an effort be made to get the Boards of Education to pass a law making diphtheria immunization compulsory, as is vaccination for smallpox.

HEALTH AND ACCIDENT INSURANCE

Mr. W. Blanksteen, from the Committee on Insurance, described the Group Accident and Health Policy. He explained that in order to maintain a low rate, it was necessary for more physicians to apply for the policy. He warned of the danger of taking insurance with fly-by-night companies.

After adjournment refreshments were served.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The first Fall meeting of the *Gloucester County Medical Society* was held on the evening of September 24. Those present were: Drs. M. F. Lummis, I. W. Knight, Victor I. Barrows and W. J. Burkett, Pitman; Oran A. Wood, H. L. Sinexon and A. J. DiMarino, Paulsboro; R. K. Hollinshed and I. N. Patterson, Westville; H. B. Diverty, Duncan Campbell, Dorothy Rogers, William Brewer, Fuller Sherman, J. Harris Underwood, W. E. Crain, Harry Nelson and Ralph Moore, Woodbury; Don B. Weems and R. D. Zapf, Wenonah; C. I. Ulmer, Gibbstown; B. A. Livengood, Swedesboro; Ralph C. Ventura and William Pedrick, Glassboro; W. G. Harris, Mullica Hill.

Visitors were Drs. Oram Kline and Charles E. Hughes, of Camden County, and Dr. Paul Burkett, of Woodbury.

SCIENTIFIC

Dr. H. B. Ducker, instructor in dermatology in Jefferson Medical College, gave an illustrated talk on "What the General Practitioner Should Know About Skin Diseases".

IN MEMORIAM

A memoriam to the late Dr. Samuel Fisler Ashcraft, of Mullica Hill, who died July 4, 1936, a for-

mer President of the Society, was contained in the Society's notice.

SOCIAL SESSION

The annual social session of the Society will be held at the Homestead on October 15, it was announced, with an unusually fine program being arranged.

MONMOUTH COUNTY

O. R. Holters, M.D., F.A.C.S., Reporter

There was no regular meeting of the *Monmouth County Medical Society* for either the months of July or August. During this period, however, the Monmouth County Medical Society has lost one of its most valuable members and a former President, in the person of Dr. James Franklin Ackerman. A detailed announcement of his death appeared on page 549 of the September Journal.

Dr. James Pregnall, a member of the Society, married Miss Marion Thompson, of Interlaken, on May 13th, 1936, and they are now residing at 308 Allen Avenue, Allenhurst, N. J.

Dr. Frank Altschul, of Long Branch, suffered the loss of his father on August 14th after a brief illness. Dr. Altschul's father, Mr. Francisco Altschul, was at one time Minister of State, and at another time Minister of War, for Honduras. He was very prominent in the affairs of the Central American Republics.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

The Annual Meeting of the *Morris County Medical Society* was held the evening of Thursday, September 17, 1936, at The New Jersey State Hospital at Greystone Park, with President Costello presiding over an attendance of about thirty members.

CHAMBER OF COMMERCE

Representatives of the Morristown Chamber of Commerce were present and accorded the privileges of the floor to invite more of the members to join the Chamber of Commerce and pointing out the advantages that would accrue to them in making the Chamber of Commerce the instrument of expression and action that most people should like it to be, for the fuller benefit of business and professional men through the betterment and promotion of all the interests of the entire community.

TREASURER'S REPORT

Routine business included the reading and approval of the minutes of the June 17 meeting, and of the Treasurer's report, which showed a favorable financial condition with a present balance of \$1486.03, as compared with \$1174.16 at the same time last year.

ELECTION

Officers for the ensuing year were unanimously elected as follows:

President, Byron G. Sherman, Morristown
Vice-President, L. E. Williams, Madison

Secretary, George Young, Morristown
Treasurer, J. H. Harrington, Rockaway
Reporter, Marcus A. Curry, Greystone Park
Historian, L. L. Mial, Morristown

Three additional members of the Executive Committee:

W. F. Costello, Dover
H. M. Larson, Morristown
Ruth Earp, Bernardsville

Delegate to Annual Meeting of the State Society, term expiring 1939:

Bernard C. McMahon, Morristown
Alternate:

J. H. Harrington, Rockaway
Member of the Nominating Committee, State Society:

Bernard C. McMahon, Morristown

PRESIDENTIAL ADDRESS

President Costello gave the annual presidential talk on the subject of the tremendous amount of work being done by the State Society officials and committees. He emphasized the essential importance of familiarity with what is being done by the State Society for the members of the County Societies; and that as the State Society and its committees can function only insofar as they are supported by the County Societies. This support is of all-embracing importance to every individual member of the County Society. He urged a fuller attendance at meetings, and studious attention to the State Journal, and the gaining of the fullest possible familiarity with what is being done. He emphasized the importance of this from the standpoint of the younger men in view of the variable trends affecting the medical man, some of which a few years ago if mentioned would have been thought of as impossible.

INAUGURAL ADDRESS

The newly elected President, Dr. Byron G. Sherman, was invited to the chair by the retiring President. He promised an alluring program for this year, emphasizing that we have in our membership a good percentage of young men who are able to do real work, and that we must get everybody busy.

A letter from the State Society President, Dr. Snedecor, was read in reference to the Social Security Program.

After adjournment refreshments were served.

PASSAIC COUNTY

Sigurd W. Johnsen, M.D., Reporter

The first regular meeting of the *Passaic County Medical Society* was held at the Health Center, Paterson, on Thursday, September 10, 1936, at 9 p. m., Dr. Norman Dingman, President, in the chair.

SCIENTIFIC PROGRAM BY INTERNES

An innovation, "Internes' Night", was introduced. The scientific meeting was given over to the internes of the Passaic County hospitals.

The first paper was presented by Dr. David Dok-

tor, Barnert Memorial Hospital, on "Anemia in Association with Achlorhydria".

The next paper, on "Hodgkins' Disease", was presented by Dr. Seymour Scholtz of St. Joseph's Hospital.

Dr. Irving Ariel, of the Paterson General Hospital, gave the third paper, "Lympho Granuloma Inguinale".

Dr. Rochelle Bernstein, of the Passaic General Hospital, gave the fourth paper on "Childhood Eczema".

The last paper, "An Interesting Case for Diagnosis, Liver Abscess", was given by Dr. Oscar Cohen, of St. Mary's Hospital.

A very lively discussion followed in which Drs. Charles Mitchell, Jacob Roemer, Louis Shapiro, and A. J. De Lario participated.

The papers presented were interesting and well prepared, and stimulated considerable discussion. The meeting met with the hearty approval of all present, and it is hoped that "Internes' Night" will be an annual event.

NEW MEMBERS

The following were elected to regular membership:

Dr. Sidney Harold Joffe, 556 E. 28th St., Paterson.

Dr. Jules R. London, 153 Jefferson St., Passaic.

Dr. Saul Joseph Pearlman, 210 Lexington Ave., Passaic.

Dr. L. E. Thron, 586 E. 29th St., Paterson.

The following were elected to junior membership:

Dr. A. Simkin, 247 Broadway, Passaic.

Dr. G. E. Francisco, 450 Park Ave., Paterson.

AMENDMENT TO CONSTITUTION

The following amendment to the Constitution was presented by Dr. Norman Dingman:

"No member of the Passaic County Medical Society shall do medical work without adequate compensation for a patient whose necessities of life are donated by a municipal, county, state, federal, or other subdivision of government. This applies whether the patient is in or out of an institution.

"No member of the Passaic County Medical So-

ciety shall do medical work for a financially competent person in an institution operated by a subdivision of the government, without the privilege of charging the patient an adequate fee."

On the motion of Dr. A. McBride, duly seconded and passed, the amendment was submitted to a committee for further study, and for publication in the October Bulletin before final action is taken.

MEDICAL-DENTAL SERVICE BUREAU

The following report by the Executive Director of the Medical-Dental Service Bureau, Mr. Kinne, was submitted:

Total value of signed agreements....\$32,230.95
Total collections 10,803.19

364 individuals have been budgeted, with an average amount of \$88.00 per agreement.

173 are paying off bills to physicians.

123 are paying off bills to dentists.

120 are paying off hospital bills.

There has been a consistent increase in the amount of money collected on agreements as follows:

January	\$ 325.50
February	640.35
March	971.00
April	1,234.05
May	1,564.10
June	1,858.60
July	2,063.64
August	2,145.95

Total\$10,803.19

Eighty-one physicians, forty-three dentists, and all the hospitals of Passaic County are now using the Bureau. The growth of the Bureau has been steady, and its success seems now to be assured. Daily, more physicians are sending their patients to the Bureau for budgeting, and every month shows an increase in the amounts of agreements written.

LIST OF PHYSICIANS DYING IN NEW JERSEY IN AUGUST

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
James F. Ackerman	71	Aug. 5, 1936	Fitkin Memorial Hospital, Neptune	Asbury Park	Sclerotic heart.
Howard Allen	70	Aug. 22, 1936	New Egypt	Same	Uremia and diabetes.
John E. Anderson	74	Aug. 15, 1936	Neshanic	Same	Arterio sclerosis.
Salvatore Auriemma	56	Aug. 14, 1936	100 E. Boulevard, Weehawken	Jersey City	Arterio sclerosis.
William Bock	90	Aug. 21, 1936	564 First Ave., Westfield	Same	Broncho pneumonia.
Emanuel A. Martin	76	Aug. 1, 1936	Beth Israel Hosp., Newark	Hillside	Carcinoma of rectum.
Robert P. Miller	53	Aug. 3, 1936	Hopewell	Same	Coronary occlusion.
Marcus K. Mines	67	Aug. 25, 1936	Camden	Same	Myocarditis.
Joseph B. Shaw	77	Aug. 14, 1936	Trenton	Same	Cerebral apoplexy.

BOOK REVIEWS

GLANDULAR PHYSIOLOGY AND THERAPY—A Symposium.

Prepared under the auspices of the Council on Pharmacy and Chemistry of the American Medical Association. 1935.

Revolutionary discoveries have been made in the field of endocrinology by physiologists, biologists and bio-chemists.

The book is a symposium consisting of thirty-one articles prepared by men who have achieved international recognition. These thirty-six authors occupy professorial and teaching positions in medical institutions, universities and research laboratories in the United States and Canada.

Prof. Selmar Aschheim and Prof. Bernard Zondek are the only contributors to this volume from abroad.

The first attempt at such a symposium in a book form was made by the American Medical Association in 1924 and revised in 1927. The name of this book was "Glandular Therapy".

In an introduction to the present volume, Dr. Morris Fishbein points out that in the 1927 edition, the Council on Pharmacy and Chemistry condemned most of the commercial products then widely advertised, and accepted only thyroxin, thyroid extract, posterior-pituitary extract, parathyroid extract epinephrin and insulin.

Since the publication of that original small volume of ninety-eight pages, the advance in endocrine research has been breath-taking.

Under the painstaking investigations of Drs. Herbert Evans, Philip E. Smith, Selmar Aschheim, Bernard Zondek, J. B. Collip and Oscar Riddle, the anterior pituitary gland has emerged as a master gland and a veritable treasure chest of an amazing number of hormones, each with a distinct and separate function in the human physiology.

In the light of these recent investigations, the anterior pituitary gland stands out as a leader and a determining factor in animal endocrine physiology. The posterior pituitary gland, while somewhat neglected, claims its own, nevertheless.

Dr. E. M. K. Geiling of Johns Hopkins discusses the physiological effects of posterior-pituitary extracts, but gives full credit to Dr. Kamm and his associates, and Drs. Stehle and Abel for obtaining in pure form "Pitocin", the oxytocic substance, and "Pitressin", the pressor substance.

These workers, and others, are at present engaged in further clarification of the chemistry of the various hormones of the posterior pituitary gland.

It is interesting to know that there exists an international pituitary powder, measured in units, against which all commercial preparations must be standardized.

The pars intermedia of the pituitary gland claims a hormone of its own named "intermedin", by Prof. Bernard Zondek, its discoverer. It is a chromatophoretropic principle and causes a dark coloration of the skin of a frog, and a brilliant red coloring

in certain fish, due to the expansion of the melanophores in certain cold-blooded animals.

Its other physiological effects are related to, but differ from pitressin and are still under investigation.

Space does not permit a mention of other important chapters on adrenal cortex, madulla, thyroid, parathyroid, pancreas, etc.

The book closes with a very pertinent discussion of relative values of various commercial glandular products. This is a chapter of great interest to the clinician bewildered by the large number of preparations on the market, their various and varying standardizations and claims for therapeutic activity.

The book is invaluable to the student of endocrine problems and to the clinician.

RITA S. FINKLER, M.D.

Respectfully submitted (by request of the Academy of Medicine of Northern New Jersey) by Rita S. Finkler, M.D., Newark, N. J.

PARATHYROIDS IN HEALTH AND DISEASE. By David H. Shelling, B.Sc., M.D., of Johns Hopkins University and Hospital. C. V. Mosby Co., St. Louis, Mo. \$5.00; 536 pages, illustrated.

A new era has been ushered in by Shelling in his work on the Parathyroids in Health and Disease. He has left behind us the doubtful and the mistaken theories and concepts of the diseases of the parathyroids, and brought to our attention as correct a résumé of everything relating to the parathyroid bodies possible at this time.

While future results of investigations and experiences will be recorded, I cannot conceive a more perfect evaluation of parathyroid studies than that produced by the author. The anatomy, physiology, pathology, and chemistry indicate a very thorough study of the subject. The illustrations throughout the book are splendid, and his extensive bibliography indicates the amount of research he has given to this work.

The article upon the chemistry of calcium and phosphorus, the relation of avitaminosis in relation to parathyroid metabolism, the elaboration of the bone changes, the description of tetany and its treatment, the differential diagnosis from other diseases, the article on misuse of the parathyroid hormones, and his tables relating to diets, are all eminently satisfactory.

With it all—the book is appealing to not alone the specialist, but to the general practitioner; and the so-called complicated articles have been stripped of much verbose nomenclature found in many technical works of this kind.

In conclusion, I would state that I have been greatly interested in this thorough dissertation upon a specific subject and would commend it to every practitioner for use in his library.

H. B. EPSTEIN, M.D.

The NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

TRAUMATIC SURGERY

including

General Surgery, Orthopedic Surgery, Physical Therapy, Anatomical Review and Operative Surgery on the Cadaver.

PHYSICAL THERAPY

Lectures and demonstrations in electrotherapy, electrodiagnosis and minor electrosurgery; light therapy; hydro and thermo-therapy, including fever therapy; massage and therapeutic exercise. Active clinical work in treatment of medical and surgical conditions.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City

do you treat **CANCER?**

THE RADIUM EMANATION CORPORATION

MAINTAINS the most efficiently organized Radium laboratory to make available to you, at low cost, every facility for the use of Radium in your practice.

RADON SEEDS. Removable or permanent. We provide seeds of the composite type, with Radon under leak-proof glass seal. Filtration 0.3 mm. of Platinum.

APPLICATORS. Uterine tubes, cervical applicators, surface plaques properly prepared to meet the requirements of each individual case.

OUR SERVICE is available to you day and night including Sundays and holidays. Your inquiries and orders will receive our prompt and careful attention.

THE RADIUM EMANATION CORPORATION

GRAYBAR BLDG.

Tel: MOhawk 4-6455

NEW YORK, N. Y.

ARE NEW DEPARTURES ALWAYS AN IMPROVEMENT ?

NEW methods of manufacture are of interest only insofar as they bring about improvements in the product.

Philip Morris made such a departure by the use of diethylene glycol in place of glycerine, but Philip Morris has proved* that this is a constructive improvement in cigarette manufacture—by producing a cigarette definitely less irritating.

In Philip Morris cigarettes only diethylene glycol is used as the hygroscopic agent.

★ *Proc. Soc. Exp. Biol. and Med.*, 1934, 32, 241-245
Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
N. Y. State Jour. Med., June 1935, Vol. 35, No. 11
Arch. Otolaryngology, Mar. 1936, Vol. 23, No. 3, 306-309

Philip Morris & Co. Ltd. Inc. Fifth Ave., N. Y.



PHILIP MORRIS & CO. LTD. INC.
119 FIFTH AVENUE NEW YORK

Absolutely without charge or obligation of any kind, please mail to me

★ Reprint of papers from

N. Y. State Jour. Med. 1935, 35—☐
No. 11, 590; *Laryngoscope* 1935 XLV,
149-154. *Proc. Soc. Exp. Biol. and Med.*,
1934, 32, 241-245.

For my personal use, 2 packages of
Philip Morris Cigarettes, English Blend. ☐

SIGNED: _____


ADDRESS _____

CITY _____ **STATE** _____

JER

Behind MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)

 is a background of

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association



A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.
BALTIMORE, MARYLAND

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC
AN AID FOR THE PREVENTION OF
RINGWORM INFECTION

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed

For Hand and Skin Sterilization

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity

NON-POISONOUS
NON-IRRITATING

Write for Literature

BETHLEHEM LABORATORIES
Incorporated
300 Century Building
PITTSBURGH, PENNA.

MEDICAL PRACTITIONERS RECOGNIZE US AS
DEPENDABLE OPTICIANS

Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions
MAINTAINING

Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Est. Since

1895

Personal
Supervision
Eugene J.
Anspach

ANSPACH BROS. Prescription Opticians **838 BROAD ST., NEWARK**

533 Main St., East Orange, N. J. 382 Springfield Ave., Summit, N. J. 626 Cookman Ave., Asbury Park, N. J.
MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

1920

1936

Prescriptions of the Eye Physicians for Perfect
Glasses Carefully Compounded



Guildcraft Opticians

At the Centre
Tel. Montclair 2-6128

Member of the Guild of Prescription
Opticians of America

**Eye Physicians Prescriptions
Exclusively**

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

Member of the Guild of Prescription
Opticians of America

*Keep your
JOURNALS
where you can
find them. . . .*

Ask your County Secretary
about the filing box that will
hold The Journals of a whole
year.

A box will be sent from the
Executive Offices on receipt of
the price—thirty cents.

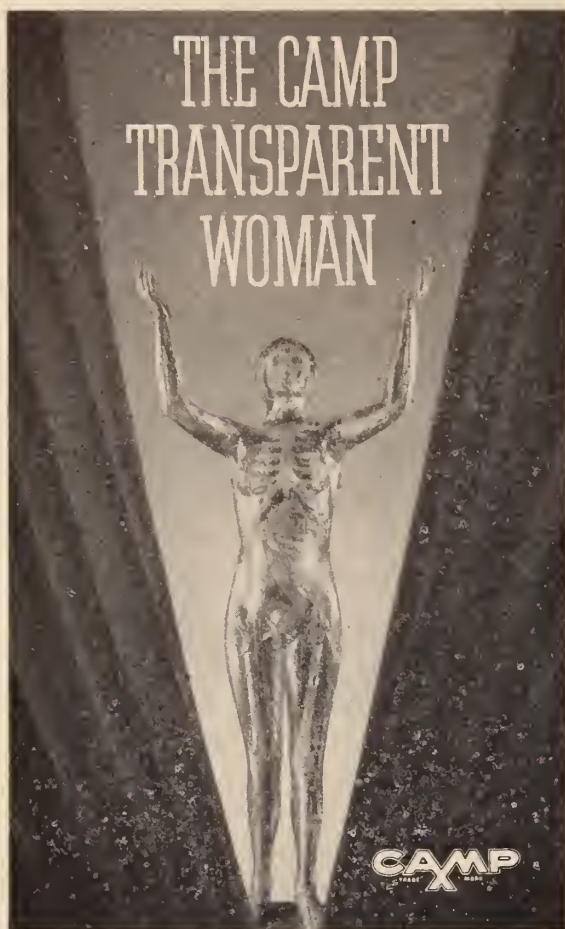


THE MEDICAL SOCIETY OF NEW JERSEY

137 EAST STATE STREET

TRENTON

NEW JERSEY



IT IS our privilege to present, as our contribution to public health education in America, the Camp Transparent Woman. She is the only one in the world. Life-size, the figure is an exact reproduction of the female body. The outer skin is cellhorn—a substance so transparent that every organ, blood-vessel and bone can be seen clearly through it. An ingenious lighting system illuminates the organs in visible life colors.

We gave this exhibit its appropriate premiere at a private showing to leading health officials, scientists and medical authorities at the New York Museum of Science and Industry. The figure is now being shown to the general public at the Museum before going on a transcontinental tour.

The Camp Transparent Woman is presented to the American public in the earnest hope that it will assist in combating indifference; that it will increase woman's knowledge of her physical self and help to produce a more enlightened attitude toward the advice of the physician.



Samuel H. Camp
President

S. H. CAMP & CO., JACKSON, MICH.

CAMP

TRADE MARK

SURGICAL SUPPORTS



FOR
MEN, WOMEN
and CHILDREN

- Complete Stock
- Lady Fitter
- Fittings Made at Home or Hospital
- Open Evenings

ROBERT H. WUENSCH

ALL KINDS OF SURGICAL APPLIANCES

520 SPRINGFIELD AVENUE

(Near So. 10th St.)

NEWARK

NEW JERSEY

Bigelow 3-7061

Medical Service Co.

INCORPORATED

370 WEST MARKET STREET

NEWARK, N. J.

Physicians'
And Surgical
Equipment
And Supplies

Rentals of:
Oxygen Tents
Hospital Beds
Wheel Chairs
Diathermy Appts.
Etc.

WE SOLICIT YOUR
KIND PATRONAGE

Maternity Supports

**Backed by more than 65 years
of Experience and Service**

All pre-natal and post-natal requirements can be correctly met with Pomeroy maternity belts and corsets. The quality of fabrics and elastic used maintains a snug control of the abdomen and firm back support without uncomfortable or harmful pressure. Lasting support can be counted upon during the life of every garment—a benefit, not only to the patient but to the patient's pocketbook. Descriptive leaflet, showing representative types of Pomeroy Maternity Supports will be sent to any physician on request.



In prescribing maternity supports protect your patient all the way—prescribe the type of support you know will do its duty, prescribe where to buy—prescribe **POMEROY**.

P O M E R O Y

901 BROAD STREET, NEWARK, N. J.

NEW YORK · BRONX · BROOKLYN · SPRINGFIELD · BOSTON · DETROIT · WILKES-BARRE

ORTHOPEDIC SHOES

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

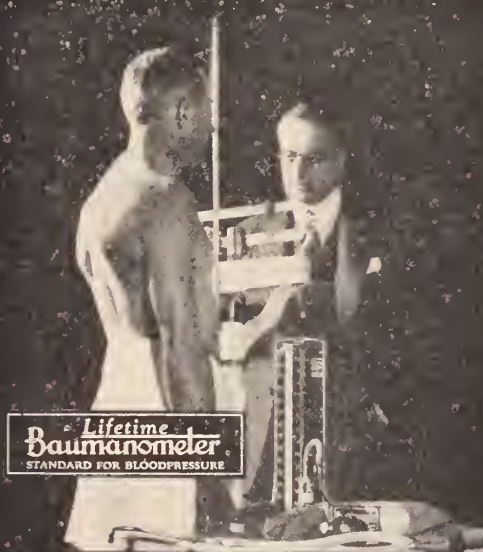
J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY

CONFIDENCE...



The weight and bloodpressure readings are recorded with confidence because both instruments operate on the true-gravity principle which assures unvarying accuracy. Smallest, Lightest, Handiest ... the KOMPAK Model, cased in Duralumin, is guaranteed against glass breakage for your Lifetime.

W. A. BAUM CO. INC. NEW YORK



You can recommend **ABBOTTS** ICE CREAM WITH ASSURANCE

In making Abbotts Ice Cream we use none but the finest ingredients—fresh, pure cream of *de luxe* quality; the choicest fruits and puts; the highest grade Mexican Vanilla Beans, and the best quality of Caracas Chocolate.

ABBOTTS

Rigid Sanitation under Laboratory Control assures the dependable Purity of this fine ice cream.

the STANDARD of Fine Quality in ICE CREAM

ABBOTTS DAIRIES, Inc.—Phila., Newark, Trenton, Camden, South Jersey, Seashore, Elkton, Allentown, Reading



CARBONATED ALKALINE WATER

NOT A LAXATIVE
UNIFORM STRENGTH—PURITY

KALAK WATER CO. OF NEW YORK, INC.
6 Church Street New York City

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

**Personal and Dependable Service, Day and Night. Special Attention Given
to Hospital Calls, Train and Express Shipments**

PLACE	NAME AND ADDRESS	TELEPHONE
NEWARK	Smith and Smith, 160 Clinton Ave.	Bigelow 3-2123
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
ORANGE	Weatherhead Funeral Home, 126 Main St.	ORange 3-5278-9

WHY MEAD JOHNSON & COMPANY CO-OPER- ATES WITH THE COUNCIL

Voluntarily, we market only Council-accepted products because we have faith in the principles for which the Council on Pharmacy and Chemistry (and the Council on Foods) stand.

We have witnessed the three decades during which the Council has brought order out of chaos in the pharmaceutical field. For over thirty years it has stood—alone and unafraid—between the medical profession and unprincipled makers of proprietary preparations.

The Council verifies the composition and analysis of products, and substantiates the claims of manufacturers. By standardizing nomenclature and disapproving therapeutically suggestive trade names, it discourages shotgun therapy and self-medication. It is the only body representing the medical profession that checks claims on circulars and advertising as well as on packages and labels.—Advt.

Kerner's Prescription Pharmacy

U. S. P. N. F. N. I.

Formulary Preparations

Elizabeth

New Jersey

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE
MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	South Orange 2-0063
NEWARK	Liss, Michael, 794 Mt. Prospect Ave.	Humboldt 3-4749
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	Montclair 2-2014

FIREMEN'S PHARMACY

DEPENDABLE
PRESCRIPTION
SERVICE

NEW JERSEY
FORMULARY
PREPARATIONS

BIOLOGICALS

**BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY**

PRINTERS SINCE 1908

Specializing in

CATALOGUES STATIONERY
COMMERCIAL FORMS BOOKLETS

MEDICAL SOCIETY BULLETINS

ENGRAVED PROFESSIONAL STATIONERY
MODERATELY PRICED

**The Orange
Publishing Company**

12 SOUTH DAY STREET
ORANGE, N. J.

—Printers to the State Medical Society—

COMPLETE PRINTING SERVICE

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO RENT
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, \$1.00

CASH MUST ACCOMPANY ORDER

Forms Close 26th of the Month

SPECIALTY SALESMEN

WE HAVE several territories open for high-grade specialty salesmen now contacting physicians and surgeons with surgical instruments or therapeutic equipment. If you are interested in a steady income from a profitable side line which does not interfere with your main line, communicate with us for full particulars. The Bley Corp., 2306-10 Wabansia Ave., Chicago.

LABORATORY TECHNICIAN—University B. S.; Medical Institute graduate. Knowledge of typing, bookkeeping. Desires position with doctor, clinical laboratory, or hospital. References; commercial experience. Address Miss M. L. Adams, care The Journal.

LINCOLN HOSPITAL

(Est. 1920—New Building Completed 1929)

A. ROTHSEID, M.D., Pres.

EDNA L. BENNETT, Supervisor

A Private Hospital of 50 Beds Open to All
Qualified Physicians

A General Hospital for Medical, Surgical and
Obstetrical Cases

No Contagious or Mental Cases Admitted

**Modern Equipment
Fireproof Building
Clinical Lab. Facilities
X-Ray Department**

**Reasonable Rates
Flat Rates Maternity Cases**

\$45 for 10 Days

Surgical Cases

\$55 for 10 Days

T. & A. \$8

65 AVON AVENUE

NEWARK, N. J.

Phone Bigelow 3-1630

Belle Mead Sanatorium and Farm

BELLE MEAD, NEW JERSEY

Long established and licensed. On the approved hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy*. With a *separate, attractive department for Convalescents and Elderly Persons*. Five attractive buildings for thorough classification. Physicians are invited to visit and cooperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a four hundred acre stock farm at the foot of the Watchung Mountains. Easily accessible by rail, bus and auto. Scientific treatment and nursing. Hydrotherapy, electrotherapy, suitable diversion. Occupational therapy. Arts and craft shop. RATES VERY REASONABLE for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phone Belle Mead 21. New York City Office, 667 Madison Avenue; hours 3 to 4 Tues., Thurs., Sat. Tel. Regent 4-2160.

Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)

Announces Continuous Courses

MEDICINE—Informal Course first of every week; Intensive Personal Courses.

SURGERY—General Course One, Two, Three and Six Months; Intensive Course Surgical Technique every two weeks; Special Courses.

GYNECOLOGY—Three Months' Course; Intensive Two Weeks' Course starting October 19th.

FRACTURES AND TRAUMATIC SURGERY—Informal Practical Courses; Intensive Ten Day Course starting February, 1937.

EAR, NOSE AND THROAT—Informal Course; Personal Courses; Intensive Ten Day Course starting April, 1937.

OPHTHALMOLOGY—Intensive Two Weeks' Course starting April, 1937.

UROLOGY—General Course Two Months; Intensive Course Two Weeks; Special Courses.

CYSTOSCOPY—Intensive Course every two weeks (attendance limited).

General, Intensive and Special Courses in Obstetrics, Pediatrics, Tuberculosis, Roentgenology, Electrocardiography, Dermatology and Syphilology, Pathology, Neurology, Topographical and Surgical Anatomy, Physical Therapy, Gastro-Enterology, Allergy, Rectal Diseases, Varicose Veins and Psychiatry.

TEACHING FACULTY

Attending Staff of Cook County Hospital

Address: Registrar, 427 South Honore Street,
Chicago, Illinois.

HEALTH AND ACCIDENT INSURANCE For Ethical Practitioners Exclusively

\$5,000.00 accidental death For \$33.00
\$25.00 weekly indemnity, health and accident per year

\$10,000.00 accidental death For \$66.00
\$50.00 weekly indemnity, health and accident per year

\$15,000.00 accidental death For \$99.00
\$75.00 weekly indemnity, health and accident per year

34 years' experience under same management

\$1,350,000 INVESTED ASSETS

ASSURE ABILITY TO PAY

More Than \$7,350,000.00 Paid For Claims

Disability need not be incurred in line of duty—benefits from beginning day of disability.

Why don't you become a member of these purely professional Associations? Send for applications, Doctor, to

E. E. ELLIOTT, Sect'y-Treas.



Physicians Casualty Association

Physicians Health Association

400 First National Bank Bldg.

OMAHA, NEBRASKA



\$200,000 deposited with State of Nebraska for our members' protection.

THE ease of application which makes Benzedrine Inhaler so useful with adults is even more important in treating the congestion occurring in children's head colds. The vapor form—in addition to its greater effectiveness—overcomes the strenuous objections which children show to liquid inhalants as applied by drops, tampons or sprays.

Furthermore, the simplicity of Benzedrine Inhaler makes it especially suitable for pediatric use; it has been shown to have no deleterious effect even on the delicate cilia of the nose. Nor is there any oil to be aspirated and become a potential source of later trouble by accumulating in the lungs (Graef: *Am. J. of Path.*, Vol. xi. No. 5, Sept., 1935).

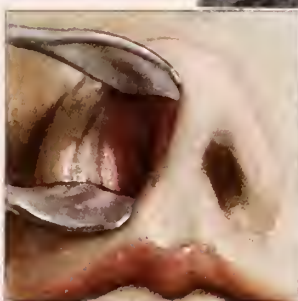
Secondary reactions are "so infrequent and so mild as to be virtually negligible" (Scarano: *Med. Record*; Dec. 5, 1934), and even in very young children, overstimulation or other undesirable reactions do not occur with the proper dosage.

For Children's Colds

FIG. 1. J.M.C. White, female, age 4. June 5, 1936. Acute rhinitis.
11:40 A.M. Two inhalations of Benzedrine inhaler.



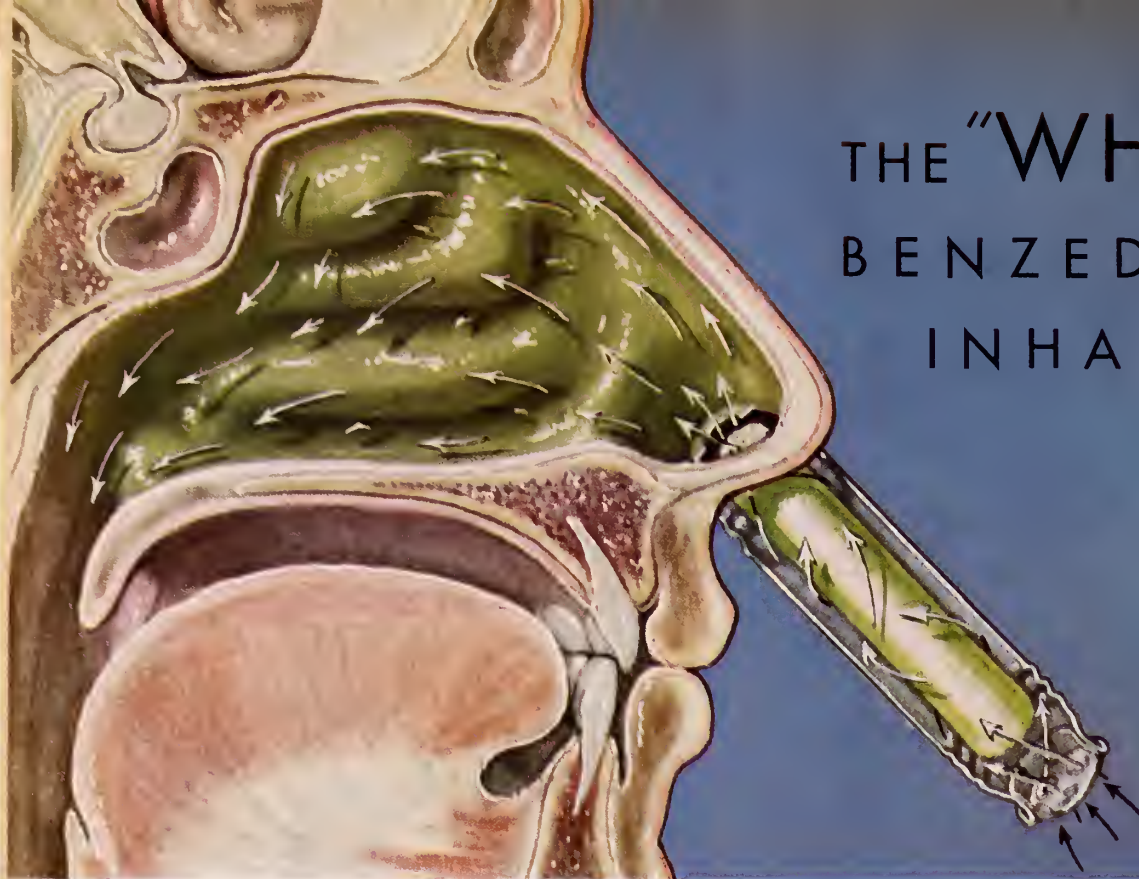
FIG. 2. 11:50 A.M. Maximum shrinkage evident.



BENZEDRINE INHALER

A Volatile Vasoconstrictor

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.



THE "WHY" OF BENZEDRINE INHALER

- The structure of the rhinological tract is so complicated that, when congestion is present, the whole of the affected area cannot easily be reached by a liquid vasoconstrictor.
- On the other hand a volatile vasoconstrictor diffuses throughout the entire nasal cavity. Benzedrine* is a vasoconstrictor combining VOLATILITY with a POTENCY greater than that of ephedrine.
- To present these two properties of Benzedrine in the simplest and most convenient manner, the inhaler form was adopted—an aluminum tube with gas-tight screw caps, containing a cotton roll impregnated with Benzedrine.
- Thus, though the word "inhaler" may suggest the outmoded aromatic inhalers of the past, actually this presentation of Benzedrine is logically dictated by the properties of the drug itself.
- And Benzedrine Inhaler—effective, convenient and inexpensive—marks a distinct therapeutic advance in the symptomatic treatment of head colds, sinusitis, vasomotor rhinitis, hay fever and nasal congestion generally.

BENZEDRINE INHALER



Each tube is packed with benzyl methyl carbinamine, .325 gm.; oil of lavender, .097 gm.; menthol, .032 gm.

*Trade Mark Reg. U. S. & Can. Pat. Offs.

Printed in U. S. A.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA,

BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY



"Interpines"

GOSHEN, N. Y.

Phone 117



Ethical - Reliable - Scientific

Disorders of the Nervous System

BEAUTIFUL

QUIET

HOMELIKE

WRITE FOR BOOKLET

Frederick W. Seward, M.D., Director
Frederick T. Seward, M.D., Res. Physician

Clarence A. Potter, M.D., Res. Physician

Mountain View Rest

Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651-1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism.

Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.



VIEW OF THE GROUNDS



APPROACH

BOOKLET AND TERMS ON REQUEST

Visiting Resident Physician

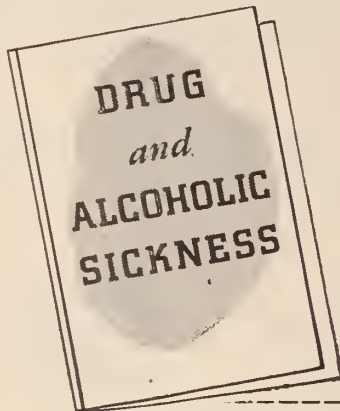
DR. GEO. DAVIES

15 Fairview Avenue

Verona, N. J.

Treatise of 36 Years Close Work With Physicians in Addict Cases

--- sent on request from



CHARLES B. TOWNS HOSPITAL

This defines clearly our work with and for the physician—outlines it step by step from the time physician writes us about his alcoholic or drug patient. It shows what **specific attentions**, what needed emergency methods, are ready at the physician's command, for these mentally baffling cases. Methods—from detoxinizing to mental reconstruction—to returning an individual who coöperates with a will!

For your reference library—detailing the many means—the direction, equipment, environment, at physician's disposal.

Sign, Send this Coupon Now!

Charles B. Towns Hospital
293 Central Park West, New York, N. Y.
Send me "Drug and Alcoholic Sickness" gratis, dealing with accredited
Charles B. Towns Hospital work with physicians in addict cases.
Name _____
Address _____



AURORA INSTITUTE A RESORT FOR HEALTH

Morristown, New Jersey

Telephone: 4-3260

COMPLETELY equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroid, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. **NO CONTAGIOUS OR MENTAL CASES.**

Write for further information.

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

ADOLPH WEIZENHOFFER, M.D., Assoc.

WILLIAM S. COLLENS, M.D., Director of Metabolism

FAIR OAKS

SUMMIT N. J.

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous dis-

eases, exhaustion states and cases requiring rest, hygienic, dietetic and occupational therapy.

Insane and tubercular cases are not accepted.

DR. T. P. PROUT
Summit, N. J.

Telephone 6-0143

ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.

Dependable Gland Products

2-24 Mt. Pleasant Ave.

Newark, New Jersey

The Medical Profession Can Rely Upon Us to Render
ACCURATE OPTICAL SERVICE

No Glasses Are Supplied Except on Prescription—

WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is the oldest optical house in New Jersey, having been established in 1892. Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

J. C. Reiss
Optician

Hill Street

Is on the West side of

Broad St.

Opposite City Hall

Where parking is possible.

Member of the Guild of Prescription Opticians of America

Calcreose, Maltbie

THE ORIGINAL BRAND OF CALCIUM CREOSOTATE, U.S.P. XI.

A dependable aid in the treatment of chronic and persistent coughs

Calcreose is available in these two convenient forms:

COMPOUND SYRUP CALCREOSE

An expectorant cough syrup that tastes good, is effective and does not nauseate.

Each fluid ounce represents:

Calcreose Solution (N.N.R.)	...160 Minims
Alcohol	..... 24 Minims
Chloroform (approximately)	.. 3 Minims
Wild Cherry Bark	..... 20 Grains
Aromatics and Syrup q. s.	

TABLET CALCREOSE 4 GRAINS

Each tablet equivalent to two minims of pure creosote combined with calcium oxide.

May we send
you complimentary samples
of both?

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY

Pure..Wholesome..Refreshing



State Society Annual Meeting April 27-29, 1937, in Atlantic City, N. J.

THE JOURNAL

OF
THE MEDICAL SOCIETY OF NEW JERSEY

THE N. Y. ACADEMY
OF MEDICINE
NOV 16 1936
LIBRARY

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330

VOL. XXXIII, No. 11

NOVEMBER, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 609-678

EDITORIALS—

	Page
INTEGRATION OF THE COUNTY MEDICAL SOCIETIES	609
THE SPEAKERS' BUREAU	610
MEDICAL HISTORY	610
THE OPPORTUNITY OF THE COUNTY MEDICAL SOCIETY	611
THE SPECIALIST FROM THREE VIEWPOINTS	612
THE OPERATION OF THE SOCIAL SECURITY ACT	612
ORIGINAL RECORDS OF THE SOMERSET COUNTY MEDICAL SOCIETY	613
THE PROGRAM OF THE STATE SOCIETY	614
UNDERSTANDING AND COÖPERATION	614

ORIGINAL ARTICLES—

GASTRIC POLYPOSIS—By Louis L. Perkel, M.D., Jersey City, N. J.	615
THE INJECTION TREATMENT OF HEMORRHOIDS—By Rudolph V. Gorsch, M.D., New York, N. Y., and Carroll D. Smith, M.D., Paterson, N. J.	620
SOCIALIZED TENDENCIES IN MEDICINE—By Thomas K. Lewis, M.D., Camden, N. J.	631
PROBLEMS OF ORGANIZED MEDICINE—By A. C. Zehnder, M.D., Newark, N. J.	633
SOME SIMPLIFIED METHODS OF THE ARTIFICIAL FEEDING OF INFANTS—By Clarence S. Janifer, M.D., Newark, N. J.	636
THE PHARMACOLOGICAL ACTION OF QUINIDINE AND ITS USE IN HEART DISEASE—By S. Ben-Asher, M.D., Jersey City, N. J.	639
MATERNAL WELFARE—Article Number Ten. Puerperal Infection—By J. Carlisle Brown, M.D., Atlantic City, N. J.	643

STATE SOCIETY ACTIVITIES—

President's Announcement—No. 5. The Ideal County Medical Society—By Spencer T. Snedecor, M.D., Hackensack, N. J.	645
--	-----

STATE SOCIETY ACTIVITIES—Cont. Page

President Roosevelt's Address at the Jersey City Medical Center	646
The First Decade of The Medical Society of New Jersey, 1766-1775. Number Three, The Original Minute Books—By Frank Overton, M.D., Editor of The Journal, Trenton, N. J.	647
Board of Trustees' Meeting	650
Periodic Letter to Members, No. 1	650
The Program of the Sub-Committee on Public Health for 1936-1937	652
New Jersey Conference of Social Work	654
The New Jersey Health and Sanitary Association	654
List of Physicians Dying in New Jersey in September	654

CONTACTS AND COMMENTS—No. 1 655

COUNTY SOCIETIES—

Atlantic	658
Bergen	659
Camden, Cumberland	660
Essex	661
Gloucester, Hudson	668
Mercer	670
Monmouth, Morris	671
Passaic, Salem, Somerset	672
Westfield Medical Society	673

WOMAN'S AUXILIARY—

Outline of the Aims of a Medical Auxiliary	674
Executive Board Meeting	674
Atlantic	675
Bergen, Burlington, Camden, Essex, Gloucester	676
Hudson, Mercer, Passaic, Somerset	677
Warren	678

BOOK REVIEWS 678

Roster of Officers and Committees, Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)
12 South Day Street, Orange, N. J.



Copyright 1936 by
The Medical Society of New Jersey

Entered as second-class matter, Sept. 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Allies

in the conquest of syphilis



MOST AUTHORITIES on the subject of syphilis agree that maximum curative effects are obtained when an arsenical and a heavy metal are used alternately and continuously for a period of from at least twelve to eighteen months.

Two products by the House of Squibb—Iodobismitol with Saligenin and Neoarsphenamine—are effective allies in the treatment of syphilis. Neoarsphenamine Squibb is characterized by its rapid and ready solubility, high spirocheticidal power and low toxicity. Also available under the Squibb label, and equally effective when conditions indicate their use, are Arsphenamine and Sulpharsphenamine.

Iodobismitol with Saligenin is offered as a product suitable for obtaining all of the systemic effects of bismuth in the treatment of syphilis. It presents bismuth largely in anionic (electro-negative) form. It is slowly and completely absorbed and slowly excreted, thus providing a relatively prolonged bismuth effect. Repeated injections are well tolerated and very effective in both early and late syphilis.

Iodobismitol with Saligenin is a propylene glycol solution containing 6 per cent sodium iodobismuthite, 12 per cent sodium iodide and 4 per cent saligenin (a local anesthetic).

For literature address Professional Service Department, 745 Fifth Avenue, New York.

E·R·SQUIBB & SONS

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

THE MEDICAL SOCIETY OF NEW JERSEY

FOUNDED JULY 23, 1766

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

<i>President</i> , SPENCER T. SNEDECOR	Hackensack	<i>Second Vice-President</i> , E. ZEH HAWKES.....	Newark
<i>President-Elect</i> , WILLIAM G. HERRMAN	Asbury Park	<i>Secretary</i> , J. BENNETT MORRISON	Newark
<i>First Vice-President</i> , WILLIAM J. CARRINGTON.....	Atlantic City	<i>Treasurer</i> , ELIAS J. MARSH	Paterson

TRUSTEES

FREDERIC J. QUIGLEY, <i>Chairman</i> (1939).....	Union City	JOHN MAHER (1937)	Long Branch
H. W. NAFFEY, <i>Secretary</i> (1938)	New Brunswick	WATSON B. MORRIS (1938)	Springfield
SPENCER T. SNEDECOR	Hackensack	HARRY R. NORTH (1939)	Trenton
WILLIAM G. HERRMAN	Asbury Park	THOMAS K. LEWIS (1939)	Camden
WILLIAM J. CARRINGTON	Atlantic City	WELLS P. EAGLETON (1937)	Newark
E. ZEH HAWKES	Newark	RALPH K. HOLLINSHED (1939)	Westville
J. BENNETT MORRISON	Newark	ANDREW F. MCBRIDE (1937)	Paterson
ELIAS J. MARSH	Paterson	BLASE COLE (1938)	Newton
		ALDRICH C. CROWE (1938)	Ocean City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....	CHRISTOPHER C. BELING, Newark (1939)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....	W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....	F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....	JAMES A. FISHER, Asbury Park (1939)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....	CHESTER I. ULMER, Gibbstown (1938)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

BLASE COLE, Newton	Term expires 1937
E. R. MULFORD, Burlington	" " 1937
WALT P. CONAWAY, Atlantic City	" " 1938
JOHN F. HAGERTY, Newark	" " 1938

Alternate Delegates

S. B. ENGLISH, Glen Gardner	Term expires 1937
ELMER PETER WEIGEL, Plainfield	" " 1937
LUCIUS F. DONOHUE, Bayonne	" " 1938
LANCELOT ELY, Somerville	" " 1938

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

CHARLES F. ADAMS, <i>Chairman</i>	Trenton
D. M. YAZUJIAN, <i>Secretary</i>	Trenton

Radiology

W. W. MAVER, <i>Chairman</i>	Jersey City
P. S. AVERY, <i>Secretary</i>	New Brunswick

Pediatrics

CHESTER R. BROWN, <i>Chairman</i>	Arlington
KENNETH BLANCHARD, <i>Secretary</i>	East Orange

Gastro-Enterology

LOUIS L. PERKEL, <i>Chairman</i>	Jersey City
S. BERNARD KAPLAN, <i>Secretary</i>	Newark

STANDING COMMITTEES

Scientific Work

LOUIS C. LANGE, <i>Chairman</i> (1937)	Weehawken
ROBERT S. GAMON (1938)	Camden
CLARENCE L. ANDREWS (1939)	Atlantic City

Honorary Membership

LANCELOT ELY, <i>Chairman</i> (1938)	Somerville
FREDERICK J. QUIGLEY (1937)	Union City
EPHRAIM R. MULFORD (1939)	Burlington

Program and Arrangements

CHARLES B. KAIGHN, <i>Chairman</i> (1938)	Atlantic City
D. WARD SCANLAN (1939)	Atlantic City
JOHN W. GRAY (1937)	Newark
SPENCER T. SNEDECOR, <i>Ex-Officio</i>	Hackensack
J. BENNETT MORRISON, <i>Ex-Officio</i>	Newark

Hospitals and Medical Education

HARRY H. SATCHWELL, <i>Chairman</i>	Irvington
STUART ZEH HAWKES	Newark
ARCANGELO LIVA	Hackensack
DAN S. RENNER	Skillman
DAVID F. BENTLEY, JR.	Camden

Publication

HENRY C. BARKHORN, <i>Chairman</i> (1939)	Newark
EDWARD J. ILL (1937)	Newark
FRANK J. McLOUGHLIN (1938)	Jersey City
SPENCER T. SNEDECOR, <i>Ex-Officio</i>	Hackensack
J. BENNETT MORRISON, <i>Ex-Officio</i>	Newark

Medical Defense

CHRISTOPHER C. BELING, <i>Chairman</i>	Newark
EDGAR A. ILL	Newark
CHARLES F. BAKER	Newark
WILLIAM J. ARLITZ	Hoboken
LEROY W. BLACK	Rutherford

Finance and Budget

HARRY R. NORTH, <i>Chairman</i> (1939)	Trenton
HERSCHEL PETTIT (1942)	Ocean City
WELLS P. EAGLETON (1937)	Newark
WILLIAM J. SWEENEY (1938)	Weehawken
ALFRED STAHL (1940)	Newark
ANDREW F. MCBRIDE (1941)	Paterson
ELIAS J. MARSH, <i>Ex-Officio</i>	Paterson

Insurance

FRANK W. PINNEO, <i>Chairman</i>	Newark
JOSEPH W. HURFF	Newark
EDMUND N. HUFF	Englewood
THOMAS J. SUMMEY	Moorestown
LAWRENCE H. BLOOM	Phillipsburg
IRVING OKIN	Passaic
ALBERT J. WARD	Morristown

WELFARE COMMITTEE

HILTON S. READ, *Chairman*, Atlantic City

SPENCER T. SNEDECOR, Ex-Officio	Hackensack	JULIUS LEVY	Newark
J. BENNETT MORRISON, Ex-Officio	Newark	WRIGHT MACMILLAN	Passaic
HUGO ALEXANDER	Hoboken	JACOB J. MANN	Perth Amboy
SAMUEL ALEXANDER	Park Ridge	CHARLES H. MITCHELL	Trenton
WILLIAM H. ARESON	Upper Montclair	STANLEY NICHOLS	Asbury Park
FRANK ASH	Paterson	HERSCHEL MURPHY	Roselle
ARTHUR W. BINGHAM	East Orange	HENRY B. ORTON	Newark
E. P. CARDWELL	Newark	JAMES S. PLANT	Newark
JOHN G. CLAYTON	Freehold	B. S. POLLAK	Jersey City
A. H. COLEMAN	Clinton	LOUIS A. PYLE	Jersey City
WILLIAM F. COSTELLO	Dover	D. WARD SCANLAN	Atlantic City
GEORGE F. DANDOIS	Wildwood	CHARLES H. SCHLICHTER	Elizabeth
S. B. ENGLISH	Glen Gardner	T. J. SCHUCK	Hoboken
FRANK L. FIELD	Far Hills	MILLARD F. SEWALL	Bridgeport
J. IRVING FORT	Newark	R. L. SHARP	Camden
DAVID W. GREEN	Salem	BYRON G. SHERMAN	Morristown
D. LEO HAGGERTY	Trenton	C. H. DET. SHIVERS	Atlantic City
HENRY HAYWOOD	New Brunswick	JAMES H. SPENCER	Franklin
EUGENE G. HERBENER	Lakewood	SAMUEL EMLEN STOKES	Moorestown
ERNEST G. HUMMEL	Camden	R. G. STONE	Trenton
A. G. IRELAND	Trenton	THEODORE TEIMER	Newark
J. H. IRWIN	Englewood	CHESTER I. ULMER	Gibbstown
J. H. KLER	New Brunswick	W. H. VARNEY	Washington
I. WARNER KNIGHT	Pitman	ELMER P. WEIGEL	Plainfield
THOMAS K. LEWIS	Camden	H. B. WILSON	Hackensack
		A. CHARLES ZEHNDER	Newark

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Health

STANLEY NICHOLS, <i>Chairman</i>	Asbury Park
THEODORE TEIMER	Newark
JULIUS LEVY	Newark
ALLEN G. IRELAND	Trenton
ERNEST G. HUMMEL	Camden
I. W. KNIGHT	Pitman

Medical Practice

THOMAS K. LEWIS, <i>Chairman</i>	Camden
J. IRVING FORT	Newark
CHESTER I. ULMER	Gibbstown
D. LEO HAGGERTY	Trenton
LOUIS A. PYLE	Jersey City

Legislation

B. S. POLLAK, <i>Chairman</i>	Jersey City
SAMUEL ALEXANDER	Park Ridge
WILLIAM H. ARESON	Upper Montclair
WILLIAM COSTELLO	Dover
CHARLES H. MITCHELL	Trenton

Public Relations

HILTON S. READ, <i>Chairman</i>	Atlantic City
J. H. KLER	New Brunswick
S. EMLEN STOKES	Moorestown
E. P. CARDWELL	Newark
WRIGHT MACMILLAN	Passaic

ADVISORY COMMITTEES TO PUBLIC HEALTH SUB-COMMITTEE

Cancer Control

HENRY B. ORTON, <i>Chairman</i>	Newark
F. C. MCCORMACK	Englewood
JAMES H. ROSECRANS	Hoboken
JOHN F. CONDON	Newark
CARL MENGE	Toms River
J. H. KLER	New Brunswick
E. E. DOWNS	Woodbury

Maternal Welfare

ARTHUR W. BINGHAM, <i>Chairman</i>	East Orange
J. CARLISLE BROWN	Atlantic City
P. DUBOIS BUNTING	Elizabeth
SAMUEL A. COSGROVE	Jersey City
F. D. FAHRENBACH	Mount Holly
CARL H. ILL	Newark
R. A. MACKENZIE	Asbury Park
WALTER B. MOUNT	Montclair
THEODORE F. THOMPSON	Lakewood
H. B. WILSON	Hackensack

Venereal Disease Control

C. H. DET. SHIVERS, <i>Chairman</i>	Atlantic City
STANLEY R. WOODRUFF	Jersey City
CLARENCE O'CROWLEY	Newark
C. BYRON BLAISDEL	Long Branch
GEORGE N. J. SOMMER	Trenton
A. HAINES LIPPINCOTT	Camden

Mental Hygiene

JAMES S. PLANT, <i>Chairman</i>	Newark
DAN S. RENNER	Skilman
MARCUS A. CURRY	Greystone Park
J. B. GORDON	Marlboro
MATTHEW MOLITCH	Janesburg
GEORGE S. STEVENSON	Red Bank

Tuberculosis

SAMUEL B. ENGLISH, <i>Chairman</i>	Glen Gardner
B. S. POLLAK	Jersey City
J. R. MORROW	Oradell
FREDERICK W. LATHROP	Plainfield
J. F. PESSER	Trenton
GEORGE M. LEVITAS	Westwood

Child Health

STANLEY NICHOLS, <i>Chairman</i>	Asbury Park
ERNEST G. HUMMEL	Camden
WALTER B. STEWART	Atlantic City
L. CHARLES ROSENBERG	Newark
VICTOR A. BLENNLE	Tcaneck

Crippled Children

ELMER P. WEIGEL, <i>Chairman</i>	Plainfield
F. G. DILGER	Hackensack
DAVID B. ALLMAN	Atlantic City
THOMAS K. LEWIS	Camden
B. MOFFAT	Red Bank
F. H. PINCKNEY	Morristown

ADVISORY COMMITTEES TO MEDICAL PRACTICE SUB-COMMITTEE

Contract Practice

R. L. SHARP, <i>Chairman</i>	Camden
EDWARD F. KLEIN	Perth Amboy
L. SAMUEL SICA	Trenton
JOSEPH A. VISCONTI	Hoboken
L. A. MARKLEY	Teaneck
HARVEY T. HEROLD	Newark

Hospital Relationships

THOMAS K. LEWIS, <i>Chairman</i>	Camden
EDWARD W. SPRAGUE	Newark
RAYMOND J. MULLIN	Newark
RUSSELL K. TETHER	Closter
FLORENTINE HOFFMAN	New Brunswick
E. W. LANCE	Rahway
CHARLES B. KELLEY	Jersey City
HENRY B. DECKER	Camden

Medical Care of Indigent

CHARLES H. SCHLICHTER, <i>Chairman</i>	Elizabeth
GEORGE W. FITHIAN	Perth Amboy
A. HAINES LIPPINCOTT	Camden
J. HOWARD HORNBERGER	Roeboling
FRED VOSBURGH	Passaic

Nursing and Nursing Education

A. CHARLES ZEHNDER, <i>Chairman</i>	Newark
HARRY H. SATCHWELL	Irrington
GEORGE M. KNOWLES	Hackensack
THOMAS B. LEE	Camden
I. F. FROST	Morristown
DAVID B. ALLMAN	Atlantic City
H. WESLEY JACK	Camden

Pharmaceutical Problems

CHESTER I. ULMER, <i>Chairman</i>	Gibbstown
MERWIN L. HUMMEL	Merchantville
SAMUEL BARBASH	Atlantic City
ALVIN E. KUHLMANN	Union City
SIGURD W. JOHNSON	Passaic

Workmen's Compensation

J. IRVING FORT, <i>Chairman</i>	Newark
DAVID A. KRAKER	Newark
GEORGE W. FINKE	Hackensack
V. EARL JOHNSON	Atlantic City
JOHN F. MCGOVERN	New Brunswick

SPECIAL COMMITTEES

Constitution and By-Laws

SAMUEL ALEXANDER, <i>Chairman</i>	Park Ridge
WAYNE W. HALL	Paterson
JOSEPH M. KUDER	Mount Holly
H. H. TYNDALL	Weehawken
CHARLES BAILEY	Lakewood

Woman's Auxiliary

H. ROY VAN NISS, <i>Chairman</i>	Newark
A. E. JAFFIN	Jersey City
LAWRENCE G. BRISLER	Hillside

Scientific Exhibits

ASHER YAGUDA, <i>Chairman</i>	Newark
ELWOOD E. DOWNS	Woodbury
JOHN W. GRAY	Newark
ROBERT A. KILDUFFE	Ventnor
WILLIAM J. MARQUIS	Newark
HARRISON S. MARTLAND	Newark
CARLOS A. PONS	Asbury Park
HARRY J. PERLBERG	Jersey City

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

JAMES J. MCGUIRE, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

WOMAN'S AUXILIARY

President, MRS. GEORGE A. ROGERS, 61 Glenwood Avenue, East Orange. Telephone ORange 5-1173

President-Elect, MRS. SAMUEL SALASIN Atlantic City
First Vice-President, MRS. H. D. CORUSIER Plainfield
Second Vice-President, MRS. G. E. McDONNELL Mt. Holly
Third Vice-President, MRS. WILLIAM FREILE Jersey City
Recording Secretary, MRS. DAN S. RENNER Skillman
Treasurer, MRS. T. P. MCCONAGHY Camden

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	J. Carlisle Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	John H. Irwin, Englewood	George M. Knowles, Hackensack..	LeRoy W. Black, Rutherford
BURLINGTON	J. Howard Hornberger, Roeboling..	George T. Tracy, Beverly	Parry M. Scott, Beverly
CAMDEN	B. F. Buzby, Camden	R. S. Gamon, Camden	Harold D. Barnshaw, Camden
CAPE MAY	John B. Townsend, Ocean City..	Warren D. Robbins, Cape May..	Warren D. Robbins, Cape May
CUMBERLAND	H. Burton Walker, Vineland	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	Edgar A. Ill, Newark	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER	M. F. Luminis, Pitman	E. E. Downs, Woodbury	Henry B. Diverty, Woodbury
HUDSON	J. Lawrence Evans, Woodcliff....	Thos. McG. Brennock, Jersey City	John N. Connell, Jersey City
HUNTERDON	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner....	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH	Walter A. Rullman, Red Bank..	Dan'l F. Featherston, Ashbury Park	Marcus A. Curry, Greystone P'k
MORRIS	Byron G. Sherman, Morristown..	George J. Young, Morristown....	Robt. McC. Halbach, Toms River
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Sigurd W. Johnsen, Passaic
PASSAIC	Norman N. Dingman, Paterson..	Wayne W. Hall, Paterson	L. C. Hummel, Salem
SALEM	J. S. Dunn, Salem	David W. Green, Salem	A. W. Pigott, Skillman
SOMERSET	W. B. Gray, North Plainfield....	L. C. Fritts, Semerville	G. H. Groeschel, Sussex
SUSSEX	Warren Smith, Newton	Leo Drake, Franklin	Cedric C. Carpenter, Summit
UNION	Elmer P. Weigel, Plainfield	Lorrimer B. Armstrong, Westfield.	H. B. Bossard, Phillipsburg
WARREN	William Varney, Washington....	William F. Skinner, Washington..	

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.

Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

for twenty years

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....

ALPHABETIC LIST OF ADVERTISERS

Abbotts Dairies, Inc.	XXII
American Can Company	XIII
Anspach Bros.	XXIII
Aurora Institute	XXVI
Baby's Wash	XXI
Bancroft School, The	XXVII
Baum Co., Inc., W. A.	XX
Belle Mead Sanatorium and Farm	XXV
Bethlehem Laboratories	XX
Bilhuber-Knoll Corp.	XXII
Bright Side Sanitarium	XXV
Carnrick Co., G. W.	XXIV
Classified Advertisements	XXIII
Cook Co. Graduate School of Medicine	XXVIII
Corn Products Sales Company	XVI
Deuchler, H. C.	XXIII
Fair Oaks	XXVII
Fairchild Bros. & Foster	XI
Firemen's Pharmacy	XXIV
Heinz Co., H. J.	VIII
Hynson, Westcott & Dunning, Inc.	XX
Interpines	XXVI
Kalak Water Co., Inc.	XXV
Kerner's Pharmacy	XXV
Lederle Laboratories, Inc.	IX
Lilly and Company, Eli	XVIII
Lincoln Hospital	XXV
Maltbie Chemical Company, The	XXX
Marquier's Pharmacy	VII
Marshall, Ralph E.	XXIII
Mead Johnson & Company	XXIX
Merck & Co., Inc.	XII
Mountain View Rest	XXVI
Murdoch, Inc., J. T.	XXI
N. Y. Polyclinic Medical School & Hospital	XXVIII
Parke, Davis & Company	XV
Philip Morris & Co., Ltd., Inc.	VII
Physicians' Casualty Association	XXVIII
Pomeroy Company	XXI
Prescription Pharmacists	XXIV
Orange Publishing Company, The	XXIII
Radium Emanation Corporation	XI
Reiss, J. C.	XXX
Representative Funeral Directors	XXII
Smith, Kline & French Laboratories	XIV
Squibb & Sons, E. R.	II
Stearns & Company, Frederick	XVII
Storm, Katherine L.	XX
Towns Hospital, Charles B.	XXVII
U. S. Fidelity and Guaranty Co.	VI
Walker-Gordon Laboratory Company	X
Way Underwriting Agency	XIX

MARQUIER'S PHARMACY

THE REXALL STORE

SANFORD and SO. ORANGE AVENUE

Newark, N. J.

SMOKING AGAINST DOCTORS' ORDERS!

IT is easy to tell a patient to stop smoking, but it is often difficult to make him follow the advice.

We do not advocate smoking against doctors' orders, but we do say that if your patient insists on smoking, he should smoke a cigarette proved* less irritating.

Philip Morris, due to the use of diethylene glycol, are less irritating than ordinary cigarettes in which glycerine is used as the hygroscopic agent.

★ *Proc. Soc. Exp. Biol. and Med.*, 1934, 32, 241-245
Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
N. Y. State Jour. Med., June 1935, Vol. 35, No. 11
Arch. Otolaryngology, Mar. 1936, Vol. 23, No. 3, 306-309

Philip Morris & Co. Ltd, Inc. Fifth Ave., N.Y.

No claim is made that Philip Morris Cigarettes cure irritation, but glycerine, shown to be a source of irritation and generally used in the manufacture of ordinary cigarettes is not used in Philip Morris.



PHILIP MORRIS & CO. LTD. INC.
119 FIFTH AVENUE NEW YORK

Absolutely without charge or obligation of any kind, please mail to me

★ Reprint of papers from
N. Y. State Jour. Med. 1935, 35— ☐
No. 11, 590; *Laryngoscope* 1935 XLV,
149-154. *Proc. Soc. Exp. Biol. and Med.*,
1934, 32, 241-245.

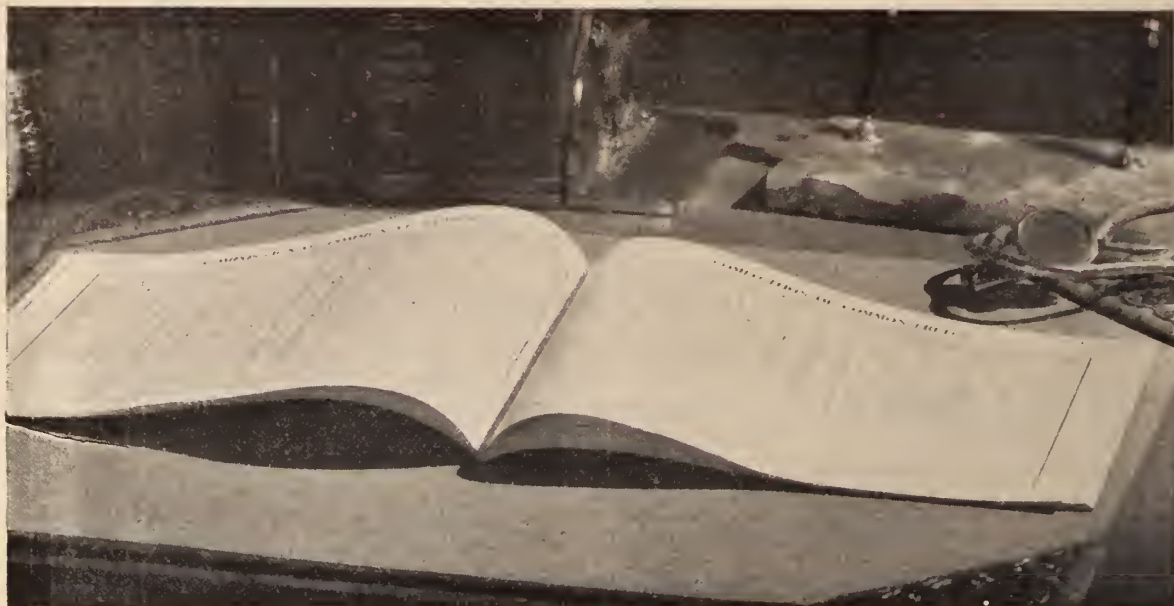
For my personal use, 2 packages of
Philip Morris Cigarettes, English Blend. ☐

SIGNED: _____

ADDRESS _____

CITY _____ **STATE** _____

FREE TO DOCTORS!



Heinz Offers New Third Edition of Famous Nutritional Charts

Now you can get complete descriptive information about the nutritional values of foods—in one handy volume that's yours for the asking! Heinz book of Nutritional Charts—revised and brought up-to-date in a *third* edition—contains data covering the latest developments in vitamin and nutrition chemistry!

Packed within its 32 large-size pages is the cream of scientific research on human nutritional requirements. Outstanding bulletins, government and state bureau circulars, special review articles, and original contributions have been condensed for your convenience. Every authoritative source has been utilized to make the *new* Heinz Nutritional Charts better than ever!

At your fingertips are the latest facts about the chemical and biological properties of vitamins and minerals. Outlined in easily accessible form is reliable information on

food allergy; so-called food poisoning; food fads; alkaline and acidic effect; and the toxicological aspects of diet. Here, in effect, is a convenient source of accurate information useful in prescribing diets for children, the sick and convalescent, that would take you days to look up elsewhere!

Write for your free copy of the Heinz Nutritional Charts now! See for yourself what a wealth of valuable material this handy new edition contains. There's no obligation. Just address your request to H. J. Heinz Co., Dept. NJ311, Pittsburgh, Pa.

MORE AND MORE MEDICAL MEN throughout the United States are giving their exclusive recommendation to Heinz Strained Foods for infant and other soft diet cases. Their reason: only Heinz Strained Foods bear *both* the famous "57" Seal of Quality and the Seal of Acceptance of the American Medical Association's Council on Foods.

HEINZ STRAINED FOODS



11 KINDS — 1. Strained Vegetable Soup. 2. Peas. 3. Green Beans. 4. Spinach. 5. Carrots. 6. Beets. 7. Prunes. 8. Cereal. 9. Tomatoes. 10. Apricots and Apple Sauce. 11. Mixed Greens.



Control of Type I and Type II Pneumonias with

ANTIPNEUMOCOCCIC SERA

Lederle

SUCCESS IN THE SERUM TREATMENT of lobar pneumonias is measured by . . .

- a 60% reduction in the death rate of Type I cases
- a 40% reduction in the death rate of Type II cases
(if injected within 96 hours of onset)

Specific antipneumococcic sera offer the only certain means of reducing the death rate in Types I and II pneumococcus pneumonias—the cause of nearly 50% of all adult lobar pneumonias between the ages of five and fifty.

“The Massachusetts Pneumonia Study, under the auspices of the State Department of Health has demonstrated that specific treatment can be successfully used by physicians in general practice. Over nine hundred patients with lobar pneumonia have been treated by nearly four hundred physicians.”*

Success is largely dependent upon prompt bacteriological diagnosis facilitated by the Neufeld Rapid Typing; early and adequate treatment; and of equal importance—the use of serum of the highest quality.

Refined and Concentrated Antipneumococcic Serum *Lederle* represents the accrued knowledge gained by years of experience in its manufacture.

* “Lobar Pneumonia and Serum Therapy” by Frederick T. Lord and Roderick Heffron, published by The Commonwealth Fund in 1936.

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.



The Four Pillars of Quality in Milk



Ever since Walker-Gordon was founded, forty years ago, pediatric science has recognized four qualities that milk for babies should have. They are: Cleanliness, Safety, Uniformity, High Nutritional Value. Walker-Gordon has these four qualities, each in the highest degree. They are assured by a scientific system of production and control.



Walker-Gordon Laboratory Company
Plainsboro, New Jersey



Fundamental Research

From an Address by Dr. G. H. A. Clowes, Director, Lilly Research Laboratories

"Courage is required on the part of a commercial organization to engage in research without any prospect of immediate financial return, but unless this course is followed we may rest assured that the flow of scientific discoveries which have proved so beneficial to mankind in the last three or four decades will ultimately cease."

* * *

By fostering fundamental investigation the Lilly Research Laboratories endeavor to contribute to the advancement of medical knowledge. In addition, the Lilly Research Laboratories co-operate with other workers, in developing important medical discoveries.



Makers of
Medicinal Products
Since 1876

Eli Lilly and Company

INDIANAPOLIS, INDIANA, U. S. A.

THE WILL TO ACHIEVE • THE FACILITIES TO PRODUCE



A developmental laboratory

Eli Lilly PRODUCTION RESEARCH

Fractional distillation of malonic esters in small-scale glass equipment represents the first step in production research on Amytal. This type of production is entirely experimental. The operation is repeated in a small industrial still (center rear). These preliminary operations are time-saving and important. They provide the data for the accurate production and purity of the malonic esters in Amytal and Sodium Amytal.



HYPNOTIC SEDATIVE
ANTICONVULSANT

*Amytal (Iso-amyl Ethyl Barbituric
Acid, Lilly).*

*Sodium Amytal (Sodium Iso-amyl Ethyl
Barbiturate, Lilly).*

Eli Lilly and Company

INDIANAPOLIS, INDIANA, U. S. A.

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

"Owing to the fact of their ready secretion by the liver cells bile salts are the most reliable chologogues with which we are acquainted." Starling.

Powder, in $\frac{1}{4}$ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

FAIRCHILD BROS. & FOSTER
NEW YORK

do you treat
CANCER?

THE RADIUM EMANATION CORPORATION

MAINTAINS the most efficiently organized Radium laboratory to make available to you, at low cost, every facility for the use of Radium in your practice.

RADON SEEDS. Removable or permanent. We provide seeds of the composite type, with Radon under leak-proof glass seal. Filtration 0.3 mm. of Platinum.

APPLICATORS. Uterine tubes, cervical applicators, surface plaques properly prepared to meet the requirements of each individual case.

OUR SERVICE is available to you day and night including Sundays and holidays. Your inquiries and orders will receive our prompt and careful attention.

THE RADIUM EMANATION CORPORATION

GRAYBAR BLDG.

Tel: MOhawk 4-6455

NEW YORK, N. Y.

★ ★ ★ ★ ★

BE PREPARED

THE present crusade to stamp out syphilis will bring to light many patients suffering from syphilitic involvement of the central nervous system.

The usefulness of Tryparsamide Merck in the treatment of Neurosyphilis has been established by many different and critical investigators. Be prepared to give your patients full advantage of this remarkable remedy, the use of which is simple, inexpensive, and accessible to the patient through the service of his personal physician. Return the attached coupon for clinical reports and treatment methods.



MERCK & CO. Inc.

Manufacturing Chemists

RAHWAY, N. J.



Please send clinical reports and treatment methods on Tryparsamide Merck.

Name..... M.D.

City.....

Street.....

State.....

VITAMINS IN CANNED FOODS

V. VITAMIN G

● By 1926, it was apparent that the anti-neuritic vitamin B of earlier investigators was in reality a combination of several vitamins. In that year, Goldberger postulated the existence of a second vitamin associated with the so-called vitamin B "complex" which he designated as the P-P or pellagra-preventive factor. Evidence has been offered that this factor—subsequently named vitamin G—exerts a specific action in the cure and prevention of human pellagra and a similar condition in experimental animals (1).

Since Goldberger's pronouncement, considerable research has been devoted to resolution of the vitamin B complex and, what is equally important, to testing the specificity of vitamin G in the cure of human pellagra (2).

The findings in the laboratory and clinic have not, in some respects, been entirely in accord (3).

As reports of further investigations appeared in the literature, it became clear that the vitamin B complex had been aptly named. At one time claims were made for the existence of as many as eight factors in this complex (4).

While later work has reduced this number, we know today that what has been consid-

ered in the past as vitamin G is, in reality, a combination of several factors. A relation between experimental cataract and vitamin G has been described and, recently, another associated factor was postulated (5).

The significance of these individual factors in human nutrition has not as yet been established. However, regardless of this fact, students of nutrition are agreed that we must provide for the inclusion of so-called vitamin G—admittedly a complex—in the daily dietary. It is also obvious that until more is known about the individual components of the complex, we must continue to depend upon present day bioassay methods to determine the "vitamin G" potencies of foods.

In this connection, many canned foods have been found by comparative studies to retain their original vitamin G potencies as measured by methods now in common use (6).

Investigators in the U. S. Public Health Service have described their values in the control of human pellagra (7).

Commercially canned foods, therefore, may be used with confidence that they will supply amounts of vitamin G consistent with the amounts present in the raw food materials.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

1 1926. U.S. Pub. Health Report, 41, 297.
2 1934. Am. J. Med. Sci., 147, 512.
1935. J. Am. Med. Assoc., 104, 1377.
(3) 1932. J. Am. Med. Assoc., 99, 120.

(4) 1933. J. Nutrition, 6, 559.
(5) 1934. J. Nutrition, 7, 97.
1936. Science, 83, 17.

(6) 1932. J. Nutrition, 5, 307.
1932. Ind. Eng. Chem., 24, 457.
(7) 1932. J. Am. Med. Assoc., 99, 95.

This is the eighteenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

EFFECTIVE... ECONOMICAL



The question of effectiveness is uppermost in the mind of the physician.

"Benzedrine in a 1 per cent oil solution... gave a shrinkage which lasted approximately 18 per cent longer than that following application of a 1 per cent oil solution of ephedrine."

—Giordano: Penna. Med. J., Oct. 1935

But economy to the patient is also important.

Benzedrine Solution is one of the least expensive of liquid vasoconstrictors. And, when low first cost is coupled with lasting effectiveness, the economy is obvious.



BENZEDRINE SOLUTION*

For shrinking the nasal mucosa
in head colds, sinusitis and hay fever.

*Benzyl methyl carbinamine 1% in liquid petrolatum with $\frac{1}{3}$ of 1% oil of lavender.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

Not the Occasion for Compromise

WHEN THE new mother has passed through the first two stages of labor—her strength expended and her physical resources at an ebb—the outcome of her pregnancy must not be compromised. Observing every precaution, the experienced physician chooses his pituitary extract with care.

PITUITRIN, the Parke-Davis solution of posterior pituitary U. S. P. is the *original* commercial pituitary extract. The greater portion of the clinical data reported in the literature has been based on this preparation.

BECAUSE Pituitrin served to introduce pituitary extract to the medical profession, and because of its subsequent wide-spread use, the name is occasionally misapplied to other pituitary products. Be certain that Pituitrin (which is prepared only by Parke, Davis & Company) is supplied on all requisitions. Specify "Pituitrin, P. D. & Co."



PARKE, DAVIS & COMPANY

ACIDOSIS *or* ALKALOSIS?

prescribe KARO

ACIDS galore are normally formed in the body and eliminated—carbonic, lactic, phosphoric and sulphuric. They are almost completely neutralized by base from cells, intercellular fluids and blood plasma. The body fluids thus maintain the normal faint alkalinity of pH 7.4.

But the defensive mechanisms of the body capable of preventing changes in reaction may be deranged in disease with consequent acidosis or alkalosis. Acidosis is associated with hyperpnea, diarrhea, dehydration, anoxemia, circulatory or renal insufficiency; alkalosis with excessive breathing, vomiting.

Treatment of acidosis is designed primarily to correct the underlying cause. In most types, fluids and fruit juices with Karo are forced every hour. In cases associated with ketosis (except where it is a disturbance in carbohydrate metabolism, as in diabetes mellitus) 20% dextrose is given intravenously at repeated intervals. In case of diabetes, insulin is given, by some authorities, simultaneously one unit for each gram of dextrose, until the condition is controlled.

Treatment of alkalosis depends upon the cause. The most common variety in children is that resulting from prolonged vomiting with loss of acid, salt and body water. No food is given by mouth except fluids with Karo, and saline intravenously. If alkalosis is the result of alkali administration in the presence of nephritis with poor kidney excretion of salts, large amounts of fluids with Karo will favor excess base elimination. Alkalosis from excess alkali administration is alleviated by forcing fluids with Karo.

In both acidosis and alkalosis, Karo is a carbohydrate of choice in the emergency of treatment. Karo consists of dextrans, maltose and dextrose (with a small percentage of sucrose added for flavor), not readily fermentable, rapidly absorbed and effectively utilized.

CAUSES OF ACIDOSIS

EXCESSIVE ACID FORMATION

<i>Acid</i>	<i>Disturbance</i>
Aceto-acetic	Starvation
B-hydroxybutyric	Cyclic vomiting
	Diabetes
	Ketogenic diet
	Asphyxia
	Intestinal intoxication
Lactic	Respiratory failure
	Shock
	Burns

DEFECTIVE ELIMINATION

<i>Metabolite</i>	<i>Disease</i>
Phosphate	Nephritis
	Emphysema
Carbonic acid	Respiratory obstruction
	Myocardial failure
	Narcosis

CAUSES OF ALKALOSIS

EXCESSIVE LOSS OF ACID

CO ₂	Hyperventilation
	Tetany
	Cerebral lesions (respiratory center)
	Hysteria
	Excessive crying
HC ₁	Vomiting
	Pyloptic stenosis
	Intestinal obstruction

EXCESSIVE INTAKE OF ALKALI

NaHCO ₃	in Pyelitis
	in Nephritis

From Kugelmass' "Clinical Nutrition in Infancy and Childhood" — (Lippincott)

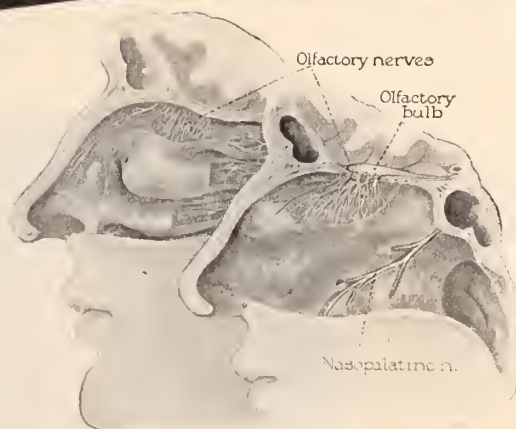


Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. SJ-11, 17 Battery Place, New York City.

NEO-SYNEPHRIN HYDROCHLORIDE

(levo-meta-methylaminoethanolphenol hydrochloride)

brings rapid
symptomatic relief
in
**COLDS,
RHINITIS**



*Innervation of nasal turbinates
and septum*

The quick, prolonged decongestive action of Neo-Synephrin produces a marked degree of comfort to the patient whose breathing is disturbed by nasal congestion.

The application of Neo-Synephrin by dropper, spray, jelly or applicator is without sting, and without loss of effectiveness when applied repeatedly.

- ➡ **NEO-SYNEPHRIN HYDROCHLORIDE SOLUTION** $\frac{1}{4}\%$ and 1%
(1-ounce bottles)
- ➡ **NEO-SYNEPHRIN HYDROCHLORIDE EMULSION** $\frac{1}{4}\%$
(1-ounce bottles)
- ➡ **NEO-SYNEPHRIN HYDROCHLORIDE JELLY** $\frac{1}{2}\%$
(in collapsible tubes with nasal applicator)

FOR LOCAL ANESTHESIA

Add 3 or 4 drops of Neo-Synephrin Hydrochloride Solution 1% to 10 cc. of 2% procaine hydrochloride solution. Neo-Synephrin may be sterilized by boiling.



FREDERICK STEARNS & COMPANY

DETROIT NEW YORK KANSAS CITY SAN FRANCISCO
WINDSOR, CANADA SYDNEY, AUSTRALIA



ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products



AMYTAL

(Iso-amyl Ethyl Barbituric Acid, Lilly)

A barbiturate which enjoys an enviable reputation for excellence as a hypnotic and sedative, gained through much clinical observation and pharmacological study.

'Amytal' effectively controls insomnia from numerous causes, particularly where restlessness, fatigue, and heightened irritability of the central nervous system are conspicuous features in the clinical picture.

Supplied through the drug trade in 1/8-grain, 1/4-grain, 3/4-grain, and 1 1/2-grain tablets in bottles of 40 and 500.

Prompt Attention Given to Professional Inquiries

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK CVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 11

NOVEMBER, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

Integration of the County Medical Societies

The integration of the county medical societies of New Jersey has been steadily progressing for several years in a natural development.

The members of the county societies have frequently asked the question, "What does the State Society do for us?" The officers and committees of The Medical Society of New Jersey have studied the problem of the needs of the local counties over a period of four years, and have made plans for supplying these needs one by one, rather than by inventing a new comprehensive system of untried methods.

The process of integration has gone on quietly by an expansion of the intimate contacts of the State officers and committees with the county societies, culminating in the formation of a "President's Cabinet", whose duty may be summarized as that of visiting the county societies, and explaining the scope of the system of their integration into a State-wide organization with uniform aims.

The surprising characteristic of the plans which were announced in the Journals of September and October is that nothing particularly new had been suggested, but that every proj-

ect had already been discussed by the Trustees and the House of Delegates, and had been approved and adopted by county societies here and there throughout the State.

The unique plan of representation of every county society in the organization of the Welfare Committee, which had been effected several years ago, enabled the committee to introduce changes one by one, culminating in its organization into four sub-committees and fifteen advisory committees, each having charge of specified activities which were already in operation. The organization was completed and approved by the Welfare Committee at its meeting on September 20, 1936 (Journal, October, page 601); and the "President's Cabinet" was recognized as a practical means of explaining the plan of organization to the members of the county societies.

The response of the county societies which have already been visited is evidence that their integration with the State Society is a satisfactory answer to the eternal question, "What has the State Society done for us?" Their members are realizing that their county societies are in reality the State Society.

The Speaker's Bureau

The last link in establishing contacts by medical societies with the people is that of speakers who will address lay audiences on subjects related to medicine and health. Members are slow in responding to the call for volunteers to speak before lay health organizations because the project is new and unfamiliar. There are plenty of doctors who are competent and willing to make the addresses; but they are over-modest in attempting the new line of work.

Physicians have permitted non-medical organizations to pre-empt the field of popular health education. The State Department of Health, the Department of Institutions and Agencies, and the volunteer health agencies, have long lists of speakers who are eager to respond to calls for addresses to women's clubs, men's fraternal orders, church groups, and schools. The result is that a dozen persons know about these organizations for every one who is even conscious of the existence of a county medical society.

Physicians give as the reason for their modesty the fact that they are not familiar with the figures and arguments put out by the lay speakers, and by physicians in the employ of the health organizations. It is not necessary that a physician should have a great store of knowledge regarding the objectives, or of methods of conducting campaigns for the Red Cross or the Christmas Seal Sale. Physicians know what is still more effective,—they know the real medical needs of the people.

The central theme in every public health talk by a physician enrolled in the Speakers' Bureau may well be "The County Medical Society". Let him describe his own county so-

ciety, and its relation to such subjects as tuberculosis, mental hygiene, venereal diseases, and public health nursing.

Tell of the position of the county society as the medical adviser of the community, on whom the representatives of other organizations may call for advice in regard to the management of their own organizations.

Obtain a list of the lay health organizations which are operating in the community in which the lecture is given; and show how the medical society is prepared to advise and assist the other groups in organizing their work and making plans for carrying it on.

If cancer prevention is the subject of a lecture, let the medical speaker confine himself to the simple fundamentals of the topic. The essential message is, "Consult your doctor in the earliest stage of a chronic sore, or lump, or other symptom, before it becomes so disfiguring or painful that it drives the anxious sufferer to the doctor when it is too late."

These are some of the lines along which effective talks may be given to uninformed laymen in a manner which they will understand and remember, and on which they will consult a doctor.

Physicians must overcome their inferiority complex in regard to talking health to a lay audience. What they need is a few outlines of simple talks in which elementary information shall take the place of an emotional appeal based on vague generalities.

When a physician talks with a confrère over a midnight supper, he converses as if he were talking to a lay audience. This is a type of talk which he ought to be willing to give to a formal audience of laymen.

Medical History

Memories are short, and even the makers of history soon forget their good deeds. Reading the Transactions of The Medical Society of New Jersey discloses the forgotten beginnings of many activities which died in infancy from lack of proper nourishment. The annual

reports of the officers of the State Society contain flashes of medical references which are usually discovered during a hurried search for special information when there is no time to make note of their source.

It is to be remembered that a century ago

some County Societies now listed as "small" were leaders in size and influence a century ago. These Societies are now larger than ever before, but they are overshadowed by those in which great cities are located. Hunterdon, for example, was the most populous county in New Jersey when the State Society was formed in 1766, and Middlesex County supplied the greatest number of leaders and members to the State Society during the first decade of its existence.

The Exhibit of Arts, Hobbies and Medical History at the Annual Meeting of 1936 was remarkable for its display of historical relics; but still more remarkable was the information frequently imparted by members that many more are available in old homesteads and among the descendants of physicians of olden time.

The Journal seeks the medical records of early days, not merely for the gratification of a wholesome curiosity, but for the inspiration of modern doctors who often work under emergencies that call for the exercise of the same individual thought and originality that was shown by their early predecessors.

It seems to be a fact that the historical data available in New Jersey is more abundant than that of any other state, with the possible exception of Massachusetts. The rich heritage of the physicians of the State should be made known to present-day physicians.

Read the description of the entries in the first minute book of the State Society which appears on page 648 of this Journal, also the reference to the Somerset County Medical Society on page 656.

The Opportunity of the County Medical Society

The words "medical economics" were adopted to express all the varied relations of the medical profession besides those concerned with the delivery of medical services by individual doctors to persons who were actually sick. The seven years of financial depression, like the seven years of famine in ancient Egypt, have brought home to every physician the necessity of his careful preparation for delivering all forms of medical service to all persons who are in need of medical advice and guidance.

It is a fundamental principle in all business and political affairs that the ultimate success of any plan depends on the coöperation of local leaders in every community, large and small.

The family doctor is the recognized leader in medical affairs in every community. The Medical Society of New Jersey has made an *examination* of the state of medical service throughout the State. It has also made an accurate *diagnosis* of existing conditions, and has suggested a comprehensive plan of their *treatment*.

It is often said that every county and community has its own local problems, which are

different from those of other communities. Family doctors are now realizing that the *differences* in local conditions in various parts of the State are small and few in comparison with their *similarities*. This is because the means of transportation and of the diffusion of information are the same throughout the State; and that now the State is relatively far smaller than was the county a few decades ago.

The ultimate success of the comprehensive plans of The Medical Society of New Jersey depends on their hearty adoption by every individual physician. The family doctor is still responsible for the delivery of practically every form of medical service, and his opportunities for independent action are far greater than ever before. The manner of treating present social economic conditions that have been suggested by the State Society preserves the autonomy of every family doctor; and on his hearty coöperation will depend the success of the plans outlined by the Welfare Committee of the State Society. Wherever the adoption of the uniform plan of the Welfare Committee has come before a County Society, the members have given it their support.

The Specialists From Three Viewpoints

Dr. Fenton, the noted ophthalmologist of Philadelphia, once stated that in his opinion, "The only excuse for the *specialist* is that the demands made upon him for services in a specialized field are so heavy that he has no time left to devote to the other fields in which he is also interested, but in which his success is apparently not so great." Here is a criterion with which we will not quarrel!

Dr. Chalmers DaCosta, famous surgeon of Philadelphia, evidently has similar views which he expressed in this way: "No man should come forth and proclaim himself a specialist. * * * A man should not be primarily the narrow man of one idea. He should be first the physician, and out of the abundance of knowledge he should gradually become the special-

ist, because of special liking, particular aptitude, or peculiarly favorable circumstances."

In a legal case in which Dr. Fussell testified, an endeavor was made by the lawyer for the opposition to qualify him strictly as an "internist", in order to curtail his testimony which might prove damaging to the claims of the lawyer's client. Dr. Fussell refused to be called a "specialist" of any kind in spite of his national reputation as an internist. He repeatedly informed the court that he was a "physician". Finally, the court inquired if a specialist was not necessarily also a physician, to which Dr. Fussell stated rather facetiously that "it takes nineteen specialists to make one physician". The lawyer then let him alone.

L. A. W.

The Operation of the Social Security Act

New Jersey does not require its health officers to be physicians; and in fact most of them are not. Yet the management and control of public health conditions seem to go on as smoothly and efficiently in New Jersey as in other states. The reasons for this efficiency is the fact that public health work has two divisions—first, the purely medical and other scientific services; and second, the administrative activities, reports, records, and finances, and popular education.

Only the physician and the highly trained technician can render the medical and scientific services; and the non-medical health officers permit him to do so without interference. As for the administrative duties, no doctor has been heard to complain that he does not have to perform these duties. In fact, it was the requirement that the physician should make a report of every case that aroused some of his resentment against the Emergency Relief Administration.

The distribution of funds under the Social Security Act is made through official agencies, and physicians are thereby relieved of financial responsibility with its resultant insinuation of profiteering and political influence.

The governmental agency which distributes the \$320,000 of Federal funds for medical services is that one which is in closest contact with physicians—the State Department of Health. The State is fortunate that the State Department of Health and the medical profession work together in a harmony which may well be the envy of other states in which the control of public health is entirely under the control of either physicians or non-medical officers. Each group is complementary to the other.

The efficiency of the public health services rendered by The Medical Society of New Jersey is the result of a division of the work among a number of committees whose personnel numbers over fifty physicians. No committee is overburdened, and all the committees are integrated in the Welfare Committee, on which the chairman of every committee is represented.

The Welfare Committee and its component divisions confine their direct activities to the medical phases of public health work, but their advice regarding administrative duties is heeded by the State officials, for the govern-

ment officers recognize the unselfish, altruistic attitude of the medical profession.

The principal reason assigned for the Social Security Act two years ago was the attitude of aloofness of the medical men toward public health work. Physicians and their organizations were concerned with the sick and let the well take care of themselves. When the Federal Government threatened to assume the responsibility for care of those in the lower economic levels, and with the protection of the well, physicians and their organizations at once responded to the challenge. The Medical Society of New Jersey was a pioneer in announcing the plans of the medical profession for delivering all forms of medical service to all

classes of people. The change of attitude shown by practicing physicians was equalled by the change shown by the government officials. When both parties were earnest and sincere in developing an efficient medical service, there was no difficulty in developing plans which were satisfactory to both parties.

This coöperation is not "State medicine" in any respect. In fact, it is directly the opposite. It is the recognition of the principle that there is an essential place for each group, and each needs the help of the other. When the agreements are fully developed, and the scope of each party is clearly realized, New Jersey will have the best system of medical service in the United States.

Original Records of the Somerset County Medical Society

The supposed loss of the early minute books of The Medical Society of New Jersey would not have been presumed if the plan of the Somerset County Medical Society in regard to inspecting the original minute book had been followed by the State Society. The original minute book of the County Society had been started on May 21, 1816, the day on which the county society was organized in response to a law which had been passed by the Legislature on February 16, 1816, authorizing the physicians of each county to organize themselves into county societies for the purpose of examining and licensing candidates to practice medicine. (State Society Transactions, Volume I, page 147.) In accordance with that law, The Medical Society of New Jersey met on "the first Tuesday of May, 1816", and authorized a committee of its members, living in each of the six counties of "Middlesex, Somerset, Monmouth, Essex, Morris, and Cumberland", to meet and organize a County Medical Society.

The committee for Somerset met on May 21, 1816, as directed, and organized the first

county medical society in the State. (For the dates of organization of all the county societies, see the Official List of 1936, page 25.)

The Somerset County Medical Society has guarded the original minute book with zealous care, and a few years ago deposited it with the county clerk for safekeeping; and at the same time it resolved that each year a special committee of the County Society should be appointed to inspect the book and report its condition to the county society. On September 8, 1936, the committee reported to the society that the minute book was still properly preserved.

Here is a suggestion for other county societies and The Medical Society of New Jersey to follow.

For a description of the original minute book of the State Society, see page 648. It is hoped that the Somerset County Medical Society will prepare an account of its founding for publication in The Journal, and will illustrate it with photostats of some of the pages of the minute book.

The Program of the State Society

The members of County Medical Societies are appreciative of the addresses of the President's Cabinet accompanied by lantern slide outlines which have been prepared in the Executive Offices. These outlines are based on the announcements of the President and the Welfare Committee which have been recorded in the September and October Journals. They give a clear picture of the whole field of action of the State and County Societies.

It cannot be expected that every member of a County Society will be able to recite all the items of activity in which the medical profession of a community shall be engaged. An essential part of the program is that the activities shall be apportioned among committees, each of whom shall be responsible for one activity, be it tuberculosis, or cancer prevention, or venereal disease control, or a Speakers' Bureau.

An effective solution of the problem of enlisting the active participation of County Societies is to duplicate the State Society system of organization in every County Society. Somerset County acted spontaneously in this re-

gard on October 8, and voted to establish a Welfare Committee, with its four sub-committees, each with several advisory committees who should receive advice and information and inspiration from the State Advisory Committee. This plan will simplify the appointment of the working committees and give them definite objectives to attain.

The address of a member of the President's Cabinet to a County Society explains the standards and methods that are suggested by the State Society. An important part of the address is a plea that the local officers and committeemen shall consult the members of the Cabinet in regard to any further information which may be required. A request for assistance addressed to the Executive Offices will result promptly in the assignment of a State officer to meet the members of the committee in a friendly conference. The number of requests for these conferences will be a measure of the extent of the response of the members of County Societies to the program that is outlined by the State officers and committeemen.

Understanding and Co-operation

A few generations ago the physician was one of the few really learned men in the community. His interest and experience extended far beyond his medical practice. He was an acknowledged community leader, and his views and advice were sought on many community projects, as well as on personal problems.

With the increasing complications of community life, and the consequent specialized effort and thought in various fields, the interest and leadership of the doctor in community affairs became more restricted and specialized. Today there is *no one man or group* who can

direct community programs and effort. Co-operation in planning, and integrating effort of the various groups are essential—each acting within the declared and approved scope of function carried on by each group.

To serve most successfully, broader interest and attitude on the part of the members of each community group contributing to the public weal must be secured, and each group should contribute only within its proper scope of function, but with understanding and support of the work done by other community agencies and groups.

L. A. W.

ORIGINAL ARTICLES

GASTRIC POLYPOSIS

By LOUIS L. PERKEL, M.D., Jersey City, N. J.

Read before the Section on Gastro-Enterology at the 170th Annual Meeting of The Medical Society of New Jersey at Atlantic City on June 4, 1936.

True gastric polyposis is a rare condition. However, with the ever increasing and more thorough use of the roentgen ray in the diagnosis of gastro-intestinal disorders, this lesion is no longer considered a pathological curiosity.

CASE 1

Mr. M. B., white, aged seventy-two, was admitted February 9, 1932, to the gastro-enterological service of the Jersey City Medical Center complaining of belching for the previous three years. For the past three months he had dull pain in the epigastrium coming on about two hours after eating and gradually disappearing after belching. His appetite was good, bowel movements regular, and he had no nausea or vomiting. The past history was essentially negative.

The patient was fairly well nourished, slightly pale, and appeared comfortable. No masses were palpable in the abdomen, and the remainder of the physical examination was negative.



Fig. 1.—Gastric Polyposis
(A) Polyps in duodenal bulb.
(B) Filling defect in pyloric antrum.

Urine was normal. Blood Wassermann and Kahn reactions were negative. Blood count showed hemoglobin 55 per cent, red blood cells 3,800,000, white blood cells 10,000, and a normal differential count. Fractional gastric analysis revealed achlorhydria. Roentgen study of the gastro-intestinal tract disclosed a filling defect of the pyloric antrum of the stomach and multiple rounded transradiant shadows in the duodenal bulb (Fig. 1). The pyloric canal was widened and slightly elongated. The

roentgen diagnosis was gastric polypi prolapsed into the duodenum, with probable malignant degeneration of polyps in the stomach.

On February 13 the patient was transferred to the surgical service of Dr. Edgar Burke, who, two days later, performed an ante-colic vonPolya gastric resection. Operation revealed a crater-form carcinoma on the posterior wall of the antrum near the greater curvature, together with multiple polypi arising in the antrum and prolapsing through the pyloric canal into the duodenal bulb.

The pathological report by Dr. A. V. St. George was, "Ulcerating adeno-carcinoma with gastric polypi, some of which show evidence of malignant degeneration."

The post-operative course was uneventful and the patient showed progressive clinical improvement. Repeated roentgen studies have revealed no evidence of recurrence of the pathology. When last seen, on March 30, 1936 (a little over four years since the operation), the patient was enjoying good health.

CASE 2

Mrs. M. H., white, aged sixty-six, was admitted to the Jersey City Medical Center January 25, 1932, on the medical service of Dr. A. E. Jaffin, through whose courtesy this case is reported.

For the previous nine months the patient complained of weakness and increasing pallor. For the past three weeks she had experienced a feeling of fullness after eating, relieved by belching. The weakness increased, affecting mainly her legs, and caused her to become bed-ridden for five days previous to admission. Since the onset she believes she had lost about twenty pounds in weight.

The past history was essentially negative. The significant findings on physical examination were a waxy pallor and icteroid tint to skin, blanched mucous membranes and a faint systolic murmur at apex of heart. No masses were palpable in the abdomen.

Urinalysis showed albumin, one plus. Blood Wassermann and Kahn reactions were negative. Stools showed occult blood, four plus (benzidine test) on several examinations. Fractional gastric analysis revealed achlorhydria and occult blood (two plus, benzidine test). The blood count on admission was as follows: Hemoglobin 15 (?) per cent, red blood cells 880,000, white blood cells 2500, polymorphonuclears 64 per cent, small mononuclears 30 per cent, large mononuclears 6 per cent. There were noted marked poikilocytosis, anisocytosis and many nucleated red blood cells. A diagnosis was made of primary anemia.

A routine gastro-intestinal roentgen study re-

vealed the presence of several rounded negative shadows in the pyloric antrum, and in the duodenal bulb. The stomach also showed hyperperistalsis with rapid emptying. The roentgen diagnosis was gastric polyposis with prolapse of some polyps into the duodenum (Fig. 2).

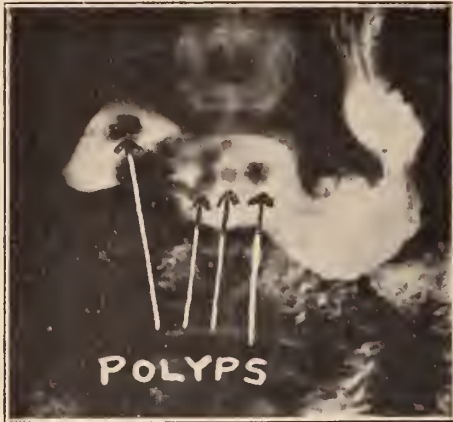


Fig. 2.—Gastric Polyposis
Rounded negative (non-opaque) shadows in pyloric antrum and duodenal bulb (Polyps).

The patient received intensive anti-anemic treatment with ventriculin, ferric ammonium citrate, and dilute HCl. Clinical and hematological improvement was slow but progressive, the red blood cells increasing up to 3,800,000 and hemoglobin to 60 per cent on February 26, one month after admission. The patient appeared brighter, felt stronger, could eat more food and complained of less belching.

On February 28 Dr. Edgar Burke, surgical consultant, advised gastric resection in view of the recognized tendency of polyposis to malignant degeneration. Considering the striking clinical improvement on medical treatment, the attending physician did not agree to surgical intervention. The patient was discharged from the hospital May 28, 1932, since which time she has been under observation by Dr. Jaffin, who reports definite and sustained clinical and hematological improvement up to the present time (May 18, 1936). The roentgen findings have remained the same.

CASE 3

Miss S. M., white, aged sixty-five, was first seen June, 1933, in the gastro-intestinal clinic of the Jersey City Medical Center. She complained that for two months she was having irregular attacks of epigastric pain immediately after eating, belching, a loss of twelve pounds in weight and occasional tarry stools. Three years previously she had a cholecystectomy for chronic cholecystitis and cholelithiasis.

Physical examination was essentially negative except for moderate tenderness on deep palpation over the epigastrium. No masses were palpable in the abdomen.

Urine was normal. Blood Wassermann and Kahn

reactions were negative. The blood count showed hemoglobin 65 per cent; red blood cells 3,800,000; white blood cells 8000; differential count, normal. Fractional gastric analysis showed achlorhydria and occult blood, four plus (benzidine test).

Gastro-intestinal roentgen study revealed an ex-



Fig. 3.—Gastric Polyposis
Honey-combed filling defect in pars media and greater curvature, typical of polyposis.

tensive honeycombed filling defect in the pars media of the stomach, also involving the greater curvature (Fig. 3). The picture of multiple rounded negative shadows was considered pathognomonic of gastric polypi and a diagnosis was made of gastric polyposis with probable malignant degeneration. Surgery was advised but was refused by the patient.

She was not seen again until April 17, 1934, when she returned to the clinic because of persistence of epigastric pain and a loss of twenty pounds since her last visit nine months previously. She was admitted to the gastro-enterological service where a complete study corroborated all previous findings, in addition to an increased weight loss and a more marked secondary anemia (hemoglobin 55 per cent, red blood cells 3,000,000).

The roentgen picture of the stomach was unchanged. The previously entertained suspicion of malignancy was strengthened and the patient was again urged to submit to surgery, which she once more refused. She remained in the hospital for two months receiving anti-anemic treatment with considerable clinical improvement. The red blood cells increased to 3,800,000 and hemoglobin to 65 per cent. She regained nine pounds of the weight lost. On June 16, 1934, the patient was discharged with instructions to return to the clinic every month for check-up. She was last seen January 5, 1936, appearing quite well. Her weight had remained fairly stationary, and the epigastric pain became less annoying. There was no apparent change in the roentgen picture of the stomach.

CASE 4

Mrs. E. H., white, aged sixty-eight, was referred to the writer on November 15, 1935, by Dr. Frank

A. Marshall, through whose courtesy this case is reported. The patient was first seen by Dr. Marshall on November 19, 1932, when she complained of swelling and pain in joints of both hands and wrists, with considerable deformity. A diagnosis was made of "rheumatic arthritis" and treatment by vaccines, vitamins, and analgesics relieved all symptoms except the deformity. She was next seen by Dr. Marshall on January 5, 1934, when she presented the typical appearance of primary anemia, complaining of a lemon-yellow pallor, weakness, loss of weight and paresthesia of hands and feet.

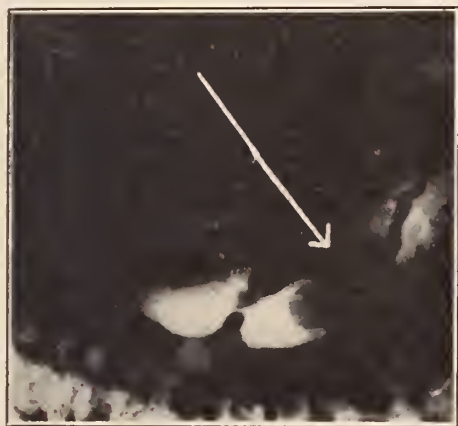


Fig. 4.—Gastric Polyposis
Dumb-bell central negative filling defect representing two polypi, fused.

Urinalysis showed a trace of albumin. Blood Wassermann and Kahn reactions were negative. Gastric analysis revealed achlorhydria. The blood count showed hemoglobin 30 per cent; red blood cells 900,000; white blood cells 3200; polymorphonuclears 44 per cent; lymphocytes 55 per cent; mononuclears 1 per cent. There were noted marked poikilocytosis and anisocytosis.

Intensive treatment with liver extract intramuscularly resulted in marked clinical and hematological improvement within a period of two months. The patient regained ten pounds in weight and felt comfortable except for slight paresthesia. The patient was lost sight of for a year, when she returned complaining again of marked pallor, weakness, dyspnea, increased paresthesia and, for the first time, noticed vague epigastric pain after eating. She had lost eleven pounds in weight, and had become very nervous.

Blood studies again showed primary anemia. She was once more given liver extract intramuscularly, together with dilute HCl, inorganic iron, and phenobarbital. Improvement was slow, but after several months she felt fairly comfortable except for paresthesia in the hands and feet and the vague indigestion. Because of the latter complaint she was referred to the writer on November 15, 1935, for gastro-intestinal roentgen study. In the media of the stomach there were seen two smoothly outlined, oval, transradiant shadows which appeared to

fuse with each other, producing a dumb-bell like central defect (Fig. 4). The defect could be demonstrated only after the ingestion of a small amount of barium suspension. It was totally obscured when the stomach was filled with the opaque mixture. A diagnosis was made of gastric polyposis, probably benign.

The patient received further anti-anemic treatment with continued improvement. She was last seen on April 22, 1936, by Dr. Marshall, who reports her to be feeling well except for the deformity of the wrists.

Though the existence of gastric polypi was known to Morgagni, it was not until 1833 that the first case was reported by Cruveilhier. Two years later, Brissard correctly described the lesion as polyadenomata. In 1888 Menetrier presented his classical description of the lesion dividing it into two main types, polyadenoma "Polypeux" and polyadenoma "En nappe". Up to 1909 there were reported a total of forty-nine cases, all found post mortem. In this year, Wegele reported the first case recognized at operation and treated by gastro-enterostomy. In 1912, Chosrojeff reported another case recognized by the finding of tumor tissue (polyps) in the gastric lavage. In 1913, Myer reported in great detail a case of gastric polyposis diagnosed both from tumor tissue found in gastric washings, and for the first time, by the roentgen ray. The diagnosis was corroborated post mortem. In 1919, Balfour reported another case, diagnosed by Carman, the first to be discovered by roentgen findings alone. Schindler, in 1922, was the first to recognize gastric polyposis by gastroscopy.

Brumm and Pearl, in 1926, summarized the literature up to that date, reviewing the eighty-four previously reported cases and adding five of their own. In 1932, Kirklin and Broders reviewed nineteen cases gathered from the records of the Mayo Clinic, and described the characteristic roentgen manifestations of the condition. In the past few years several cases have been added to the literature by Habbe, Ochsner and Moser, Joyce and Dick, Benedict and Allen, and others.

INCIDENCE

Statistics on the incidence of gastric polyposis are variable. Balfour found only one case in 8000 gastric operations done at the Mayo Clinic. Carman, at the same clinic, rec-

ognized but two cases in 50,000 roentgen examinations of the stomach. Ebstein found fourteen cases in 600 necropsies, while Eliason and Wright found only one in 8000 necropsies. The condition will undoubtedly be more frequently recognized as roentgen diagnosis becomes more universally employed. Most authors agree that gastric polyposis is commonly seen in the later decades, though it may occur at any age. The sex incidence is about equal.

ETIOLOGY

The etiology of gastric polyposis is still a debatable question. Some believe it is of congenital origin, arising in fetal anlagen. Most observers, however, stress chronic irritation, particularly as a result of chronic gastritis, as the chief causative factor. Most cases carefully studied pathologically showed evidence of gastritis. Aschoff, on the other hand, believes that the catarrh is usually secondary to the polyposis. Mentioned as other possible etiological factors are syphilis, chronic alcoholism, atheroma of the gastric vessels, and other conditions leading to nutritional impairment of the gastric mucosa. Japanese workers have produced gastric polypoid lesions by the injection of coal tar into the gastric mucosa of rats, thus supporting the irritation theory.

PATHOLOGY

The pathology of the lesion has been studied by many, and almost unanimous conclusions have been reached. Menetrier's classical description and classification of the lesion is still generally accepted. The first more common group, the polyadenoma polypeux, consists of discrete, lobulated, pedunculated cystic tumors, each having an independent attachment. Microscopically, they consist mainly of glandular tissue with connective tissue stalks. The glands become lengthened, and are devoid of pepsin cells. The polyps vary in number from one to several hundred, and may be situated anywhere in the stomach, most commonly in the pyloric antrum. In the second rarer group, the polyadenoma en nappe, the polyps have a common flat, plaque-like base, and are closely packed in rows. They are not pedunculated nor cystic, and macroscopically they resemble the convo-

lutions of the brain. Occasionally the two types co-exist. Ackmann, in 1930, reported a case of polyadenoma en nappe, stating that he could find in the literature only seven previously reported examples thereof. Habbe, in 1932, reported another case of the en nappe type in which the duodenum was also involved.

That polyps have a tendency to malignant degeneration is agreed by all, but the frequency of this transformation is subject to divergent opinion. In the eighty-four cases of Brunn and Pearl there was evidence of malignant changes in 12 per cent. Both cases reported by Finney and Friedenwald showed carcinomatous degeneration. In Habbe's case, though roentgen and surgical findings were negative for carcinoma, the pathologist reported definite malignancy after the microscopic examination of a single polyp. In Case 1, reported here, there is little doubt of the malignant degeneration of the primarily benign lesion. Sinclair, in 1933, in reviewing the British literature relative to frequency of malignant degeneration of polyps, found statistics varied from 4.9 to 12 per cent. Benedict and Allen, in a review of seventeen cases, found microscopic evidence of malignancy in seven cases, an incident of 41.2 per cent. Oehlecker reports a case of diffuse gastric polyposis in a man of thirty-five, in which the resected specimen showed a very small portion to be undergoing malignant change. Conversely, Jaffe, in a post-mortem study of 100 cases of gastric carcinoma, found evidence of polypi in seven cases. He claims that the actual incidence is probably higher, inasmuch as in many instances the growing carcinoma obscures or enmeshes the polypi.

Rehfuss believes gastric polyposis to be potentially malignant. As stated succinctly by Kirklin and Broders: "Although polyps are at least primarily benign, they hold their benignant status precariously."

SYMPTOMATOLOGY

The symptomatology of gastric polyposis is not characteristic. The symptoms vary according to the type, size, and location of the lesion. In fact, there may be no symptoms at all, the condition being discovered post mortem.

There may be vague discomfort or pain in the epigastrium which may or may not be related to or relieved by the ingestion of food. Belching is a rather frequent symptom. It was complained of by three of the four cases reported here. Vomiting may occur. Massive and near fatal hemorrhage is rarely seen, though in one of the cases reported by Ochsner and Moser hemorrhage was the immediate cause of death. In the majority of cases occult blood is present in the gastric contents and stools.

An almost constant finding is achlorhydria, usually associated with the presence of a thick mucus resembling egg white. Occasionally gas-trogenous diarrhea occurs. Anorexia is commonly present with the accompanying loss of weight and strength.

Palpable tumors are rarely encountered. When pedunculated polyps situated near the pylorus prolapse into the duodenum symptoms typical of sudden pyloric obstruction may occur.

Anemia, a common finding, may be so marked as to be indistinguishable from true primary anemia, as in cases two and four reported here. Walters quotes three cases of Priestly and Heck in which pernicious anemia was associated with gastric polyposis. There may well be present a cause and effect relationship due to the destruction of the "intrinsic" anti-anemic factor of Castle by the polyposis and its associated gastritis. On the other hand, one should bear in mind the recognized tendency of polyps to slow bleeding or oozing, which, over a long period of time could produce a secondary anemia severe enough to be mistaken for the primary form.

DIAGNOSIS

The clinical picture alone is not characteristic enough to warrant a definite diagnosis. The presence of achlorhydria with excess mucus in

the gastric juice is suggestive. An unexplained anemia should prompt a search for gastric polypi. The clinical syndrome may be indistinguishable from that of gastric carcinoma or true primary anemia. The roentgen findings, however, are pathognomonic. As is characteristic of all benign tumors, polypi produce smoothly outlined, round or oval transradiant defects within the barium filled gastric shadow. In extensive polyposis there are also seen multiple scalloped indentations along the curvatures of the stomach. If the lesion is small, careful palpatory technique and compression are required to elicit these roentgen findings. Occasionally retained food, or possibly a hair-ball, may be mistaken for polyposis. When prolapse of the polyps through the pylorus into the duodenum has occurred, the characteristic round or oval negative shadows are seen in the duodenal bulb. In these cases the pyloric canal is usually widened and elongated.

TREATMENT

In view of the well-recognized tendency of this lesion to undergo malignant degeneration, most authors advise surgery as the safest treatment. Kraus, Rehfuess, and others advocate radical gastric resection rather than simple excision of the polypi. Radium and deep x-ray therapy have been used, but with doubtful results. In cases two and four reported here, which presented clinical and hematological pictures typical of primary anemia, apparent benefit was derived from intensive anti-anemic treatment. The future follow-up, however, will determine the permanency of these favorable results.

SUMMARY

1. The literature on gastric polyposis is reviewed, and four new cases are added.
2. The clinical, pathological and roentgen aspects of the condition are discussed.
3. The tendency to malignancy transformation of this primarily benign lesion is stressed.

BIBLIOGRAPHY

1. Ackman, F. D.: Multiple Adenopapilloma of the Stomach. *Canad. M. A. J.*, 23:391, 1930.
2. Aschoff (cited by Johnson).
3. Balfour, D. C.: Polyposis of the Stomach. *Surg. Gynec. Obst.*, 28:465, (May) 1919.
4. Benedict, E. B., and Allen, A. W.: Adenomatous Polypi of the Stomach. *Surg. Gynec. Obst.*, 58:79, (Jan.) 1934.
5. Brissard (cited by Ackman).
6. Brunn, H., and Pearl, F.: Diffuse Gastric Polyposis. *Surg. Gynec.*, 43:559, 1926.
7. Carman, R. D.: Roentgen Diagnosis of Diseases of the Alimentary Canal. Second Edition. W. B. Saunders & Co., Philadelphia, 1920.
8. Chosrojeff, G. (cited by Habbe).
9. Cruveilhier (cited by Ackman).
10. Ebstein (cited by Myer).

11. Eliason, E. L., and Wright, V. W. M.: Benign Tumors of the Stomach. *Surg. Gynec. Obst.*, 41:461, 1925.
12. Ewing (cited by La Roque and Shiflett).
13. Finney, J. M. T., and Friedewald, J.: Gastric Polyposis. *Am. J. M. Sc.*, 154:683, 1917.
14. Habbe, J. E.: Diffuse Gastroduodenal Polyposis "en nappe". *Am. J. Roentgenol.*, 28:68, (July) 1932.
15. Johnson, C. A.: Benign Neoplasms of the Stomach. *Am. J. Surg.*, 18:324, (Nov.) 1932.
16. Joyce, T. M., and Dick, S.: Gastric Polyposis. *Surg. Cl. N. A.*, 13:1417, (Dec.) 1933.
17. Kirklin, B. R., and Broders, A. C.: Roentgenologic and Pathologic Aspects of Gastric Polyposis. *J. A. M. A.*, 98:95, (Jan. 9) 1932.
18. Kraus, Fritz: Soll man bei di Polyposis Ventriculi Excidiren Oder Resezieren? *Zentralbl. f. Chir.*, 61:1870, (Aug.) 1934.
19. LaRoque, G. P., and Shiflett, E. L.: Benign Tumors of the Stomach. *Ann. Surg.*, 96(1):240, (Aug.) 1932.
20. Menetrier, P.: Des Polyadenomes Gastriques et Leurs Rapport Avec le Cancer de L'estomac. *Arch. de Physiol. Norm. et Path.*, ser. 1, pp. 32 and 236, 1888.
21. Myer, J. S.: Polyposis Gastrica (Polyadenoma). *J. A. M. A.*, 61:1960, (Nov. 29) 1913.
22. Ochsner, H. C., and Moser, R. H.: Diffuse Polyposis of the Stomach. *J. Indiana M. A.*, 26:427, (Sept.) 1933.
23. Oehlcker, F.: Eine Augedehnte Polyposis des Magens. *Bruus Beitrage zur Klin. Chir.*, 160:1, 1934.
24. Reh fuss, M.: The Diagnosis and Treatment of Diseases of the Stomach. W. B. Saunders & Co., Philadelphia, 1927.
25. Schindler, R.: Die Diagnostische Bedeutung der Gastroskopie. *Munchen. Med. Wchnschr.*, 69:535, 1922.
26. Sinclair, N.: Diffuse Polyposis of the Stomach. *Brit. J. Surg.*, 20:645, 1933.
27. Walters, W.: Proc. Staff Meet. Mayo Clinic. 8:315, (May) 1933.
28. Wegele, C.: Ueber Polyposis Ventriculi. *Mitt. a.d. Grenzgeb. d. Med. U. Chir.*, 19:53, 1909.

2801 Boulevard
Jersey City, N. J.

INJECTION TREATMENT OF HEMORRHOIDS

By RUDOLPH V. GORSCH, M.D., New York, N. Y., and
CARROLL D. SMITH, M.D., Paterson, N. J.

Read before the Section on Gastro-Enterology at the Annual Meeting of The Medical Society of New Jersey,
June 4, 1936.

Included in the variety of therapeutic measures advocated for internal hemorrhoids, the injection method is now generally recognized as an established and acceptable method. Since its inception it has been the object of the severest criticism largely because of its exploitation by charlatans, and largely because it has been used indiscriminately without sufficient consideration and recognition of the degree of hemorrhoidal disease with its associated pathology, either local or remote.

The pitfalls of the method lie not so much in the technic or the sclerosing solutions used, as in the failure to properly select the cases. The failure to recognize those cases of hemorrhoids which should be excluded from the injection method has been responsible for the majority of the disastrous results.

We have attempted in this short symposium to emphasize the relevant embryological, anatomical, and particularly the pathological considerations essential to a proper classification of the cases of internal hemorrhoids, from the injection standpoint; and to briefly review the modern technic.

EMBRYOLOGY

Embryologically the anal canal develops from a fusion of the somatic ectoderm or skin,

with the visceral entoderm or mucous membrane of the rectum. As the hind-gut or primitive rectum reaches its final descent at the caudal end of the embryo, the perineal ectoderm has already invaginated itself as the proctodeum, and there only remains a thin diaphragmatic membrane which separates the primitive anus and rectum. The hind-gut or rectum is lined by entodermal epithelium or rectal mucosa, and the proctodeal invagination is lined by ectodermal epithelium or modified skin.

These directly opposed epithelial surfaces constitute the anal membrane, the absorption of which completes the embryonic anorectal junction. Failure of absorption constitutes an imperforate anus.

The line of union of these primitive tubes is marked in the adult by the pectinate or dentate line, which is a most important proctologic landmark, since it constitutes a viscerosomatic watershed separating the visceral from the somatic circulation. It also marks an abrupt change in the lymphatic and nerve supply of this region.

The dentate line further marks the distal limit of the intestinal canal, and the proximal limit of the anal canal.

The internal hemorrhoidal plexus of veins

arising from the visceral mesoderm constitute the terminal radicals of the portal circulation. On the other hand, the terminal radicals of the external hemorrhoidal veins or plexus arising from the somatic mesoderm constitute the terminal radicals of the pudendal veins draining to the systemic or general circulation.

We shall not attempt any complete anatomical review but merely emphasize anatomical facts having a practical bearing on the injection technic.

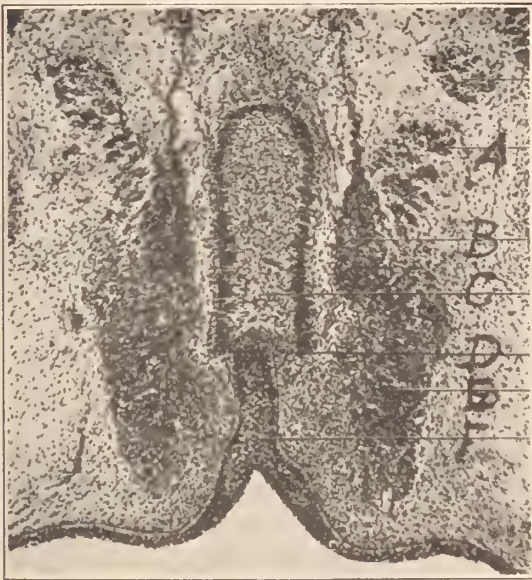


Fig. 1.—Human embryo (McNee), 32 mm. A, Levator ani. B, Int. sphincter. C, Rectum. D, Anal membrane. E, Ext. sphincter. F, Anal canal.

MUSCULATURE OF THE ANAL CANAL

The external sphincter muscle surrounds the anal outlet. It is not a single band of circular muscle fibres but is composed of three very definite layers which are known as the *subcutaneous*, the *superficial* and the *deep* fibres. The subcutaneous layer is often erroneously referred to as the entire sphincter muscle.

The internal sphincter muscle is partly encircled by the external and its lower margin lies just above the *subcutaneous* layer of the external muscle producing a well-defined and readily palpable groove, which is referred to as Hilton's line or the white line.

It should be noted that the internal hemorrhoidal veins and internal hemorrhoids lie well

above Hilton's line, and injection technics based on the relation of the internal to the external sphincter muscle are erroneous; and in well-developed subjects with long anal canals the injections are apt to be too low and result in undesirable complications.

NERVE SUPPLY

The dentate or pectinate line marks the upper limit of the somatic or cerebrospinal nerve supply mainly through the third, fourth and fifth sacral nerves. These fibres convey motor, sensory and sympathetic fibres, the precise distribution of which is still uncertain.

Sensation is highly developed in the region of the dentate line, which is notorious for its pain producing and reflex possibilities in the gastro-intestinal tract even as far as the duodenum.

In contrast, the rectal mucous membrane just above the dentate line is painless, and the proper injection technic should occasion no pain. It is noteworthy, however, that the lower rectum may convey sensations of fullness or urgency probably through the sympathetics. This is commonly referred to as a bearing down sensation or as a false sense of defecation.

It is sometimes a disquieting symptom following the injection of hemorrhoids in which marked inflammatory reactions have occurred. These patients deserve careful watching.

LYMPHATICS

The lymphatics above the dentate line drain into the sacral, or hypogastric glands or those of the rectal wall or along the margins of the levator ani muscle. Those below the dentate line drain into the inguinal glands and those in the ischiorectal fossa.

The exact rôle played by the lymphatics in the injection treatment of hemorrhoids is not well understood, but the diffuse lymphatic supply in this area probably accounts for the high degree of inflammatory reaction which the anal canal and lower rectum is able to tolerate with but little permanent damage.

VASCULAR SUPPLY

The arterial supply to the rectum and anus is composed of the superior hemorrhoidal, two

middle and two inferior hemorrhoidal arteries and the middle sacral artery. These divide into many radicals and there is free anastomosing among their terminal radicals. We are more concerned with the superior hemorrhoidal artery, because it supplies mainly the mucous membrane of the rectum, while the remaining arteries mainly supply the rectal musculature.

VENOUS SUPPLY

The internal hemorrhoidal veins arise from the hemorrhoidal plexus surrounding the lower rectum just above the dentate line, and running submucoously they pierce the rectal wall about six cm. above their origin and drain into the superior hemorrhoidal to the inferior mesenteric and finally to the portal. These veins have no valves, which is supposedly an important predisposing factor in the etiology of internal hemorrhoids.

The external hemorrhoidal veins arise from the terminal radicals in the anal canal proper and enlarging somewhat they surround the anus in a more or less plexiform manner forming the external hemorrhoidal plexus and drain into the systemic circulation through the inferior hemorrhoidal to the pudendal vein.

The external hemorrhoidal veins are usually only prominent during the act of defecation, and true external hemorrhoids are comparatively rare. Rupture of the external radicals results in an external thrombotic pile or perianal hematoma.

The external veins communicate through minute anastomatic channels below the anal mucosa with the internal veins. Dilatation of both the internal and external veins may result in a so-called mixed pile.

The middle hemorrhoidal veins which are systemic veins anastomose by minute channels with the radicals of both the internal and external veins. They play no part in the etiology of hemorrhoids.

The anorectal veins, particularly the internal, show anatomically much greater variation in number and structure than do the corresponding arteries, and this may account in some measure for the hereditary tendency in hemorrhoidal disease and its recurrence.

The hemorrhoidal veins constitute a hemostatic protective bed for the anorectal mucosa.

ANATOMY OF THE ANAL CANAL

It is quite essential for the purpose of injecting internal hemorrhoids that one be familiar with the normal anatomy and landmarks of the anal canal and lower rectum.

The anal canal is commonly described as extending from the true skin below to the anorectal line or dentate line above. It varies from one to two inches in length. Above the dentate line is the rectal ampulla with its internal hemorrhoidal plexus, a zone commonly referred to as the annulus hemorrhoidals, and from which internal hemorrhoids can only arise. It should be carefully observed that internal hemorrhoids never arise in or from the anal canal and no matter to what degree they may prolapse, they are still internal hemorrhoids, and their lower margin is always marked by the dentate line, irrespective of whether this is prolapsed or not with the hemorrhoid proper.

It should be further observed that in mixed hemorrhoids, which are more common than supposed, a sharp distinction must be made between the lower margin of the internal hemorrhoid or dentate line, which is usually partly prolapsed and the upper margin of the redundant skin lining of the anal canal. In the lower margin of this redundant skin is found the external hemorrhoid, which becomes quite prominent on straining.

The dentate line is the dead line for the injection treatment, and it is usually readily recognized by its irregularity or dentate appearance produced by the anal papillae which are connected at their bases by folds of mucous membrane. The free edges of these folds form the anal crypts, pockets or valves which extend down in the pecten for a varying distance. At the dentate line there is an abrupt change in the appearance of the cutaneous lining of the anal canal which turns from the shiny grey color of the modified skin to the bright bluish red or pink color of the rectal mucosa overlying the internal hemorrhoidal plexus.

About five millimeters below the dentate line

is the *white line of Hilton*, which marks the separation between the internal sphincter and the *subcutaneous* portion of the external sphincter. Hilton's line is often difficult to distinguish but usually readily palpated. The area between the dentate line and Hilton's line is the so-called pecten which has recently assumed importance on account of the frequent references to pectenosis.

The wall of the anal canal is of some importance. It is composed of a mucocutaneous lining and a fibrocellular layer, below which are the extensions of the longitudinal muscle of the bowel. These extensions become continuous with perineal fascia and fix the anal canal.

PATHOLOGY

From the purely pathological standpoint, internal hemorrhoids present varying degrees of varicosities of the internal hemorrhoidal veins, associated with interstitial or perivascular fibrous changes which are the result of infection and chronic hyperaemia, and finally lead to ulceration, hemorrhage, tumefaction, and varying degrees of prolapse. The arteries are unimportant and play a minor rôle in the pathology.

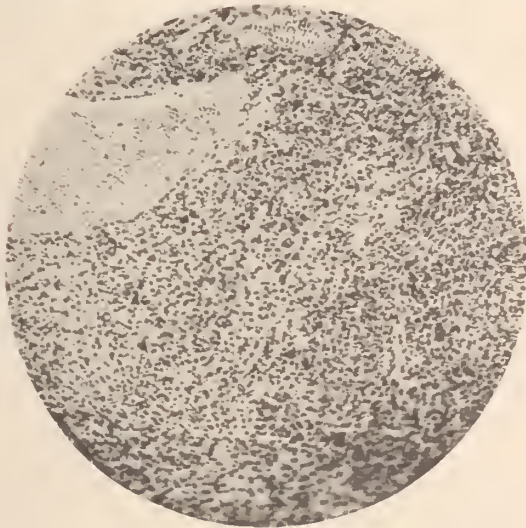


Fig. 2.—Micro-photograph showing the leucocytic infiltration and chronic inflammatory reaction in an apparently uninfamed hemorrhoid.

Chronicity plays an important part in the progressive pathological changes from simple

varicosities to chronic fibrous prolapsed and ulcerated hemorrhoids. This pathological background deserves careful consideration and discrimination, since the proper choice of treatment depends almost entirely on the degree of local pathological changes. It is a common error to see the hemorrhoid but not to see behind the hemorrhoid.

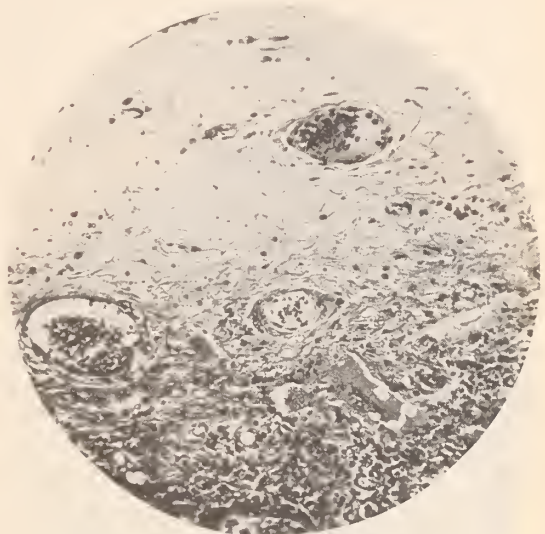


Fig. 3.—Micro-photograph of an internal hemorrhoid injected sixty hours before removal with 5 per cent quinine and urea hydrochloride. Note the marked exudative and cellular type of inflammatory reaction in contrast to phenol 12 per cent, Fig. 4.

The pathology of hemorrhoids depends probably more on chronic congestion and infection than is usually recognized, and that internal hemorrhoids associated with proctitis, cryptitis and perirectal infection may be a common but unrecognized source of focal infection should be borne in mind. Nearly every pathological microscopic section of surgically removed hemorrhoids shows sufficient evidence of chronic infection to arouse comment from the pathologist.

Mucosal and submucosal infections should be carefully noted and injections are advisedly postponed in these cases until the possibilities of portal infection are more remote. One can not drain an infected hemorrhoidal field by the injection treatment.

Prolapse is important in hemorrhoidal pathology since it signifies chronicity and results in sphincter spasm and hypertrophic changes

not only in the hemorrhoid itself but in the adjacent muco-cutaneous tissues. Prolapse also stimulates the rectal mucous glands and indirectly causes pruritus ani.

In advanced degrees of prolapse, the hemorrhoids may be caught outside the contracted sphincters and present the typical picture of irreducible strangulated piles. The so-called attack of piles. Patients with this history or in this condition are unsuitable for the injection treatment, since thrombosis and a chronic phlebitis are prominent pathological changes.

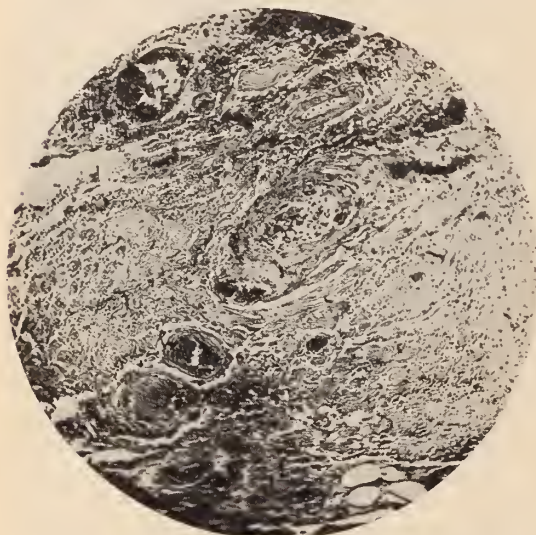


Fig. 4.—Micro-photograph of an internal hemorrhoid injected sixty hours before removal with 12 per cent phenol solution. Note the more marked thrombosis, and the greater cellular response leading to a firmer fibrosis. Compare with Fig. 3.

Note: Both Figures 3 and 4 are from the same patient,—the injections being on opposite sides.

Repeated thrombosis is sometimes a prominent part of the pathology in hemorrhoids, and it may lead to a high degree of fibrous replacement and result in the so-called white hemorrhoids or fibrous hemorrhoidal polyps. These should be carefully differentiated from true varicose hemorrhoids, since injection into an already fibrous and infested field may be disastrous.

Acute and more particularly chronic sphincter spasm, although not strictly a pathological condition, has an important bearing on hemorrhoids, since the contracted anal canal necessi-

tates increased straining during evacuation which tends to aggravate the hemorrhoids. Sphincter spasm usually indicates an irritative lesion of the anorectal region and the common association of fissure, cryptitis, proctitis, pectenosis and hemorrhoids has been frequently stressed. These common anorectal conditions may play an important part in reflex symptoms referable to the abdomen, and it should be more generally appreciated by the gastroenterologist that the eradication of purely local anal lesions may relieve the so-called neuro-pathic abdomen with its motor and secretory disfunctions.

It is obvious then that the cases of internal hemorrhoids observed by the general practitioner may range from the simple uncomplicated varicose condition of the internal hemorrhoidal veins to the extensive prolapsed strangulated case, complicated by varying degrees of local and remote pathology.

It must be appreciated that the injection treatment has its limitations, and granted that it may relieve the patients of bleeding and moderate degrees of prolapse, it can not and does not eradicate chronic infectious processes or associated predisposing pathological conditions.

In order to stay within the limitations of the injection method, it is helpful to classify the cases of internal hemorrhoids into the following fairly well defined groups.

1. Small varicosities, no prolapse, little infection and bleeding the only symptom.
2. Moderately large varicosities, moderate infection, slight prolapse always spontaneously reduced and irregular bleeding.

These two groups constitute the simple uncomplicated cases of internal hemorrhoids and are usually suitable for the injection method of treatment. Their incidence is about 50 per cent.

3. Large varicosities, definite prolapse, requiring manual reduction, considerable infection with irregular bleeding and associated local pathology.

The importance of cardio vascular renal disease with portal congestion and disturbed liver function is not sufficiently appreciated in this group. They are unsuitable for the injection method.

SYMPTOMATOLOGY

Bleeding and protrusion are the cardinal symptoms of internal hemorrhoids, but hemorrhoids unfortunately are not always the source of the bleeding or protrusion.

Bleeding between bowel movements is usually caused by prolapsed hemorrhoids caught in the grasp of the sphincter. Bleeding comes more from ulceration on surface of hemorrhoid than from veins which cause hemorrhoid.

It is noteworthy here that women often have rectal bleeding just before menses, and usually from the anterior rectal wall. Injections should be given cautiously in these cases.

Symptoms other than bleeding and protrusion, particularly pain, should arouse suspicion of an ulcerated or infectious nature. We believe that the symptoms of fullness, burning, tenesmus, and bearing down and bleeding arise not so much from the hemorrhoids as from the accompanying catarrhal ano-proctitis.

ETIOLOGY

Hemorrhoids have been attributed to a host of causes, remote and exciting. Time does not permit discussion of these, but we would, however, emphasize that internal hemorrhoids may be a secondary manifestation resulting from acute or chronic pathological conditions particularly higher up in the gastro-intestinal tract, genito-urinary system or elsewhere. Suffice it to say that these conditions are frequently overlooked or not looked for at all. That about 20 per cent of rectosigmoidal cancers have their hemorrhoids treated, surgically or otherwise, accentuates the necessity for a complete and comprehensive examination.

TECHNIC OF INJECTION

The first consideration in the technic of injection is the position of the patient. There are three positions used more than any other. These are the lateral the patient lying on his side

with the knees well drawn up; the knee-chest or knee-elbow position and the inverted position gained through the use of the Hanes table. The lateral position is the one most generally employed, but there are no objections to either of the others, it being largely a matter of choice with the operator.

The second consideration is for the lighting effect. Very few offices are so arranged so that daylight can be used, therefore an ordinary floor lamp, head-light or head mirror may be employed. Also there are several instruments on the market which have lights adapted or incorporated in the instrument itself. Dr. Gorsch has adapted a light by means of an addition to the handle, whereby one light may be used for all instruments. This light works off a battery or transformer. I prefer the battery because of less chance of electric shock to the patient. Here again the choice of the operator and usage decides what shall be used.

As to the choice of instrument, a 5 c.c. Luerlok syringe to which is attached an off-set needle or a needle of the operator's choice, with sufficient gauge, 18 to 20, to allow the free passage of oil or other solution. As to the type of anoscope, there seems to be a difference of opinion with almost all operators, there being no question that one is more adaptable to the operator than the other. As for myself, I prefer the Martin-Davis anoscope; Dr. Gorsch prefers a modified small Kelly anoscope, but this does not necessarily mean the Hirschman, Brinkerhoff and others are not equally as good.

I have arranged a chart of the solutions used, which is as follows:

This does not include all of the many solutions used, since the majority of them are based in the above preparations and these are the ones more commonly used.

As to the injection itself, following the rule of safety, a digital examination is first per-

Solution	Amount Used	Where Injected
Quinine and urea hydrochloride	1 to 1.5 c.c.	Into pile mass
Phenol 5% in almond oil	½ to 5 c.c.	Submucous and upper margin of pile
Phenol 20% in equal parts glycerin and water	8 to 12 M.	Submucous or into pile mass
Shuford's solution 25%	5 to 10 M.	Submucous or into pile mass

CHART 1.

formed irrespective of how many examinations have been made on previous occasions. The anoscope is inserted and the hemorrhoidal area where the injection is to be made is isolated.

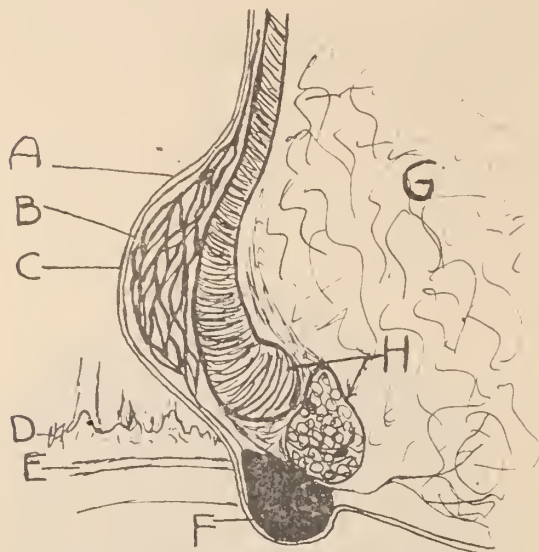


Fig. 5.—Longitudinal section of one wall of the anus, showing hemorrhoidal areas.

- A. Area for high submucous injection.
- B. Hemorrhoidal mass.
- C. Area for central injection.
- D. Dentate line.
- E. Hilton's line.
- F. External hemorrhoid.
- G. Adipose tissue.
- H. Sphincter muscles.

It is generally necessary to withdraw the anoscope and reinsert it before the injection is made. The solution having been prepared, the anoscope being reinserted, the site of injection should be painted with mercurochrome, tincture merthiolate or other solution to assist in the safety factor. The point of the needle is inserted underneath the mucous membrane well above the center of the hemorrhoid and a submucous injection is made, except in solutions used for injection into the central mass of the hemorrhoid. As a rule, we use five per cent phenol in almond oil solution, which is injected until the mucous membrane assumes a slightly grayish appearance and the blood vessels become plainly discernible. This is called Blanchard's striation sign. The amount of oil injected varies from one to five c.c., depending upon size and type of hemorrhoid injected. The needle is not withdrawn immediately, but left in place for about thirty to

sixty seconds and slowly withdrawn, after which there should be no bleeding. Subsequent injections in the same area are made at a lower level than the first, but not until the effect of the previous injection has been fully obtained, usually from ten days to two weeks. It is very frequently a good idea to examine the patient digitally after injection to determine the effect and distribution of the solution injected. Some people are inclined to insert a suppository into the rectum after injection, but this is seldom necessary if the injection is properly carried out.

One to four injections may be made at one time, but if a large amount of solution is used, it is unwise to make more than two injections at a time.

In a large hemorrhoid where the injection has been made directly into the hemorrhoid or a large quantity of solution has been used, it is advisable to instruct the patient to replace the injected hemorrhoid should a prolapse occur during defecation, preventing strangulation with its undesirable sequelae.

Frequently in large hemorrhoids injected with five per cent phenol, and where insufficient sclerosis has taken place, it is often advisable at a later date to inject five to ten drops of twelve to twenty per cent phenol solution for more complete cicatrization. Quinine and urea hydrochloride five per cent may be used for the same purpose after five per cent phenol in oil has been used.

The results that may be expected from the injection therapy are tumefaction at the site of injection, which is fairly firm but is not painful, with almost immediate cessation of bleeding and symptomatic relief.

One or two days later the injection produces a tumor in the hemorrhoidal area which enlarges the mass. Within a few days the entire mass tends to become harder and smaller and in approximately ten days there is marked reduction in size. This should continue reducing in size until a small scar area may be felt upon digital examination, and be practically invisible when examined anoscopically. The actual submucous hemorrhoidal mass has been shrunk in size, but, it must be remembered that the redundant mucous membrane covering

of this hemorrhoid is still present and may be considered as a potential hemorrhoid when such factors as constipation or diarrhea occur.

The following complicating conditions are



Fig. 6.—The upper picture shows the marked perianal edema from an injection of phenol below the dentate line. This picture was taken one week after the injection. The lower picture was taken three weeks after the injection. It was over two months before this cleared up.—Courtesy of Dr. A. J. Abeloff.

some of the unexpected and undesirable results:

1. Slough and ulceration which usually follows faulty, superficial, or too large injection. This is the most common reaction.
2. Gangrene formation due to large slough.
3. Chronic anal ulceration.
4. Rectal neuralgia or extreme pain due to too low an injection, or to injection into adjacent organ.
5. Abscess formation due to injection or trauma at or following injection.
6. Fistula following abscess.
7. Scar ridge or nodule formation in submucosa due to repeated injections.
8. Oil tumor due to injection into previously injected hemorrhoid, into a fibrous hemorrhoid or use of inorganic oils.
9. Acute quinine or phenol intoxication or reaction, depending upon the amount injected and the idiosyncrasy of the patient.
10. Genito-urinary symptoms following anterior injections in the male, due to the prostate

being irritated or injected accidentally which may necessitate catheterization for several days. One doctor reports a patient as having passed oil per urethra following an injection of phenol in oil.

CONTRAINDICATIONS

In considering whether or not injection therapy be employed, there are many conditions which should be thought of and excluded as probable associated factors. This, of course, necessitates a physical examination of more than just the perineum. The following conditions should make the operator wary and inclined to hesitate before injecting:

1. A tumor of the hemorrhoidal tissue which at any time prolapses through the sphincters.
2. The presence of external hemorrhoids or mixed hemorrhoids in which surgical procedures are preferable.
3. Chronic inflamed or ulcerated hemorrhoids.
4. Acute or chronic fissure.
5. Fistula, especially of submucous type.
6. Pruritus—the cause should first be determined before treatment is considered.
7. Hypertrophied anal papilla, papillitis and cryptitis.
8. Chronic fibrotic hemorrhoids.
9. Acute hemorrhoids—usually associated with other factors to be ruled out and treated before injection.
10. Tumors—benign or malignant. All patients should have the benefit of a sigmoidoscopic examination, more especially when the age be forty or more, to absolutely rule out the possibility of a tumor higher up in the bowel causing obstructive hemorrhoids. Also in elderly patients, it is wise to palpate the abdomen and inquire as to symptoms pertaining to the possible presence of cancer.
11. Proctitis occurs more frequently than most physicians think, and it is well worth while to rule this out. It may be associated with fistula, cancer, colitis, venereal diseases, cryptitis, etc. If the proctitis is relieved, the usual result is that the hemorrhoids are materially improved.
12. Ano-rectal bleeding due to pathology

elsewhere, such as purpura hemorrhagica, diverticulitis, cancer, et al.

13. Hypertrophy of the prostate—these cases occasionally produce massive hemorrhoids, which injection treatment only aggravates.

14. A third degree retroversion of the uterus, which may or may not rest on the rectum, in many cases causes constipation with resulting hemorrhoids, and very occasionally when associated with inflammation of the pelvic organs the uterus will be adherent to the rectum. Here it may be well to mention that any condition in the urogenital and pelvic region producing inflammation and congestion of these parts may likewise produce a congestive condition of the lower bowel which may in turn produce hemorrhoids.

15. Where excessive sphincteric spasm is present, the cause should be known before injection is made.

16. Ischiorectal abscess formation with resultant inflammation may cause early symptoms of internal hemorrhoids, but very soon the extreme pain accompanying this condition will rule out hemorrhoidal importance.

17. Fecal impaction will produce venous stasis with associated irritation, inflammation, and mechanical obstruction with formation of hemorrhoids.

18. The presence of induration or scar from a previous operation or affection of the pile bearing area should receive careful consideration before injection.

19. Colitis with attendant diarrhea and rectal irritation.

20. Constitutional diseases should be known, and where injection is contraindicated due to their presence, the injection should be postponed until a more propitious time, such as after direct treatment of the system's condition.

Of the more important, one may consider:

1. Tumors, benign or malignant.
2. Syphilis.
3. Tuberculosis.
4. Diabetes.
5. Hepatic cirrhosis.
6. Chronic or acute cardiovascular disease.
7. Diarrhoeic or constipative tendencies

due to nervous instability, adhesions, gastric ulcers, et al.

8. Purpura hemorrhagica.

9. Chronic nephritis.

If the patient has none of these conditions, and if the primary requirements being only uncomplicated internal hemorrhoids of not more than two or three small masses, the physician is justified in injecting and advising the patient that he or she may expect excellent results, and as long as the bowel movements are kept normally soft, they may expect no future trouble.

EXCEPTIONS TO CONTRAINDICATIONS

This type of treatment is subject to a change and revision of qualifications as to when it should be used under certain conditions or circumstances which are as follows:

1. Where operation is not advisable due to impending or present conditions.

2. In pregnancy where bleeding is marked and operation certainly not advised because of the probable resulting abortion.

3. Elderly patients, especially arteriosclerotic and cardiac types.

4. Where constitutional disease prohibits, such as tuberculosis, severe diabetes, leukemia, agranulocytosis and fistula formation.

5. Where economic reasons prevent radical operation. In this instance the patient should be carefully advised that the treatment is only palliative. This circumstance is where we look for and expect a recurrence of symptoms.

6. Where hemorrhage is marked and it is desirable to build up the patient for subsequent operation.

SUMMARY

It appears that injection therapy in selected cases is of great economic value to the patient for several reasons;—it usually does not incapacitate the patient, it is usually painless, and it results as a rule in immediate symptomatic relief. However, about 25 per cent of these people so treated return in from six to twelve months for subsequent treatments, because of recurrence of the symptoms, mainly bleeding, and it is a wise thing to suggest that this may happen and advise periodic examinations. A recurrence after a period of years could hardly

be attributed to poor work, for even after the best of surgical treatment this might happen should the patient have become obstipated, constipated, or suffer attacks of diarrhea.

CONCLUSIONS

1. Only one or two uncomplicated hemorrhoids should be treated by this method.

2. Only one familiar with the anatomy, pathology and treatments of rectal conditions should practice injection therapy.

3. It is a safe and effective treatment in the hands of a qualified practitioner.

4. The results are immediate and lasting in about 75 per cent of the cases treated.

DISCUSSION

Dr. J. L. Mathesheimer, Jersey City, N. J.: In the main I agree with what has been said by Drs. Gorsch and Smith in their excellent symposium, and wish to commend them on their efforts. My discussion will concern itself chiefly with phenol solutions. Not having had any experience with quinine and urea, I can only cite the observations and results of others.

Quinine and urea is not antiseptic, therefore requires more aseptic precautions while being used, a number of abscesses having been reported following its use.

One can easily understand that any break in the aseptic technic will result in abscess formation. I, for one, do not believe that a dab of iodine or other antiseptic on the site of the puncture, as used routinely, renders that part sterile, especially when you consider the chemically resistant bacteria that inhabit the rectum. The natural resistance of the part to infection seems to account for the rather infrequent abscess formation. One prominent ambulatory proctologist claims that quinine and urea five per cent solution gives symptomatic benefit by making the mucous membrane stiff and thick, but at the expense of lost elasticity and increased friability.

Phenol in oil (five per cent sol.) I have found is excellent where one has bleeding hemorrhoids, one injection usually stopping the hemorrhage as if by magic. Where there is a corona of small internal hemorrhoids, and those accompanied by a small amount of mucous membrane prolapse, phenol in oil (five per cent solution) up to five c.c. or more injected into the sub-mucosa of each quadrant, gives symptomatic relief of long duration. The smaller the hemorrhoidal mass injected, the greater the degree of permanency. The injection of any case with prolapse depends on the sphincteric tone.

Large hemorrhoids usually require stronger solutions, 10 to 20 per cent, injected in the body of the pile to effect sclerosis.

I have tried injecting phenol and oil (five per cent solution) one c.c. to two c.c. into a pile without results, probably because this is neutralized to a point of inefficiency by the alkalinity of the blood present.

I have had some small superficial sloughs, but only in two cases did the sloughing cause any concern. I attributed this to an error in technic in one case, and in the other, to the injection of too large an amount of strong solution, thinking it was only of five per cent strength. Ceanothyn by mouth and witchhazel enemata had the bleeding under control in a few days, and the sloughs healed without untoward complications.

I apply no other antiseptic to the mucous membrane when injecting phenol solutions, simply allowing one or two drops of the solution in the syringe to fall on the mucous membrane at the site of puncture. I believe the mucous membrane is made safer for injection this way than by any other antiseptic application. No abscesses have occurred thus far following the use of these solutions.

My ideas are wholly in accord with those expressed in the symposium that only those who have had a thorough training in proctology should undertake the injection treatment of hemorrhoids. A definite knowledge of when and when not to make injections is only gained by long practice of the method. In order to lessen poor results and thereby keep this method of treating hemorrhoids from falling into disrepute, it should only be used by competent practitioners.

Martin J. Synnott, M.D., Montclair, N. J.: The injection method of treating hemorrhoids should be attempted only by men who have had special training and experience in proctology. It is not a procedure for the general practitioner. The "injection treatment" is sometimes damned with faint praise and called "questionable" by certain critics only because of its misuse by individuals who have not taken the trouble to learn the technic, or who have not acquired the experience, skill, and equipment necessary to correctly employ the method. It is not enough to visit a proctologic clinic, look over the shoulder of a trained rectal specialist giving the injection, and catch a glimpse now and then through a narrow anoscope of what is being done. I have seen men do this at our Midtown Hospital Clinic in New York, and then go home and try to inject cases on their own. Such men invariably get into trouble, and bring a really valuable therapy into disrepute. I have seen large sloughs, with profuse, serious or even alarming hemorrhage, follow injections improperly given by men who lack the necessary knowledge of anal and rectal anatomy, adequate armamentarium, suitably lighted or properly designed instruments. These sloughs leave deep craters which take many weeks to heal.

RELATION TO CARCINOMA

The greatest object in proctology today is to facilitate the diagnosis of malignant growths and to recognize pre-cancerous conditions, such as adenoma and polyp, thus permitting cancer to be attacked at an early stage. No treatment of hemorrhoids, by ointments, suppositories, injections, operation, or otherwise, should be undertaken without

a thorough and satisfactory digital and instrumental examination of the anus, rectum, and lower sigmoid.

The history of most clinic patients who come to us with advanced carcinoma is one of neglect and delay: a history of bleeding for six to twelve or even eighteen months; a diagnosis of "piles" by the family physician, and subsequent inadequate, and ill-timed treatment. Of the new cases of cancer seen at proctologic clinics, 40 per cent are inoperable, and 20 per cent give a history of hemorrhoidectomy mistakenly performed without preliminary sigmoidoscopy within six months or a year. The general practitioner must learn to recognize the symptoms of rectal cancer before the growth has become inoperable. A history of constipation from intestinal inertia, followed by bleeding from the rectum or of blood-streaked stools, rectal irritability, mucoid discharge, or alteration in the regular habits of defecation, with absence of the normal sense of satisfaction after the daily bowel movement, also high rectal or low back pain and loss of weight should always suggest a thorough proctologic examination by a qualified specialist equipped with the necessary, properly lighted instruments.

The hard nodules of an early anal epithelioma, which bleed easily after a bowel movement, are sometimes mistaken by general surgeons inexperienced in proctology for "bleeding piles", and ill-advised surgical procedures are undertaken. I was called in consultation not very long ago to see a patient upon whom a young surgeon had done the "Whitehead" operation for hemorrhoids. The tissue removed turned out to be highly malignant, and although a radical excision of the rectum was promptly performed, the patient died a few months later of a brain metastasis. Mistakes of this kind are very embarrassing and humiliating to the surgeon who is responsible for them.

As to the technic of the injection method, it is my custom to use a Bensusa or Hirschman speculum, adapted to the Cameron handle or light. Every proctologist likes to devise a rectal instrument and give it his name, but I have learned to use the brains of able men who have gone before. There is no sense in trying to paint the lily.

Rectal instruments are now so standardized that the only improvement possible is in the illumination of the operative field, and that has been perfected by the Cameron light, with its sliding light carrier and handle. We have long since discarded the forehead light such as the nose and throat specialists use, and the truncated cone-shaped anosopes of the Kelly type, which were in use before the days of the attached distal lights, as used on the Cameron, Yeomans or Lynch sigmoidoscopes. We now prefer the tubular or cylindrical type of anoscope, $\frac{3}{4}$ or $\frac{7}{8}$ inch in diameter, because of its ease of introduction.

Usually when the anoscope passes the internal sphincter, and the negative pressure is released, air enters the rectum and balloons out the ampulla so that the proctologist may obtain a very good view of the lower rectum, especially if the patient is in the inverted position on the Hanes table. Occasion-

ally however, in cases of spastic colitis this does not occur, and inflation is necessary to distend the ampulla. The Cameron anoscope is very useful in these spastic cases where the ampulla does not open up normally, as this instrument provides for inflation. It is the only anoscope I know of which does this.

We should, of course, be thoroughly familiar with the circulatory distribution in the anus, and the layers of the bowel wall: i.e., the mucosa, the submucosa, and the muscular. The injection should be into the submucosa.

In practice in our Midtown Hospital Clinic we divide the lower rectum into theoretical quadrants— anterior right and left, and posterior right and left. We now use five per cent phenol in thin English almond oil, the purpose of which is to sclerose the blood vessels making up the hemorrhoid. The injection is laid in sound submucosa about half an inch above the hemorrhoidal area,—five c.c. being used in each quadrant, only one quadrant being treated at a time, and a week allowed to elapse between injections. I use the Gabriel syringe, the needle of which is attached by a bayonet catch. The needle may be either straight or bent at an obtuse angle an inch above the shoulder. No local anesthetic is necessary although occasionally in the case of a very nervous or neurasthenic patient with a spastic anus it makes the procedure more satisfactory if we relax the sphincter muscles with novocaine.

Only internal piles are treated by injections; and as the sclerosing material is laid well above the ano-rectal or dentate line where there are no sensory nerves, no discomfort or pain is ordinarily experienced during or after the treatment. Anucaine, benacol, or other anesthetic oils are therefore not indicated in this procedure. On the contrary, they are contra-indicated because the anesthetic oil requires the use of a large gauge needle which causes pain unless preceded by novocaine, and all this makes the procedure unnecessarily complicated and expensive.

While nearly all proctologists experienced in the injection treatment of hemorrhoids are using the five per cent phenol in oil sclerosing solution, on the other hand, quinine and urea hydrochloride solution has a certain advantage because in the hands of students and beginners it is safer, in that it is not quite so apt to cause sloughing if improperly injected. The five per cent phenol, however, in our hands has proven exceptionally satisfactory.

Just a word as to the choice of cases. I believe all types of internal hemorrhoids are amenable to the injection method of treatment. Systemic treatment should, of course, be part of the therapy; by this I mean proper low-roughage diet, and regulation of the bowel movements. Of late I have been using acid phospho-soda because of its satisfactory action on the bowels and as a chologogue.

Ulcerated, strangulated, or prolapsing internal hemorrhoids while in the inflamed stage are never injected. This mode of therapy is always delayed until the active inflammation has subsided.

SOCIALIZED TENDENCIES IN MEDICINE

By THOMAS K. LEWIS, M.D., Camden, N. J.

Address to the Camden County Medical Society on retiring from the presidency on October 6, 1936.

Prior to the World War the ultimate in medical education was a post-graduate course abroad, at Vienna, Berlin, Paris or some other world-famous medical center. Since 1914 the glamor of foreign clinics has gradually dimmed. Today, while the laity may be impressed to some extent by European training, the medical man is in no way overawed by his colleague who has returned with a certificate from one of the renowned clinics across the water. We have come to realize that American clinics and American teachers cannot be surpassed by anything the Old World has to offer. Likewise, it can be claimed without any spirit of bragadocia, that most of the great strides in the art and science of medicine, during the two past decades have had their origin in the Western Hemisphere. This shift in the focus of medical preëminance can scarcely be attributed to any sudden increase in the intelligence of the medical mind in America, but is, I suspect, in no small degree a result of the fact that our brother physicians in every European state are struggling in the throes of some form of state medicine. That high degree of ethics attained by the medical fraternity, unequalled in any trade, craft, or profession, and the glorious heritage of unselfish achievement handed down by many generations of practicing physicians did not have its origin in systems of regimentation with political preferment and lay control, but represents the resultant accumulation of individual and independent effort.

With the Old World in the toils of economic upheaval, where individualism is suppressed either by socialism, communism or by dictatorships, the burden of responsibility for the preservation of those high ideals and that splendid heritage handed down by our predecessors rests wholly today upon the shoulders of the physicians of America. The medical profession of this continent will not betray that trust, and is quite able to keep that trust so long as

it can maintain its individualism and its freedom from extraneous regulation.

However, our present happy state of independence is seriously threatened. Nor is the leftist trend in our present Federal Government the only menace to be considered. Many other factors, including certain unhealthy tendencies within the practice of medicine itself, unless wisely and effectively adjusted, will inevitably make necessary some sort of state medicine. Among these factors are the following:

1. CARE OF THE INDIGENT

A greater share of the burden of the care of the indigent must be carried by the public at large for two reasons.

First, because it is unfair for the physician to bear such a tremendous proportion of this load. In bygone days when equipment consisted of a stethoscope and God-given senses, time and effort only were involved; but in this present day, because of increased overhead necessitated by new equipment to meet the scientific growth in medicine, operating expenses have come to be a major item in the doctor's budget.

The second and more important reason for spreading the burden is that, according to the present set-up, the unfortunate well-to-do patient who is taken ill must pay the hospital and the attending physician for the care of three or four indigents, while his neighbor need contribute little or nothing. In other words, he not only suffers and pays for relief, but in addition is taxed because of his misfortune. This state of affairs is both illogical and unfair.

2. HOSPITALS

These institutions had their origin as an accumulation point for rendering treatment of the indigents more effective and convenient for the physician. However, with the advent of modern surgery and the rapid development of the specialties, and with the addition of

private room services, hospitals have come to represent one of the largest factors in the increased cost of medical care. With an acute need for raising funds, in many institutions the donated free service of the physicians has been exploited to the advantage of the hospital. At the same time there has grown a marked tendency to exclude the physician from executive and administrative councils, despite the fact that his contribution is greater than that of all other factors combined. (*Jour. Med. Soc. N. J.*, Feb., 1936, p. 105.)

3. THE ACCESSORY SERVICES

Through the efforts of the physicians many new types of assistants have been developed. In each of these new field, as numbers increase organizations sooner or later are formed, the objectives of which all seem to follow the same general trend. License to be an assistant in this or that, a State Board of Examiners who shall pass upon qualifications not according to the standards desired by the poor physician who needs the assistant, but by the "Ins" who, through limiting the new licensees, can create a new profession which sooner or later places itself on a par with the physician who has created it.

The Nurses.—Certain elements in the national nursing organization desire a college degree as a requisite for entering training school, and wish to remove the training schools from our hospitals, connect them with universities and secure especially prepared teaching faculties. Already this organization, through control of the R. N. degree, is dictating the details of training within our hospitals. The physician who knows what he wants in the way of nursing assistance is apparently incompetent to outline the training of the nurses.

Social Service.—This service, which was conceived and developed by Dr. Richard Cabot for the purpose of helping the doctor to secure home coöperation among the poorer classes, has developed itself into a huge organization which on many points is working against the doctor rather than for him.

X-ray technicians have formed an organization and aim to create another State Board of Examiners for the purpose of deciding what

sort of training an individual must have in order to be permitted to work in the office of the roentgenologist.

Technicians in laboratory work and physiotherapy departments, and even filing clerks, we understand, are showing similar tendencies.

The pharmacist now considers himself a professional man quite on a par with the physician; and in many cases the cost of filling a prescription involves a druggist fee as large as that asked by the physician.

The Public Health Service, largely due to the indifference of the profession to preventive medicine, is steadily pushing into many forms of activity that conflict with those of the general practitioner.

Certain *industrial contract* jobs and many insurance company clinics have made their appearance to the very marked detriment of the medical profession.

4. INTERNAL THREATS

Within the profession there are certain unwholesome tendencies. The careless prescribing of expensive proprietary remedies, as a previous retiring President pointed out, has added much to the cost of medical care, and has detracted from the dignity of our calling.

One of our worst sins is the rendering of exorbitant bills without due regard to the economic status of the patient. On this score some of our specialists have been prime offenders. There has been great reluctance in the depression's dark days to reduce fees that were established during boom times in the early twenties. The feeling that the size of a bill reflects the standing of the professional attendant seems to be accepted axiomatically. In answer to that false belief I would call your attention to the fact that not so many years ago the fees in and around Camden were fifty cents and a dollar; the fee for maternity cases was ten or fifteen dollars. And let me emphasize the fact that in those days the average physician commanded greater respect and held a dearer spot in the hearts of his patients than obtains today.

The sum total of all these factors is that there has been a steady mounting in the cost of medical care which has given rise to outspoken and

bitter complaint on the part of rich and poor alike. The situation is making bitter enemies for the medical profession daily. Careful analysis will demonstrate the fact that 90 per cent of the causes for the rise in cost of medical care are extraneous to the profession itself. However, it is the physician who is directly blamed by the unfortunate individual whose bank balance has been wiped out by the expense involved in a serious illness. Unless the profession bestirs itself and makes readjustments in method of distribution of medical care, the inevitable answer is State Medicine.

PERSONAL RESPONSIBILITY OF MEMBERS

Every Medical Society in the United States is making an effort to get somewhere in the solution of these problems. Unfortunately the burden of this task has fallen on the shoulders of a few who have become impressed with the urgency of the situation. In my contacts with the economic committees of many of our neighboring States I have listened to the uniform complaint that the rank and file of the profession will not show an interest in the many vital problems confronting the practice of medicine. During the short time in which I served as President of your Society, I was in a posi-

tion to observe you drowse while committee reports were being presented; and to notice that few comments were made from the floor when matters of great importance were presented to you for decision. If the medical profession will make a united stand, it can get anything within reason that it wants; but so long as the great mass of individual physicians are merely "yes-men" to committee reports, and approve of recommendations that are not fully understood or but half-heartedly approved, no progress can be made.

There are two phases to the practice of medicine: (1) professional efficiency; and (2) the *business* of practicing medicine. In your meetings there must be no let-down in the scientific programs. However, it would be time well spent if, periodically or for a few minutes at each meeting, serious consideration were given to some one of the many problems on the business side of the practice of medicine. In conclusion, let me beg of you as individual doctors never to permit your County, State or National organizations to enunciate any set of principles, or take any action that you do not thoroughly understand, or until they have been so presented as to meet with your hearty support.

PROBLEMS OF ORGANIZED MEDICINE

By A. C. ZEHNDER, M.D., Newark, N. J.

The Address by the retiring President of the Essex County Medical Society at the Annual Meeting on October 8, 1936

This is the 121st Annual Meeting of the Essex County Medical Society, and to be its presiding officer is an honor which I greatly appreciate. When you elected me to this high office I promised to give the best effort I could to advance the welfare of our members and this has been my constant desire during the past year. I now realize how little can be accomplished in the space of one year and now also know that the accomplishment of plans require a continuation of efforts and planning through years.

The work done by the Council has been tremendous. They have always given gener-

ously of their time, effort and advice; many of the plans put into effect during the year have been accomplished by their wise and thoughtful judgment.

The various committees have held many meetings during the year, requiring a considerable amount of work by the chairman so as to prepare the agenda for the committee's consideration; to eliminate the unnecessary; and to give appropriate time to the consideration of the salient facts, and then translate them into action. As we now have over 1000 members in our Society, it is becoming more and more necessary for much of the work to be

done in committees. This, therefore, puts a burden of work on the committeemen, and they have always been most willing to serve.

MEDICAL-DENTAL SERVICE BUREAU

The Medical-Dental Service Bureau was established December 9th, 1935, by the doctors and dentists. Since then it has been progressively successful, and in June it balanced its income and expenses within 27 cents. This is a remarkably good showing for six months' time. July and August were equally good, which was far better than we expected for those months.

More men are constantly using the Bureau, which is very gratifying; but like all business concerns, the more it is patronized, the more successful it will be financially. Now that we are entering upon the Fall months, we hope to begin to build up a reserve and to expand into the suburbs.

SURVEY OF HOSPITALS

During the summer months The Medical Society of New Jersey has been making a survey of the hospitals in the State. The Essex County work is under the supervision of Dr. Raymond Mullin. This will be very valuable when finished for it is being done by doctors and will have a "medical aspect" when finished, in contrast to previous surveys which have been made by "outside" men.

A Central Admitting Bureau, it is hoped, will be instituted within a very short time, for all parties concerned are enthusiastically in favor of such a bureau. The only fact which is holding it up at present is the financial arrangement, for like all other enterprises it requires money. We hope that the Welfare Federation will see its way clear this Fall to arrange the finances so that it can be opened before the first of the year. The advantages of this bureau will be great, for it will cut down "chiseling", and will also help to make the Medical-Dental Service Bureau more successful in a financial way.

The Hospital Committee made many useful suggestions during the year and tussled with the "flat rate" problem. This will have to be considered very thoroughly in the near future,

for under this plan some hospitals are competing with private physicians, especially so when the flat fee is rather high, and the doctors' services are given gratuitously.

The Hospital Insurance Plan, which was started in Essex several years ago, should be extended so as to take in the entire family; for by providing for the hospital care the patient is relieved of this burden and will more likely be able to meet his doctor's bill. The services rendered under this plan should be limited to hospitalization and nursing; the services which are rendered by physicians should not be included even if the physician is a full- or part-time employee of the hospital, otherwise it is competing with doctors in private practice. The Essex County Medical Society is now represented on the Hospital Council of Essex County, and many of these problems can now be eliminated.

THE FEDERAL SOCIAL SECURITY ACT

Our State Medical Society is now coöperating with the State government in the establishment of the Social Security Act. This requires very exhaustive consideration by the medical profession, for no one knows just how far this is going to lead us. At present, the State Society is empowered to make the selection of the doctors who will be employed and paid by the State, under this act. This is a great step in a forward direction, for it takes the appointment out of the hands of the politicians. To make this absolutely so, the Medical Society of New Jersey has ruled that each appointee must have the endorsement of the Executive Council of his County Medical Society. This guarantees for us that the selection will be made for merit only.

At present the Maternal Welfare Commission has a field worker in Essex County working and employed under this act. The Venereal Clinic connected with the Newark Board of Health also expects in the near future to add several doctors under this act.

COURSE IN PUBLIC SPEAKING

Our State Society is very desirous that we establish a *Speakers' Bureau* in each county. This is a very laudable proposition and de-

serves our active coöperation; also tact in the selection of the speakers, for unfortunately all doctors are not equally good speakers. To make them more proficient I would strongly urge the young men in our Society to take commercial courses in public speaking. I would also suggest that the Committee on Post-Graduate Instruction consider the possibility of instituting a course in public speaking.

TIME OF ANNUAL MEETING

The State Society has requested all County Societies to hold their annual meeting and election in May, thereby coördinating with the State Officers in making both officials active during the same months. We have passed the necessary resolution, and are changing our Constitution and By-Laws so that our next Annual Meeting will be in May.

CENTRAL BUSINESS OFFICE

The time has come when we must take our place in the business affairs of the county to the fullest extent. In order to accomplish this, we should establish a central business office, with a full-time Executive Secretary. The advantages of this would be that lay organizations could contact us more readily, both in person and by telephone; also our business affairs could be handled by a central office without interfering with the office hours of private practitioners.

WOMAN'S AUXILIARY

The Woman's Auxiliary has been very helpful to us in the past year as well as in previous years, and again contributed very generously to the Permanent Relief Fund, which now amounts to \$4000.

THE INDIGENT

I now come to one of the most serious problems we have to consider, that is the medical care of the indigent. As we all know, the State has completely withdrawn its financial aid, and the problem is now back to the individual municipalities. Unfortunately they are not doing anything about this need. In reality the medical profession alone is now carrying

this burden with no prospect in sight that this will be changed.

We should use every effort and influence to get the municipalities to arrange for the medical care of the indigent, and should insist that this be done in such a manner that the principle of the free choice of physician be absolutely maintained. In doing this, we should not allow politicians or misinformed individuals to claim that this would cost more, for such is not the truth; but as a matter of fact, the contrary is true. Any act that interferes with the patient-physician relationship is costly in the end and breaks down that confidence and mutual trust which is absolutely necessary for the daily practice of medicine and the rendering of the highest type of medical service.

The Journal of the American Medical Association printed an unsigned article which stated, "Physicians are not interested in arguments for change based on the profits that might accrue to financial and industrial interests; on political expediency, or even on their own apparent financial advantage, if the service is to suffer thereby."

In maintaining our policy of the "free choice of physician" we will have to combat politicians, insurance companies, and general industry, for it is their short-sighted policies which prevent the realization of this principle.

CENTRALIZATION OF POWER

In industry and government of late there has been considerable centralization of power and authority. This has some advantages, but like all principles, also some disadvantages; and we of the medical profession should be very guarded in this matter, considering well before we centralize too much. The great strength of the medical profession has today and the reason it withstood the depression so well in comparison with other professions, is the fact that we are each and every one independent and can not be herded nor regimented, but are guided by our reason and can act independently. This may be a weakness at times, especially when it interferes with united action, but through the centuries it has been our greatest strength.

APPRECIATION OF SUPPORT

In conclusion, I wish to state that I sincerely appreciate the great honor you have conferred on me by electing me your President for the past year, and hope my humble efforts have helped to make the activities of our Society

successful. In attaining this, I am not unmindful of the fact, that it was due to the hearty coöperation and unstinted helpfulness of the chairmen and members of the committees and the council, and for this I am sincerely thankful.

SOME SIMPLIFIED METHODS OF THE ARTIFICIAL FEEDING OF INFANTS

By CLARENCE S. JANIFER, M.A., M.D., Newark, N. J.

Assistant in the Division of Child Hygiene, Department of Health, Newark, N. J. Read before the North Jersey Medical Society at Newark, N. J., March 4, 1936.

It is the consensus of opinion among pediatricians that all babies should be nursed or fed breast milk for the first nine months of their lives. In the Division of Child Hygiene, the procedure has been to have all babies under supervision nursed for the entire nine months or at least some part of this period, because human milk is the ideal food on which most babies thrive and grow. Human milk is delivered at the proper temperature, is economical, and, because it increases body resistance against disease, is a prophylactic. The nursing of her infant seems to add to the general well-being of the mother, and also to serve as an aid in the prompt involution of her pelvic organs. Any doctor, who is able to show to his patient the advantages of breast feeding, fosters the finest form of preventive medicine.

Notwithstanding this view, it follows that very frequently circumstances arise which cause the mother to attempt other means of feeding. Some of the factors which would cause mothers to change from breast feeding to artificial feeding are:

1. Constitutional conditions which involve weakness and exhaustion.
2. Insufficient gland tissue.
3. Lack of interest.
4. Improper instruction.

There are also some causes of a local character. They are:

1. Small or pointed nipples which cannot be grasped.
2. Nodulated or hypertrophied nipples.
3. Fissured, depressed, or inverted nipples.

The child itself may present such difficulties as:

1. Weakness from prematurity and congenital debility.
2. Nasal obstruction.
3. Cleft palate.
4. Any stenosis of the gastro-intestinal tract.
5. Intercurrent infections which may impede nursing and prevent assimilation.
6. Sore mouth and throat, and general discomfort.

Tongue tie is rarely the cause of unsuccessful nursing.

An infant, roughly speaking, requires daily at least one-sixth of its body weight in milk or some substitute. Experience has shown that the normal infant needs in twenty-four hours about 100 calories per kilo, or 45 calories per pound of body weight from the end of the second week to the ninth month. Morse and Talbot say, "The average protein need of infants is at least 1.5 grams per kilogram, or 0.7 gram per pound of body weight." (Diseases of Nutrition and Infant Feeding, 1915, p. 201.) To get this it is necessary to have nearly one ounce of cow's milk per pound of body weight. The generally accepted rule is that one and one-half ounces of cow's milk per pound of body weight furnishes more than enough. Such a belief is current in the Department of Child Hygiene. The following is from the instructions which the writer received when he entered the department.

It has been learned by experience that infants will maintain their weight if they receive:

1 oz. sugar in 24 hours; plus
1 oz. whole milk for each pound of body weight;
and that they will gain in weight from 4 to 8 oz.
a week if they receive

1 oz. sugar plus

1½ oz. whole milk for each pound of body weight.

Some infants who are small in stature, or very fat and phlebotomic, may require less. An infant that is long and thin and uses up a great deal of energy by constant crying may require more.

It is advisable to proceed very carefully when we have reached 2 oz. per pound of body weight, as at that point there is danger of the baby being overfed.

Of the 100 calories required, about 65 go for the heat output, and the remainder for muscular activity, growth, and unabsorbed food residue. The required number of calories will vary depending on the relation of the surface area of the body, expressed in square centimeters, to the body weight in kilograms. The average surface area in a representative type is:

Type of Child	Square Centimeters of Surface for Each Kilogram of Weight
Premature	840
Term	710
Six months	575
One year	525

These figures show that the premature infant demands a relatively higher number of calories than the normal infant. Premature infants need from 120-140 calories per kilo; while a large or fat or an older infant shows an increased proportion of body weight to surface area, consequently proportionally less.

There are two recognized methods of aiding the nursing routine. They are the *complemental* and *supplemental* methods of feeding. When it is necessary to add food after the breast feeding in order to meet caloric requirements, that addition is the *complemental* feeding. When an infant's total food intake at alternate feeding periods is other than breast milk, that "total food intake" is *supplemental*. In forming the *supplemental* feeding, the basic desire is always to furnish, in any modified feeding procedure, a substitute which most resembles human milk in its chemical and physical characteristics.

Experience has shown that cow's milk seems to be the natural basis of most feeding formulae for artificially fed infants during the early months of life in this part of the world.

In other parts of the world the belief is prevalent that the milk of mares, asses and goats is necessary, and is a specific in certain conditions. The daily requirements of a baby are one and a half ounces of whole milk for each kilogram of weight of the baby.

VITAMINS

Since any artificial feeding is not normal for the human infant, it is very necessary that the strictest observation of the need of the infant be worked out so that the basic principles might be met. Besides the feeding, it is necessary to obtain the aid of the various vitamins, particularly the antiscorbutic and the antirachitic. Orange juice, in teaspoonful doses from a month old with increasing doses until the juice of one orange is being taken daily one hour before feeding, is the antiscorbutic. Cod-liver oil furnishes the antirachitic vitamin.

In the Department of Hygiene the instructions which the doctors and nurses give to the mothers concerning cod-liver oil are:

Instruct mothers to start giving their babies cod-liver oil at the age of *one month*. Babies should receive *five* drops twice a day, increasing the amount until they are receiving one-quarter of a teaspoonful twice a day by the end of the first week, one-half a teaspoonful by the end of the second week, three-quarters of a teaspoonful at the end of the third week, and one teaspoonful three times a day by the end of the fourth week.

In feeding infants this fact must be kept in mind; namely, bulk and frequent feedings do not constitute the required nutriment. It is necessary that the clinician know positively the amount in calories which the infant is receiving at each feeding.

LACTIC ACID MILK

Very frequently it is necessary to feed a normal infant who is unable to take care of whole milk dilutions without severe vomiting. There might also be a marked diarrhoea. At another time it might become necessary to feed a very small and weak infant who has a small stomach capacity. In these instances lactic acid milk is indicated. The advantages are that it can be fed undiluted with or without sugar. This manner provides a concentrated food with a high caloric value, which caloric value is even

further increased by the addition of sugar. There are two recognized methods of obtaining lactic acid milk: (1) By permitting milk to sour spontaneously by the growth of acid producing bacteria; (2) by the addition of chemically pure lactic acid.

The acid-producing bacteria used in the preparation of lactic acid milk from pasteurized or sterilized milk are the *B. acidophilus* and the *B. bulgaricus*. These bacteria cause certain changes in the composition of the milk. These changes make the milk more digestible by the presence of 0.4 to 0.6 per cent of lactic acid or the chemical equivalent of other acids. The change helps to neutralize the buffer substances present so that, when the milk is fed, the acidity in the stomach approximates that when human milk is used. The lactic acid keeps down further bacterial action, and aids in the normal function of the pyloric sphincter and in the stimulation of the flow of bile and of the pancreatic and intestinal juices.

Although *B. acidophilus* acts more slowly than the *B. bulgaricus* in the formation of acid from lactose, it is more resistant to acid and brings about a higher concentration of acid in milk. *B. acidophilus* when fed with dextrin does not die out as quickly in the intestinal tract as *B. bulgaricus*. Although it has not been demonstrated clinically, some authorities believe that a continued growth of the *B. acidophilus* in the tract may exert some beneficial result.

Milk bacterially soured may be prepared at home by cultures obtainable on the market. These cultures should always be tested and a stock culture prepared. The culture may be made as follows: A small amount of culture or a tablet is added to a small amount of boiled milk which has been cooled to body temperature. The inoculated milk is stored in a sterile bottle, stoppered loosely and allowed to stand in a warm place for twelve hours. The culture is active if after this period the milk has curdled.

To make an acid milk, boil a quart of milk and cool to a temperature of 80 degrees F. To this add a tablespoonful of the culture. Pour the mixture into a sterile saucepan, cover it with a piece of cheesecloth, and allow it to

stand in a warm place over night. A clean stoppered vacuum bottle may be used for the same purpose. Too high a temperature of incubation might cause other organisms to grow and cause unlooked-for characteristics to appear; while too long an incubation might cause an excessive acidity.

A proper milk should have from 0.4 to 0.6 per cent lactic acid. The curds should be of creamy consistency, and the odor sour but not rancid. If bubbles of gas or very large curds are present, the milk should not be used for infant feeding. Acid milk formed from bacteria is to be preferred to that made by the direct addition of lactic acid because of the finer curds.

Lactic acid milk may also be made by the addition of lactic acid to sweet milk. The proportion is lactic acid U. S. P. (85 per cent) $1\frac{1}{2}$ drams to the quart (6 c.c. per liter) or four or five drops to each ounce of milk. Pasteurized or boiled milk should be used. Before any acid is added, the milk must be thoroughly cold. This form of lactic acid milk is made by diluting the required amount of acid into one or two ounces of water. The diluted acid is then poured into the cold milk very slowly and with constant stirring. The last part of the diluted acid must be added very slowly in order to insure fine curds, since they only begin to form with the last portion of the acid. This milk resembles the bacteria formed product in taste and odor. The difference is that the curd tends to separate when the milk is allowed to stand.

Lactic acid milk may also be made from unsweetened evaporated milk. In this case not so much acid is necessary. The proportion is one dram to the quart of half-diluted evaporated milk.

The advantages of lactic acid milk feedings are that they are easily digestible, and can be fed in concentrated form. Some dilution may be used, but it is not recommended. Sugar is added as in other feedings. Under six months of age the amount of sugar is one and one-half ounces to a pint of milk. Marriott mentions that the above formula has a caloric value of about 30 calories to an ounce and has been a standard hospital and dispensary formula for

over 90 per cent of infants under six months of age.

To make a formula with lactic acid milk it is only necessary to stir in the required amount of sugar. When evaporated milk is used, it is suggested that a solution of syrup, acid, and water be mixed in the proper proportions, and then added to the evaporated milk. For the first six months of life the following acid sugar solution is recommended:

Karo Syrup	6 tablespoonsful
Lactic Acid U. S. P.	1 teaspoonful
Water to make up to	1 pint

The syrup is dissolved in water, the lactic acid is added, and water added up to the required volume. This mixture keeps well at room temperature. The only organism that may appear is an occasional yeast. When the acid sugar mixture is added to an equal amount of evaporated milk, the product is equal to whole lactic acid milk with sugar added in the proportion of one to eleven or one and one-half ounces to the pint. The feedings of the whole day may be prepared by adding one

pint of the sugar solution to the contents of a pound can of evaporated milk. One feeding may be made by adding equal volumes of the acid-sugar solution and evaporated milk, shaking the mixture and warming before using. As the baby gets older, the amount of sugar is reduced to four tablespoonsful from the sixth to the ninth month. After the ninth month to one year one tablespoonful to the pint. At the end of the year both the sugar and acid milk are omitted.

Good cow's milk is available nearly everywhere in New Jersey, and is always the first choice of the doctor in prescribing food for the body. But in the rare event that it cannot be obtained, or that the baby is allergic to it, there are a number of substitutes that can be used. Evaporated milk or condensed milk often give satisfaction for a time; or dried milk may be used, or some one of the milk powders that are on the market. If they are used, be sure to give orange juice and cod-liver oil also as protections against rickets and scurvy, and to get the baby on fresh milk as soon as possible.

THE PHARMACOLOGICAL ACTION OF QUINIDINE AND ITS USE IN HEART DISEASE

By S. BEN-ASHER, M.D., Jersey City, N. J.

Read before the Hudson County Medical Society, May 2, 1935.

In 1914, Wenckenback, from observation on two cases of paroxysmal fibrillation, reported that quinine has a beneficial action on that irregularity. Later in 1918, Frey showed that quinidine is more potent than quinine in establishing normal sinus rhythm; and he noticed that, as the rate of the auricular oscillation falls, flutter develops before the normal auricular beat is resumed. Since then quinidine has been used extensively in the treatment of many cardiac irregularities.

In order to understand the action of quinidine, it will be necessary to review briefly the mechanism of the normal heart beat, and that of auricular fibrillation and auricular flutter.

MECHANISM OF THE HEART BEAT

In normal sinus rhythm the impulse originates in the sino-auricular node called the

pacemaker of the heart, which is situated in the upper part of the sulcus terminalis, at the juncture of the superior vena cava and the right auricular appendage. The excitation wave spreads from the sino auricular node to the auricles and then reaches the auriculo ventricular node. The auriculo ventricular (a. v.) node is situated in the right lateral aspect of the auricular septum, just posterior to the septal cusp of the tricuspid valve. From the a. v. node, the impulse is transmitted to the a. v. bundle, or bundle of His, which divides into right and left branches. Each branch spreads in a fan-like manner, and divides and sub-divides and intercommunicates, forming the Purkinje system. These fibres ultimately coalesce with the individual muscle fibres of the ventricles.

In auricular fibrillation and auricular flutter

ter, Lewis has shown that there is a circus movement which causes the irregularity. That is, the impulse in the sino auricular node is replaced by a wave of excitation and contraction, constantly circulating at a very rapid rate about a variable ring of muscle in the auricle chiefly about the great veins of the superior and inferior vena cavae. The rate of circulation of the excitation and contraction wave in the auricular musculature in auricular fibrillation is very rapid, varying between 400-600 per minute. The speed is so rapid that areas of block or refractory points develop in the circuit. The ventricular response to the abnormal auricular mechanism in auricular fibrillation is very irregular and rapid.

In auricular flutter, the circus wave travels at a much slower and regular rate—between 200-400 per minute. Transitional stages between fibrillation and flutter occur, which are called impure flutter, flutter fibrillation, and coarse fibrillation. Such circulating waves are governed by three factors which are interdependent:

1. The length of the muscle path.
2. The rate at which the wave travels.
3. The duration of the refractory period

at a given point.

By the refractory period, we mean the period of inexcitability of the heart muscle to a given stimulus. If a wave is propagated along one limb of a muscular ring and returns to a point stimulated, it can find this point responsive only when the refractory period at this point is shorter than it takes for the wave to travel the full circle. The time taken for the wave to travel will depend upon the length of path and the rate of propagation. Thus, if the ring measures 100 mm. in circumference and the wave travels at 500 mm. per second, it will complete the circuit in .2 of a second. If the refractory period lasts .15 of a second, it will end .05 of a second before the wave returns. If the ring measures only 50 mm. or the rate of propagation is 1000 mm. per second, it will complete its circuit in .1 of a second. It will return to its point of origin, and finding the muscle still refractory, it will be unable to proceed.

The conditions favorable to circus move-

ment are therefore a large ring, a slow rate of conduction, and a short refractory period. When a circus movement is established, it is the refractory period which is the sole control of the rate of beating.

ACTION OF QUINIDINE

1. It diminishes the excitability of the heart muscle.
2. It lengthens the refractory period of the muscle to as much as twice its former value.
3. It slows the conduction, the transmission interval increasing up to as much as twice the former values. Both of these actions are direct. Lengthening the refractory period will slow the rate of the circus movement. Retarded conduction will act in a similar manner.
4. Quinidine lengthens the course of the circus movement.
5. Action on the vagus.—The direct reactions of the auricles to quinidine is increased by vagal effects. This nerve is paralyzed by the alkaloid. In this way, the refractory period will be prolonged and conduction will be slowed in addition to the direct action of quinidine on the muscle.

The circus wave thus takes a longer, slower and more regular course under the effect of quinidine. This drug has, therefore, a tendency to convert auricular fibrillation into auricular flutter.

Finally, if the increase in refractory period of the auricular muscle under quinidine is so great that it overbalances the longer course of the circus wave, the latter may be unable to circulate longer, and the abnormal mechanism abruptly ceases. The s.a. node resumes action and a normal rate results.

6. Effect on the Ventricle.—Quinidine depresses the conduction power of the junctional tissue. The ventricular rate rises under quinidine therapy, partly due to its effect on the vagus, i. e., paralyzing the vagus; but chiefly it is caused by the accompanying fall in auricular rate. A fast auricular rate predisposes to block. As the rate of the auricle falls under quinidine, a larger proportion of its impulses effect the ventricle, and when the rate of the auricle descends as low as 200 per minute, the ventricle may respond to the same rate.

The action of digitalis on the heart is the reverse to that of quinidine. Digitals also prolongs the refractory period and delays the conduction time. But digitalis stimulates the vagus. This stimulation of the vagus diminishes the refractory period and increases conduction time.

The final effect of digitalis is to increase the rate of the circus movement. When we understand the theory of the circus movement and the pharmacological action of these two drugs, it will be easy to understand the rationale of the treatment of auricular fibrillation and auricular flutter.

In auricular fibrillation we would expect quinidine, by slowing the circus movement, to convert the fibrillation to flutter; and when the refractory period is prolonged to a considerable extent, to end the circus movement entirely. This expected action can often be observed clinically. In many cases the change from fibrillation to flutter is not observed, the circus movement ending abruptly with resumption of normal sinus rhythm.

In auricular flutter, we would expect digitalis, by increasing the circus movement, to convert the flutter to fibrillation. This happens clinically in most cases. After fibrillation is established, the heart usually resumes normal sinus rhythm when the drug is withdrawn. Hence in auricular fibrillation, quinidine will change the irregularity into normal sinus rhythm; whereas digitalis will not abolish the irregularity even after the patient is completely digitalized.

There is no question that a patient whose heart has a normal sinus rhythm is better off than a fibrillating heart even though the patient be thoroughly digitalized. Many of the ventricular contractions in auricular fibrillations, even if the rate is slow, are relatively ineffective; and it has been shown experimentally that the normally contracting auricles have an appreciable effect on the proper filling of the ventricle.

METHOD OF ADMINISTRATION

Quinidine sulphate is most effective in auricular fibrillation. About 60 per cent of fibrillations are restored to normal rhythm. About

50 per cent of these maintain normal rhythm for months, and some will maintain normal rhythm for years. The patient receiving quinidine should be under close observation, preferably in bed and where electrocardiographic observations can be made, since fatalities can occur from the administration of the drug. A test dose of three grains should first be given, and at the first symptom of cinchonism (tinnitus, deafness, urticaria, nausea, vomiting, diarrhea, intraventricular block ascertained by the electrocardiogram, rapid ventricular rate), the drug should be discontinued. Observations should be made before the administration of each new dose. An increase of ventricular rate is natural under quinidine therapy, since the ventricular rate rises as the auricular rate falls. If tachycardia develops, it need cause no concern if it does not exceed 140. If the rate rises above that figure, the drug should be discontinued, for either the tachycardia may produce a very disagreeable palpitation, or a dangerous toxic heart rhythm may develop like ventricular paroxysmal tachycardia.

If no toxic symptoms appear, quinidine may be given in doses of six grains every four hours for five doses, for a week or ten days; until normal rhythm is established. Sometimes larger doses up to sixty grains a day may be used. In many cases, a few doses of quinidine will establish normal sinus rhythm. Quinidine is best given by mouth, though some have given it intravenously or by rectum.

Digitalis may be given before quinidine therapy or after normal rhythm has been established by the drug. It seems to be helpful and is generally recommended though it is not always necessary. Digitalization before quinidine therapy will prevent a high ventricular rate when the rate of the circus movement is reduced by quinidine. If the normal rhythm is not restored by quinidine in a week or ten days, it should be discontinued and the patient should be digitalized. After a short interval of a week or two, a second course of quinidine should be administered and if this is not successful, a third course should be tried. Sometimes the drug will be successful when earlier attempts have failed.

After normal rhythm has been established,

the drug may be discontinued; and should the irregularity recur, it may be tried again. Sometimes the patient is put on quinidine ration of about three grains twice or three times a day in order to prevent recurrence of the irregularity. Since quinidine is excreted very rapidly, there is no danger of a cumulative effect.

In this connection, it might be interesting to note that Otto and Gold have recently shown that quinidine is less effective in the prevention of paroxysmal attacks of auricular flutter and fibrillation than it is in the treatment during the attack. Also there is less danger in the use of quinidine in patients with paroxysmal auricular fibrillation and flutter to prevent the attack than to abolish the abnormal rhythm during the attack.

OTHER HEART CONDITIONS

Auricular Flutter—Quinidine is also used in this arrhythmia to restore normal rhythm; but in this condition digitalis is the drug of choice. When digitalis is administered in auricular flutter, this irregularity is changed to fibrillation, and when it is discontinued, normal rhythm usually takes place. In those cases in which the fibrillation tends to become permanent, quinidine may be used to produce regular sinus rhythm.

Paroxysmal Tachycardia—In paroxysmal tachycardia, quinidine in doses of six grains every two hours given by mouth may be effective in cutting short the attack. Some have used this drug intravenously with prompt effect, but it is just as effective and safer to administer it orally. Quinidine in daily rations of three grains two or three times a day is effective in many cases for the purpose of preventing the attack.

Premature Contractions—If the removal of toxic factors usually suspected of producing this arrhythmia, in the absence of organic heart disease, has failed to eliminate it, and if the premature contractions are noticed by the patient, quinidine sulphate may be successful in eliminating these extrasystoles. Also in cases of rheumatic, hypertensive or arteriosclerotic cardiovascular disease complicated by premature contractions, quinidine may be used with good results.

Coronary Thrombosis—Finally in coronary

thrombosis, quinidine has recently been used to prevent ventricular fibrillation, and has proven to be a life-saving measure; but in this condition also the drug must be used with care.

CONTRA-INDICATIONS

Sudden deaths may occur during quinidine therapy. These may be caused by emboli dislodged when the auricle begins to contract; in other cases sudden deaths have been attributed to cardiac standstill being due to paralysis of the pacemakers of the heart as the result of quinidine, since this drug depresses the s. a. node and the a. v. node, so that when the abnormal mechanism of auricular fibrillation is brought to an end, there may be no available pacemaker to take up the function of exciting the heart beat.

1. Hence quinidine is contraindicated when there is evidence of cinchonism, or idiosyncrasy to the drug as described above.

2. In fibrillation of long standing where an intracardiac thrombus is likely to be present and emboli may be dislodged.

3. It is contraindicated in severe myocardial degeneration with congestive failure where the depression of the pacemaker may cause cardiac standstill.

CONCLUSION

Quinidine is a useful drug in the treatment of many cardiac irregularities. It is particularly useful in the treatment of auricular fibrillation; and it is the only drug which will end the fibrillation and establish normal rhythm in 60 per cent of the cases.

The contra-indications to the use of quinidine are:

1. Idiosyncrasy to the drug.
2. Fibrillations of long standing, where emboli may be dislodged.
3. Severe myocardial degeneration where sudden death due to cardiac standstill may take place.

BIBLIOGRAPHY

1. Gold, Harry; Otto, Harold L., and Satchwell, Harry: The Use of Quinidine in Ambulatory Patients for the Prevention of Paroxysms of Auricular Flutter and Fibrillation. *American Heart Journal*, 9:219, December, 1933.
2. Frey, W.: Absolute Cardiac Irregularity Treated by Quinidin. *Deutsches Arch. f. klin. Med.*, 136:70, 1921.
3. Gooch, H.: Quinine Poisoning, *British Med. Jour.*, No. 3419:115, (July 17) 1926.
4. Arjeff, M.: Quinidine in Auricular Fibrillation. *Deutsche med. Wchnschr.*, 49:576-577, (May 4) 1923.
5. Lewis, Thomas: The Mechanism and Graphic Registration of the Heart Beat. Page & Sons, 1925.
6. White, Paul D.: *Diseases of the Heart*. Macmillan, 1931.

MATERNAL WELFARE—ARTICLE NUMBER TEN

PUERPERAL INFECTION

By J. CARLISLE BROWN, M.D., Atlantic City, N. J.

The prevention of puerperal infection has always been a major problem to the obstetrician. With the discovery of the bacterial cause of the disease and the development of surgical technic, it was hoped that this cause of maternal mortality might be reduced to a minimum. The results in general, however, have been disappointing. It has been abundantly proved that, by careful consideration of the causative factors and the adaption of an aseptic technic, deaths from puerperal infection can be reduced almost to the vanishing point.

In the light of our present knowledge, puerperal sepsis is an infection of an open wound, whether it be of the perineum, cervix, or the raw surface of the endometrium. The source of the infecting organism may be the patient herself, either from the vulva, vagina, or cervix; in which case the infection is apt to be mild, and of the saprophytic type; or it may come from without, carried to her by the physician, the nurse or the attendant. In this latter type the infection is much more likely to be of streptococcal origin, with a marked increase in the severity of symptoms and the consequent rise in permanent disability and mortality. That this carrier type of infection can be largely prevented is shown in many recent studies, in some of which mortality has been reduced by as much as 75 per cent. Since the cure of puerperal sepsis, once established, is uncertain, its prevention is all important.

PRENATAL CARE

Prenatal care should be adequate to the necessities of the case. Since both the incidence and the severity of the infection depend on the resistance of the patient, the object of prenatal care should be to bring the patient to the termination of pregnancy in the best physical and mental condition. Therapy should be positive. Rest, exercise, and a well-balanced diet rich in minerals and vitamins which play so important a part in resistance to disease, are essential. Metabolic disturbances and the elim-

ination of foci of infection call for appropriate treatment. In the maternity, as in the surgical clinics, patients in good physical condition have fewer delivery and postpartum complications. This is especially true of infection.

CARRIERS AMONG PHYSICIANS

The actual delivery of a patient is a surgical procedure. As mentioned above, the majority of cases of severe sepsis are carried to the patient during delivery. The remote source may be a case of erysipelas, scarlet fever, or purulent discharges transferred by the hands of the attendant to the vagina of the patient. Even more frequent are the doctors and nurses, who themselves may be suffering from infections of the hands or of the upper respiratory tract. At times the attendants may be true carriers; they may harbor virulent organisms even though not suffering from any disease. This source of infection has been recognized clinically for a century, and modern bacteriological methods have proved it scientifically. The realization of the importance of these facts makes logical the recommendations of your State Maternal Welfare Committee. The elimination of attendants suffering from infections or treating infections, the careful preparation for delivery, and the use of gloves and masks have always resulted in lowering the infections. Physicians who, after exposure to infections, attend deliveries, should do so with the realization of the possibility of being a carrier, and take extra precautions accordingly.

VAGINAL PREPARATION

The vagina always harbors bacteria. Most of these are non-pathogenic and of low virulence. Recent studies have shown that the vagina may at times harbor dangerous anaerobic bacterial, from which one strain of anaerobic streptococcus has been frequently isolated. Due to the lowered resistance of the patient and the contusion of the tissues, these may invade the pelvic organs and produce severe infec-

tions. Careful examination by speculum of the cervix early in pregnancy, and suitable treatment of any infection and erosion will lessen the danger of infection from this source. The instillation of mild antiseptics into the vagina at the onset of labor has done much to lower postpartum morbidity from infection. Too frequent vaginal examinations are to be avoided since they add but little to the information and, by transferring secretions higher into the vagina, increase the probability of infection.

TRAUMATISM DURING LABOR

Traumatism by the devitalization and tearing of tissues offers a focus of low resistance for the invasion of bacteria already present. As a rule, rapid deliveries increase the severity of lacerations. Manual dilatation of the cervix; rapid delivery by forceps, especially high forceps; the use of pituitrin before delivery; or

the execution of operative procedures before complete dilatation of the cervix should be done only after a careful consideration of the value of the time saved against the increased danger to both the mother and child. Operative obstetrics always increases the incidence of infection. Hence the selection of the method of delivery least likely to cause injury to the maternal soft parts will be most advantageous to the patient.

CONCLUSION

The solution of the problem of puerperal sepsis depends on the realization by the medical profession that the delivery of a patient is a *surgical operation*. Competent prenatal care, the use of non-traumatic methods of delivery and the prevention of infection by the adaption of a proved and practical surgical technic will reduce to a minimum this ancient tragedy of motherhood.

CONSULTANTS IN MATERNITY CASES

The agreements which have been consummated between The Medical Society of New Jersey and the Bureau of Maternal and Child Health of the State Department of Health are clearly set forth in The Journal of September, 1936, page 538, as follows:

"When a physician feels he needs consultation on a maternity case either before, during, or after labor in the low-wage group, the consultant will be paid from funds obtained through the Social Security Act by the Bureau of Maternal and Child Health of the State Department of Health, if approved by the Committee on Maternal Welfare after two

slips are sent in, one by the consulting and one by the attending physician. The attending physician may choose any qualified physician as a consultant."

This statement is reprinted because of a misleading statement in the October Journal, page 597, implying that a physician wishing to call a consultant under the Federal Security Act would have to choose one who had been specially appointed. The fact is that he may call any qualified physician whom he chooses.

A special reason for this provision is the fact that abnormal maternity conditions are likely to be of an emergency nature, and promptness is necessary in obtaining assistance.

STATE SOCIETY ACTIVITIES

PRESIDENT'S ANNOUNCEMENTS—NO. 5

THE IDEAL COUNTY MEDICAL SOCIETY

By SPENCER T. SNEDECOR, M.D., Hackensack, N. J.

The four previous announcements are contained in the July, August, September and October Journals.

As each new President of the County Medical Society and his fellow officers assume their duties, they have a first-hand opportunity to survey the responsibilities with which they are charged as the leaders and spokesmen of organized medicine in their counties. They will scrutinize the medical organization which they are to lead, to determine its capability and efficiency to deal with personal and community health activities. And in order to properly gauge the demands upon the resources of the County Societies, the officers will obtain a full perspective if they pause to take account of the broad aspects of medical practice today.

Many of the current problems are common to every county and city. For instance, what is the quality of medical service to the people? Are the poor in need of better medical care? Are opportunities for post-graduate study provided for physicians? What are the hospital relationships? Are the public health departments encroaching upon private practice? What are the public health responsibilities of the doctors in fields of child health, tuberculosis, maternal welfare, and so forth? What are the activities of the lay health agencies? Are there medical rackets in your community? These and many other similar questions must be faced by the medical organization of every county.

The plans and answers to many of these problems are being studied and given forth by the State Medical Society, its officers and committees. Your State officers and chairmen of committees have tried through recent meetings, announcements and detailed reviews in the last issues of the State Journal to spread information about the activities of the State Society.

Each of these manifold problems can best be met by appointing specific committees to investigate, study and report, whether it be to study contract practice or to promote child health, or to plan post-graduate courses for members. Then, the committee should carry out the plans which receive the endorsement of the Society.

Through personal knowledge and the advice of former officers, the President will be able to select the personnel of committees from among

those who are interested and willing to work. Indeed, many Presidents have told us of their surprise in finding such willing response to serve faithfully on committees, especially among the younger members. If there is doubt as to what committees to appoint and what activities to undertake, the model of the State Society committees may serve as a useful guide.

So much detail comes up with the routine reports of committees and the proper discussion of medical activities and plans that the business meeting of the Society is no longer adequate for careful and full deliberation. More and more Societies are finding it advisable to have an executive committee or council to carry on the routine business, subject to the approval of the Society. The Executive Committee meets before the regular meeting or preferably some other night. Each committee chairman brings his report to this committee for first-hand discussion and approval. Time is amply available here for an exchange of ideas and proposals for the welfare of the profession.

The Bulletin of each Society is a feature well worth special attention, for through this medium alone each member can be reached with messages from his Society. Material to enlarge and improve each county bulletin is always on hand. Announcements of the officers, reports of committees, proposals of activities, statements of problems and conflicts, notes from activities of other Societies, personal happenings, hospital meetings and so forth, all form a host of valuable information. By dropping a postcard to the secretaries of the other counties, officers will be placed on their circulation list and thereby learn what other Societies are doing.

The question of an Executive Secretary is eminent in a number of County Societies. By dividing the Societies into Classes A, B, and C, it becomes rather easy to analyze the secretarial need. It would seem in Class A counties, which have membership of over three hundred doctors, that a salaried executive secretary was necessary in order to coördinate

and carry out the activities of such a large group.

The Class B societies, with from one hundred to three hundred members, could have a part-time or full-time executive secretary to advantage. At the minimum, a paid stenographer-secretary would seem advisable. Class C counties require secretarial assistance for the elected secretary. As far as possible, the county societies should have a definite public office with a telephone listing.

Our last thoughts about the ideal county society which every group should ask itself are:

First, does the society represent all the doctors in the county? Has it taken in every available doctor into regular or associate membership?

Second, are its dues adequate to enable them to carry on the activities of a live, up-to-date medical organization?

SPENCER T. SNEDECOR, M.D.

PRESIDENT ROOSEVELT'S ADDRESS AT THE JERSEY CITY MEDICAL CENTER

Supplementing the letter of President Roosevelt outlining his coöperative attitude towards the medical profession, which was printed on page 595 of the October Journal, we are re-

printing the President's speech given on October first at the Jersey City Medical Center, as it was reported in the New York Times of October 2nd, 1936.

THE ADDRESS

It is a privilege to take part in the dedication of this Medical Center—the third largest medical institutional group in the United States.

I am happy, too, that the Federal Government, through its public works expenditures, has been able to be of assistance to the municipal government of Jersey City and to Hudson County in making this center possible. As a matter of fact, the expenditures through the Public Works Administration are increasing the capacity of American hospitals by nearly 50,000 beds. During the depression the difficulty of obtaining funds through municipal or private sources would have meant a serious shortage in caring for patients and in giving them adequate facilities had it not been for Federal assistance through loans and grants.

But there is another reason for increasing the bed capacity of the hospitals of the country. The medical and nursing professions are right in telling us that we must do more to help the small-income families in times of sickness.

PRAISES WORK OF DOCTORS

Let me with great sincerity give the praise which is due to the doctors of the nation for all that they have done during the depression, often at great sacrifice, in maintaining the standards of care for the sick and in devoting themselves without reservation to the high ideals of their profession.

The medical profession can rest assured that the Federal administration contemplates no action detrimental to their interests. The action taken in the field of health as shown by the

provisions of the splendid Social Security Act, recently enacted, is clear.

There are four provisions in the Social Security Act which deal with health; and these provisions received the support of outstanding doctors during the hearings before the Congress. The American Medical Association, the American Public Health Association and the State and Territorial Health Officers Conference came out in full support of the public health provisions. The American Child Health Association, and the Child Welfare League endorsed the maternal and child health provisions.

This in itself assures that the health plans will be carried out in a manner compatible with our traditional social and political institutions. Let me make that point very clear. All States and Territories are now coöperating with the Public Health Service. All States except one are coöperating in maternal and child health service; all States but ten in service to crippled children and all States but nine in child welfare.

Public support is behind this program. But let me stress in addition, that the act contains every precaution for insuring the continued support and coöperation of the medical profession.

Government, State and national, will call upon the doctors of the nation for their advice in the days to come.

In the actual administration of the Social Security Act we count on the coöperation in the future, as hitherto, of the whole of the medical profession throughout the country.

THE FIRST DECADE OF THE MEDICAL SOCIETY OF NEW JERSEY NUMBER 3

THE ORIGINAL MINUTE BOOKS

For years it was the belief of most of the leaders of The Medical Society of New Jersey that the manuscript minutes of the early meetings had been lost; but fortunately this was not true, for they had been safely deposited with the New Jersey Historical Society in the year 1874, according to a record in the Transactions of 1875, page 20. But the accession book of the Library of the Historical Society records an entry that the minute books, three in number, were deposited in the Library on October 3, 1916, by Dr. William J. Chandler, of South Orange, President of The Medical Society of New Jersey at that time. He had been Secretary from 1898 to 1913, and again from 1920 to 1923. He died in 1927, aged eighty-five years, and his portrait appears on page 711 of this Journal of December, 1927. In his earlier days of practice, he was in close contact with Dr. Stephen Wickes, with whom he served on the visiting staff of the Orange Memorial Hospital. He was the worthy successor of Dr. Wickes in his zeal for The Medical Society of New Jersey, and the preservation of its records.

On September 9, 1936, the Editor examined the original minute books, three in number, and had photostats made, two of which are reproduced with this article.

Book number one contains about 250 pages, of which the latter half are blank. The pages are sixteen inches in length and about six in width, a shape that was common with blank books of the period. The covers are of heavy yellow cardboard, hinged on sheepskin. The paper is heavy and in good condition and has retained its whiteness to a surprising degree. All the writing is still plainly legible, for the base of the inks of a century ago was metallic iron precipitated by tannic acid.

This first book contains the records of the Society from the day of its founding, July 23, 1766, up to and including the meeting of June 13, 1815. The handwriting is varied in style, for the entries were made by successive secretaries, each holding office for only a year. The autographs of the fourteen founders of the Society were written immediately after the Constitution on the day of founding; and below them are those of some of the members who joined during the first few years afterward. The autographs of thirty-four members who joined later are contained on the last three pages of the book.

It is most fortunate that Dr. Stephen Wickes copied the records verbatim, and had them printed in a volume entitled "The Medical Society of New Jersey.—Transactions 1766-1858", a copy of which is in the Executive Offices, and another in the Library of the Academy of Medicine of Northern New Jersey in Newark.

The minutes begin with a statement of the conditions of medical practice in 1766. Then follows an unsigned advertisement which appeared in the New York Mercury, dated June 27, 1766, stating, "A considerable number of the Practitioners of Physic and Surgery of East Jersey, having agreed to form a Society for the advancement of the profession and the promotion of the public good * * * hereby invite every gentleman of the profession * * * to attend their first meeting which will be held at Mr. Duff's, in the City of New Brunswick, on Wednesday, the 23rd of July."

Then follows a brief account of the organization of the meeting on the morning of July 23, 1766, and the adoption of "Instruments of Association and Constitution of The New Jersey Medical Society", which was the name that was then adopted. These preliminary statements fill the first nine pages of the first minute book. It is to be regretted that the authors of the notice of the meeting and the constitution are not mentioned at all; but those present, fourteen in number, signed the articles in the order that is shown in the photostat.

The founders signed the constitution in the usual order which was customary in those days. The first one to sign, Dr. Robert McKean, wrote his name beneath the lower right corner of the constitution, and eight others signed below him, and then the other five signed in a column below the left lower corner. The meeting then elected officers, Dr. Robert McKean, President; Dr. Chris. Manlove, Secretary; and Dr. John Cochran, Treasurer, for the ensuing year, and adjourned, to meet in the afternoon for the first business session of the new Society.

The second photostat is that of the upper part of page 10 of the original minute book, and shows that there were present three additional physicians, Drs. Blatchley, Perant, and Camp. The founders of the Society may, therefore, be considered to have been seventeen in number.

on no Account support or patronize any but those who have been regularly initiated into Medicine, either at some University, or under the Direction of some able Master or Masters, or who, by the Study of the Theory and Practice of the Art, have otherwise qualified themselves to the Satisfaction of this Society for the Exercise of the Profession.

GIVEN under our Hands at the City of New Brunswick the twenty third day of July Anno Domini 1766.

Barn. Budd

Laurence C. Devereux

John Griffith

James Harris

John Sackett

* John W. Heath

(Mrs. Mantel)

John Cochran

Miss Polomfield

* Jam. Gilliland

Wm. Burnett

John Taylor

John Wiggins

William Paine

Plate 1.—Photostat of page 9 of the original minute book of The Medical Society of New Jersey, containing the closing sentence of the constitution, and the autographs of the fourteen doctors who signed it on the morning of July 23, 1766.

Books two and three are modern in size and material. They are thirteen by seven and a half inches in size and are bound in sheepskin.

Book two contains 424 pages of minutes beginning February 16, 1816, and ending with those of January 2, 1861. At the end of the

volume are twenty-nine pages of records of 366 licenses to practice, issued by the Society from 1816 to 1842, in accordance with the Law of 1816, giving to the Medical Society of the State and those of the Counties power to examine and license candidates for the practice of medicine.

New Brunswick, July 23, 1766
The New Jersey Medical Society being formed agreeable
to the foregoing Instrument immediately determined to hold their
first Session for the Dispatch of Business this afternoon and
in Order there to choose the Rev. Mr. McKean President, Dr. John
Christ. Marshall Secretary, and Dr. John Cochran Treasurer,
for the ensuing Year.

A meeting of the Medical Society held here this
Day in pursuance of the preceding Resolution.

Present.

Rev. Dr. McKean President.	Dr. Budd.
Dr. Marshall Secretary.	Dr. Sackell.
Dr. Cochran Treasurer.	Dr. V. Devine.
Dr. Adams.	Dr. Harris.
Dr. Bloomfield.	Dr. Higgins.
Dr. Griffiths.	Dr. Gilliland.
Dr. Gayles.	Dr. Camp.
Dr. Hunt.	Dr. Burnet.
Dr. Blatchly.	

Plate 2.—Photostat of page 10 of the original minute book, showing the election of officers
on the morning of the organization of the first business meeting on
the afternoon of July 23, 1766.

Book three contains 341 pages of records written on blue paper. It begins with the Annual Meeting of January 28, 1862, and ends with that of June 14, 1887.

The next installment of this history will discuss the lives of the founders and their civic services to the State of New Jersey.

TRUSTEES' MEETING

A regular meeting of the Board of Trustees was held in the Society's offices in Trenton on October 11, 1936.

The Treasurer, Dr. Elias J. Marsh, reported that the expenditures of the Society had been kept within the budgeted allowances.

The Program and Arrangements Committee recommended the dates for the Annual Meeting of the House of Delegates at Atlantic City, as April 27th, 28th, and 29th at Haddon Hall. Dr. William J. Carrington, who has been Chairman of the Program and Arrangements Committee for many years and who now has been elected to the office of First Vice-President, submitted his resignation. The President recommended and the Board of Trustees elected Dr. Charles B. Kaighn as Dr. Carrington's successor as Chairman of the Program and Arrangements Committee.

The Board was informed by the President, Dr. S. T. Snedecor, that October 24th had been set for the meeting of the Judicial Council of the American Medical Association to be held in Chicago for the hearing of the Appeal of the Hudson County Medical Society from the decision of the House of Delegates of the New Jersey State Medical Society. The Board of Trustees designated Dr. S. T. Snedecor, President of the State Society, to represent the State

Society, and Dr. Andrew F. McBride as his alternate.

In view of reports which have been received in reference to the present status of the Society's automobile, health, and accident policies, it was decided to request that the Chairman of this committee, Dr. Frank W. Pinneo, meet with the Board of Trustees at its next meeting for a conference on the present set-up in this field of the Society's activities.

In discussing the appointment of physicians to public office, Dr. S. T. Snedecor recommended that in the future such appointments receive the approval of their respective County Medical Society, or its Executive Committee.

In order to provide better facilities for commercial and scientific exhibits at the Annual Meeting, Dr. Wilkes recommended that an effort be made to furnish these exhibitors with uniform modern booths. The present equipment, which is owned by the State Society is antiquated and is not attractive. It was therefore decided to dispose of our present equipment and provide uniform booths by rental for each Annual Meeting. It was felt this improvement would more than offset the expense incurred, especially as we will be relieved from the annual cost of storage as a result of this change in policy.

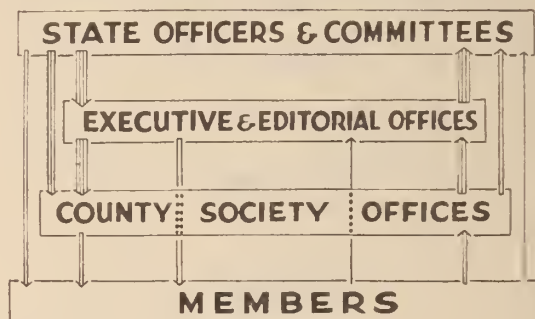
HERBERT W. NAFÉY, Secretary.

PERIODIC LETTER TO MEMBERS, NO. 1

The present year of The Medical Society of New Jersey and its twenty-one component County Societies will be characterized by the installation of a unified plan of activities which has been developed as the result of the experience of the last three years. Close observation of fields of service which organized medicine must actively cultivate has clearly revealed the methods by which the needs in those several fields must be met.

The characteristic feature of the unified plan is that of the active participation of the individual members of the County Societies. The fundamental principles of this participation are clearly stated in the annual report of the Executive Officer printed on page 255 of The Journal of May, 1936, and approved by the House of Delegates. They may be summarized as a "Response to Contacts" as indicated in the following diagram which is reproduced from the report:

RESPONSE TO CONTACTS



The flow of influence from the State Society to the members is like that of an electric circuit of power and light in which efficiency is indicated by the amount of returning electricity rather than the outgoing. The difference in the amounts of current on the outgoing and the in-coming parts of the circuit

represents the loss from leakage, resistance, and inefficiency of the lamps and motors of the customers.

The flow of influence from the State Society starts out full and strong, but it diminishes in volume and speed as it approaches the County Societies, and still more so as it passes on to the members. The return flow back to the State Society shows a still greater diminution. (Jour., Sept., p. 541.)

The leaders of the State Society have considered practical means of increasing the flow of influence as it approaches the members, and

the flow of their responses back to the State Society. The first additional means adopted by the Welfare Committee to speed the flow of influence to the members and back to the State Society has been the system of visitation to the County Societies by the "President's Cabinet".

The second original means of stimulating the flow of influence has been that of mailing a personal letter from the President to every member at periodic intervals. The first of these letters was mailed on October 15, and was as follows:

October 15th, 1936.

Dear Member:

This is the first of a number of letters which will be sent to you periodically as a member of The Medical Society of New Jersey. The *purpose of this letter* is to keep you posted on Medical Society plans and activities. As President of The Medical Society of New Jersey, one of my main endeavors this year is to improve the understanding and co-operation of the individual members in each component County Medical Society in connection with the program and plans of the State Medical Society Officers and committee members. This co-operation will be to our mutual advantage, and is especially necessary at this time when Federal and State activities in the health service field are being increased.

The *program for the year* of my administration is to be found in the September Journal (pages 540-541). The work of our Welfare Committee is described by the Chairman in the August Journal (pages 483-485). The Welfare Committee, as you know, is an Advisory Committee ad interim House of Delegates. It has only recommendatory power, for the Board of Trustees is, under the Constitution, the one empowered to approve any proposed activities and to sanction the use of necessary funds to carry on this work until the next meeting of the House of Delegates. All problems coming before the Medical Society fall roughly into four categories, and we have a Sub-Committee of the Welfare Committee to deal with each of these four categories:

Legislation, Dr. B. S. Pollak, Chairman
Medical Practice, Dr. Thomas K. Lewis, Chairman
Public Health, Dr. Stanley Nichols, Chairman
Public Relations, Dr. Hilton S. Read, Chairman

The programs of these Sub-Committees and their Advisory Committees will be found in the October Journal (pages 594-601).

The *Welfare Committee and its Advisory Committees* met on September 20th to thoroughly discuss the details of their program for the current year and to integrate their plans with those of the State Society. On the following Sunday, September 27th, the Officers of the State Society met with the Officers of the component County Societies to discuss the plans and program of the State Society, and to get their approval or criticisms, and to obtain from them suggestions as to the best ways and

means by which the work could be carried out in their own county. The report on this meeting will be found in the October Journal (page 602).

The success of the future developments to improve medical practice and the status and income of the individual physicians participating in the recommended activities depends at the present time on the efforts made to acquaint *each individual member* of the State Medical Society with the program, plans, and activities, and especially the part that each member is expected to play. For the successful accomplishment of these aims, it is equally important that each individual member *himself* shall show initiative, interest, and a desire to do his full part in carrying out the suggestions contained in the Journal; and to read carefully, not only the professional scientific papers, but to also give equal consideration and attention to the editorials and reports of officers and committees under "State Society Activities" and "County Society Activities".

This letter aims only to give you the highlights and to point out, insofar as possible, where in the Journal the more detailed information on a given subject can be found. These letters are another source of information for the individual member.

The third source of information is the regular meetings of the County Medical Societies, attendance at which is not only an obligation, but a great opportunity, for the members to show a proper initiative and interest. If the County Society meetings do not meet with your approval, make definite constructive suggestions to the Officers of your County Society as to just *how* you believe these meetings can be improved.

The statements regarding their philosophy of medical care, as made by the two leading *Presidential Candidates*, may be found in the October Journal (pages 594-595). The attitude of The Medical Society of New Jersey regarding the political campaigns, as determined by conferences with a large number of Trustees, present Officers, and past presidents, is announced on page 594 of the October Journal.

We enclose with this announcement a *membership emblem* for the windshield of your car. Please keep this on your car as it identifies you as one of more than 3000 physicians in New Jersey, and the repeated appearance of this emblem makes a very decided effect on the public as a show of

strength, unity, and solidarity. When one considers the amount of mileage represented by the daily work of more than 3000 physicians, some idea of the effect of this windshield sticker, in bringing to the attention of the public the existence of organized medicine in the State, can be appreciated. Many favorable comments were received when the relatively small number of automobiles, in which doctors came to the Annual Meeting in Atlantic City last year, provided a sample of the effect on the public of this evidence of unity. When 100 doctors come to a Medical Meeting in a large city, and 100 cars labeled with the seal of The Medical Society of New Jersey are collected in one vicinity, it makes a distinct impression on those who see it.

A smaller emblem for use on stationery, etc., is enclosed. These may be purchased in lots of 500 at a cost of \$1.00 through your County Society Secretary, who will take your order and your dollar; or you may send your dollar directly to the Executive Offices in Trenton and 500 of these seals will be promptly mailed to you.

The "President's Cabinet" is a new designation for the President-Elect, the two Vice-Presidents, the Chairman of the Board of Trustees, and the Chairman of the Welfare Committee; all of whom serve as consultants to and helpers of the President. The burdens of the Presidency of the Medical Society, since it has become a "service" organization as well as an educational and fraternal one, are overwhelming. The help of the Cabinet Officers makes it possible to do a better job, to spread the burden of work, and serves to train the successors to the President in office. The members of the Cabinet will speak before the component County Medical Societies, telling of the program and work of the State Society. These Cabinet members also sit in with various State committees to which they are assigned and help keep the President informed first-hand of all activities.

The *Executive Officer*, in addition to his duties in Trenton during the Legislative session and the conduct of the Executive Offices, acts also as a representative of the President whom he serves as liaison officer to the various County and State Society Officers and committees, and will, upon request, come to meetings of the Executive Committee or any other committee of the various County Medical Societies to help them to better understand the various parts of the State Society program and

to better integrate their activities with the State Society for mutual benefit.

The *Annual Meeting for 1937* will be held in Had-don Hall, Atlantic City, April 27-28-29, 1937. These dates are somewhat earlier than usual because of the fact that the A. M. A. meets again in Atlantic City on June 7-11 of this year. On Sunday, October 4th, the Committees on Program and Arrangements, Scientific Work, and Scientific Exhibits met in Trenton and discussed the program and plans for the Annual Meeting. The 171st Annual Meeting of The Medical Society of New Jersey, which will be held this year, promises to be the biggest and best meeting ever held by our Society. As soon as the tentative program is further developed, you will be acquainted with it. No better investment of time, money, and effort can be made than to attend the Annual Meeting, the last week in April, and spend three glorious days at Atlantic City. Nothing will be allowed to interfere with the Scientific Program this year. The meetings of the House of Delegates will be conducted as efficiently and promptly as possible. We shall have larger and more attractive scientific and technical exhibits than ever, and ample time will be provided to visit these exhibits. The Woman's Auxiliary has promised the most brilliant and attractive banquet and President's ball that has yet been given, and this is a high aim. A few dollars put aside each month will not be missed and will assure you of a worthwhile vacation, and at the same time, acquaint you with the progress in medicine and in the "distribution of necessary medical services by the physician, to every individual in need thereof, at a price which he can afford to pay".

Every County Medical Society should make a persistent effort to solve the indigent relief problem through arrangements with the local authorities of the County or municipality, preferably the former, by carrying on a plan such as was worked out in the emergency relief program during the existence of the State E. R. A. organization.

We need the enthusiasm, interest, initiative, and help of every man in the State Medical Society. Will you do your part?

Fraternally and sincerely,

SPENCER T. SNEDECOR, M.D.,

President.

THE PROGRAM OF THE SUB-COMMITTEE ON PUBLIC HEALTH FOR 1936-1937

The program of the Sub-Committee on Public Health for 1936-37 briefly can be outlined under two headings:

First: To carry out our slogan, "*To make every physician's office in New Jersey, as far as possible, a Health Center for the practice of all phases of preventive medicine.*"

Second: To assist County Medical Societies

in developing practical plans, whereby these preventive medical services can be made available to all of the people of their county at all economic levels—this to be accomplished by two methods:

1. As far as possible, in the offices and private practices of its physician members.
2. By the County Society, in conjunction

with health departments or other health agencies, creating methods applying to people not reached by the first method.

Much progress has already been made by our State Society along these lines.

To accomplish these objectives in any given field of preventive medicine, three essential steps are necessary:—

Step 1. A printed outline of the recommended procedures for physicians in that given field of preventive medicine. This is now in preparation.

Step 2. The post-graduate education of the physicians in that field of preventive medicine, including education in the recommended procedures mentioned in step one.

Step 3. Practical plans by County Medical Societies for the actual distribution and delivery of these preventive medical services by their physician members; coupled with the education of the public as to the value of the preventive medical services offered.

The function of this public health committee is to act as a clearing house for the committees dealing with these various fields of preventive medicine, and we will meet, as usual, on the first Wednesday in each month at 3:00 p.m. at the Academy of Medicine in Newark, commencing on October 7th. At each monthly meeting, there will be provided for each Chairman of an Advisory Committee, and the chairmen of the twenty-one County Public Health Committees, an opportunity to report accomplishments, or present new plans to be studied and referred to the Welfare Committee for consideration and adoption.

Now, as to the various fields and the Advisory Committee plans for progress during the coming year on these three steps already mentioned.

Committee 1—Cancer Control, Dr. Henry B. Orton, Chairman, and

Committee 2—Mental Hygiene, Dr. James S. Plant, Chairman, so far plan mainly, education of the public in their fields. We are hoping that the Mental Hygiene Committee may develop some post-graduate education for general practitioners of medicine.

Committee 3—Crippled Children's Committee, Dr. Elmer P. Weigel, Chairman, will mainly coöperate with the Crippled Children's Commission in seeing that the federal funds are wisely used in approved hospitals, with properly qualified orthopedic personnel and equipment. They are also going to coöperate in a special study of cerebral birth injuries at Vineland, financed also by Federal funds.

Committee 4—Tuberculosis Control, Dr. Samuel B. English, Chairman, will carry on further, in conjunction with the Health De-

partments, Educational Departments, Tuberculosis Leagues, and Health Leagues in each county, the study, commenced last year, as to whether the Mantoux test and x-ray of the teen age is a sound public health measure. Also this committee will aid in other measures in the control of tuberculosis. We are hoping that this committee will also furnish a condensed, up-to-date course on tuberculosis and its control in the near future to the County Societies.

Committee 5—Maternal Welfare, Dr. Arthur W. Bingham, Chairman;

Committee 6—Child Health, Dr. Stanley Nichols, Chairman; and

Committee 7—Venereal Disease Control, Dr. Charles deT. Shivers, Chairman, coöperating with the Bureau of Maternal and Child Health, and the Bureau of Venereal Disease Control of the State Department of Health, will each develop a complete program on all three preventive steps to the highest degree possible. Dr. Bingham's committee program is already highly developed and progressing rapidly. The other two will develop promptly in the next ninety days.

This whole Public Health section of the State Medical Society's program is most vital in aiding both the preservation of private practice and better medical care to the public. Involving as it does the preparing of a book on recommended procedures in these seven fields, the post-graduate education of our physician members in each subject, and the actual distribution of these medical services by various methods,—this large program challenges the ability of our united medical front in the State.

The Welfare Committee, the Public Health Committee and its Advisory Committees, the State and County Officers of the County Medical Societies, the Public Health Key Men, the Field Physicians, the County Society Public Health Committees, and every physician member of the State Society must thoroughly and efficiently work together during the coming months, in order to make marked progress in these very important fields early this winter.

This briefly outlines the task facing our committees and our County Societies this winter, enormously enlarged, because of the necessity of making wise use of the Federal funds.

I will be very glad to answer any questions I can on any phase of the program and secure information from any of our Advisory Committees, in answer to any questions from any of their members present at the meeting of the Sub-Committee on Public Health.

STANLEY NICHOLS, M.D., *Chairman*
Sub-Committee on Public Health of the
Welfare Committee

NEW JERSEY CONFERENCE OF SOCIAL WORK

The annual meeting of the New Jersey Conference of Social Work will be held in the Berkeley Carteret Hotel, Asbury Park, N. J., from Thursday to Saturday, December 3, 4, and 5, 1936. The subjects to be discussed have important medical implications; and it has been the policy of The Medical Society of New Jersey that its representatives shall be present and take part in the proceedings, not only because of their intrinsic importance, but also to form friendly contacts with the members of the conference. (*Journal*, January 1936, p. 41.)

The sessions will begin on Thursday evening with a business meeting after a dinner at 6:30 p.m.

Friday will be the principal day of the conference, with a morning session at 9:30, on the subject "Youth and Social Change"; and an afternoon meeting at 2:30, on "Health and Social Change". Each session will be followed by discussion groups over twenty in number, each under an experienced leader.

At 12:30 there will be a luncheon session on the subject "Changes in Standards of Living", and a dinner session at 6:30 on the "Meaning of a New Leisure".

On Saturday noon a summary of the conference will be given by Dr. Frank Kingdon, President of the University of Newark.

THE NEW JERSEY HEALTH AND SANITARY ASSOCIATION

The New Jersey Health and Sanitary Association will hold its annual meeting in New Brunswick, Woodrow Wilson Hotel, on Friday, November 20, 1936. This association is made up of physicians, nurses, health officials, and health workers and can be of real assistance to the medical profession.

The program is as follows:

10:00 a.m.—Trip through Johnson and Johnson or E. R. Squibb plants. These are always interesting.

2:00 p.m.—Section meetings on Industrial Hygiene, Child Welfare, and Communicable Diseases.

8:00 p.m.—General Session

President's Address, Dr. Jacob Lipman.

Our Cancer Problem—Dr. C. F. Geschickter, of Johns Hopkins University.

Synopsis of Health Care set-up in New Jersey.

1. Medical Profession

Dr. Spencer T. Snedecor, President, Medical Society of New Jersey.

2. Dental Profession

Dr. J. M. Wisan, Secretary.

3. New Jersey Tuberculosis League

Dr. J. B. Morrison, President.

4. N. J. State Organization for Public Health Nursing

Miss Hettie Seiffert, President.

5. N. J. Parents and Teachers Association

Mrs. Walter Bowen, President.

Dr. Henry F. Vaughan, Health Commissioner of Detroit, Mich., then will describe the relations between the physicians and health department in regard to immunizations.

This program is an excellent opportunity for the medical profession to present its case and the meeting is worthy and deserving of a large attendance of medical men.

J. H. KLER, M.D.

LIST OF PHYSICIANS DYING IN NEW JERSEY IN SEPTEMBER

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Jesse H. Beekman	81	Sept. 24	Sayreville	Same	Chronic myocarditis.
Theodore W. Corwin	79	Sept. 14	St. Barnabas' Hosp., Newark	Newark	Cerebral embolism.
Bert S. Heintzelman	60	Sept. 24	Bayonne	Bayonne	Coronary thrombosis.
Emanuel Lupkin	71	Mch. 10	Philadelphia, Pa.	Atlantic City	Tuberculosis.
John E. McWhorter	61	Sept. 19	Englewood Hosp.	Tenafly	Coronary thrombosis.
Jacob Polevski	49	July 27	Johns Hopkins Hosp.	Newark	Brain tumor.
Mary Servass	58	Feb. 6	Osteopathic Hosp., Philadelphia, Pa.	Collingswood	Chronic nephritis.
Guy H. Swan	55	Sept. 8	Beachwood	Same	Coronary occlusion.

CONTACTS AND COMMENTS

A NEW DEPARTMENT

It has been the growing policy of The Medical Society of New Jersey to recognize the importance of the functions of health organizations in promoting the purely medical activities of The Medical Society of New Jersey and its twenty-one component County Societies. Ever since the establishment of the central executive offices of the State Society, The Journal has frequently reported the contacts of the representatives of the medical societies with voluntary health organizations, of which a list of sixty is contained in the Annual Reports of 1936 (Journal, May 1936, page 256). Contacts with these and other organizations had been promoted by President Quigley during his term of office beginning in 1933, and was definitely recognized by President Ely in his editorial greetings on assuming office in 1934 (Journal, June 1934, page 315).

There has also been developed a plan of

intimate contacts of the officers of the State Society with the members of the County Societies, as outlined in the announcement of the President's Cabinet (Journal, July 1936, page 431, and September 1936, page 541).

The Publication Committee has recognized the growing importance of contacts of representatives of the medical societies, both State and county, not only among themselves, but also with allied organizations engaged in delivering health services. The Publication Committee has therefore authorized the preparation of brief items of information concerning these contacts. The following is the first installment of these "News" items, which are intended to demonstrate that practicing physicians have a growing organization whose power and influence should be recognized by the voluntary health organizations, and by the individual doctors.

The dedication of the addition to the Medical Center of Jersey City, "the third largest in the country", as it was called in press notices, was attended by many physicians as the unofficial representatives of the medical profession of New Jersey. The special feature of the program was the address of President Franklin D. Roosevelt, which is printed on page 646 of this Journal. This address corroborated the President's letter which was printed on page 595 of the October Journal.

Representatives of The Medical Society of New Jersey attended the annual meeting of the *Advisory Council of the Monmouth County Organization for Social Service* on the evening of October 10, in the home of its President, Mr. Lewis S. Thompson, Brookdall Farms, near Red Bank. The twenty-third annual meeting of the organization had been held on September 30, at which Public Health Nursing had been the principal topic of discussion, and addresses had been given by Dr. H. W. Haggard, of Yale University, and Commissioner W. J. Ellis, of the State Department of Institutions and Agencies (p. 671).

The meeting of the Advisory Council on October 10 was for the purpose of discussing the program of work for the year, including the tuberculosis situation, nursing education

and service, welfare administration, and public health administration, all of which have definite medical implications.

The practical every-day preparedness of The Medical Society of New Jersey to respond to calls for advice and assistance was demonstrated in October when it received a request from the State Motor Vehicle Department for suggestions regarding a method of examining drivers of public buses under a new law which goes into effect on January 1, 1937.

On October 20, the Committee on Medical Practice met with representatives of the Motor Vehicle Department, and of the medical division of the Public Service Corporation, which operates one half of the public buses in the State; and took a prominent part in devising a printed form for indicating the details of the making of the proposed examination of each driver and recording the results in a uniform manner which will be satisfactory to the examining physicians, the Department of Motor Vehicles, and the Public Service Corporation.

President Snedecor attended the hearing on the appeal of the Hudson County Medical Society from the decision of the House of Delegates to the A. M. A., as the designated repre-

sentative of The Medical Society of New Jersey. (See page 650.)

The Judicial Council of the A. M. A. held a hearing in Chicago on Friday, October 23, and at its close announced that it would take some time for deliberation before rendering its decision, which may be deferred for a month or more.

That the first periodic letter to members was appreciated is demonstrated by the fact that twenty-three orders for emblems for stationery were received at the executive offices within two days after the letter was mailed. The emblem will be of material assistance in spreading the information to the public that the doctors have an organization which is alive and active. This will be real news to the great majority of the citizens of New Jersey.

Dr. H. S. Read, Chairman of the Welfare Committee, reports that an increasing number of requests are being received from various organizations for speakers to address popular audiences on health topics. An important part of the work of the Advisory Committee on Public Relations will be the preparation of medical addresses suited to lay audiences. This work is new and of the utmost importance.

The members of the President's Cabinet are making use of lantern slides and film slides containing an outline of an address on the subject, "The Program of the State Society for 1936 and 1937". They find that the additional impression received by the sense of sight more than doubles that received by the ear alone.

On October 8th the Somerset County Medical Society voted to rearrange its committees so that the plan of their organization will be similar to that of the committee of the State Society. Somerset County will appoint a Welfare Committee, with four Sub-Committees, and at least thirteen Advisory Committees, in place of its former unrelated committees. There will probably be an opportunity for every member to serve on an active committee. The new plan will doubtless enhance the importance of the County Medical Society in the estimation of the people as well as the members (p. 672).

The third annual discussion of workers in mental hygiene, including many from New Jersey, was held in Miss Wood's School for Exceptional Children at Langhorne, Pa., a suburb of Philadelphia. This group is composed largely of psycho-neurologists who deal with the psychiatric phases of behavior, in distinction from those of a psychological nature. The presence of a representative from The Medical Society of New Jersey was evidence of the growing interest of the medical profession in the subject of mental hygiene.

The Morris County Medical Society put on a special program consisting of a moving picture of one of the very few successful voyages down the rapids in the canyons of the Colorado River. The subject drew the largest attendance of members and their families in the history of the Society (p. 671).

The New York *Herald Tribune* makes a feature of reporting the proceedings of the national Medical and Scientific Societies. The articles are signed by its Science Editor, John J. O'Neill, whose reports are models of clearness and simplicity. He chooses those subjects which have a popular appeal, but never descends to the merely spectacular or the sensational. It is real news, for example, that the blood supply to the heart whose coronary artery is partly occluded may be increased by inducing adhesions to the pericardium, or by grafting a part of the pectoral as muscle to the heart.

The Herald Tribune is rendering a real service to the people and the medical profession by reporting the official discussions of the medical leaders in a simple, understandable manner, without exaggerated claims as to their efficacy or universal adaptability.

The Annual Conference of the Secretaries and Editors of the State Medical Societies, to be held on November 16 and 17, will be attended by Dr. J. B. Morrison, Secretary of The Medical Society of New Jersey, and Dr. Frank Overton, Editor of The Journal. The conference is held annually under the auspices of the American Medical Association, which pays the expenses of the State representatives. The program is unusually practical.

The current Bulletins of the County Medical Societies are gold mines of information and inspiration. Here are some nuggets from the October issues:

The October Bulletin of the *Atlantic County Medical Society* suggests the following method of dealing with misleading medical information dispensed over the radio:

"Are you tired of the blab about pasteurized cigarettes (your doctor recommends them)—are you bored with the nurse who insists Professor Squelch's marvelous cough syrup, or the (anonymous) eminent physicians and prominent hospitals who wouldn't think of being without a supply of anti-asthma cigarettes—('Reprints on request')—or this or that proprietary?"

"If you are—'Call up instead of tuning off.'"

Here is an item that will be gratifying to all New Jersey physicians:

"Dr. Robert A. Kilduffe has been appointed Editor-in-Chief of the American Journal of Clinical Pathology, the official organ of the American Society of Clinical Pathologists."

The October Bulletin of the *Mercer County Medical Society* contains the following appreciation of the plans of The Medical Society of New Jersey:

"Your State Society President has evolved a wonderful program for 'he group comprising a stupendous variety of subjects for study, investigation, coördination, and organization,—and this program includes each individual member of the medical profession.

"The medical profession need not fear Federal interference with its worthy projects, neither is assurance on this point required, as the record of medical science and its practice will withstand its severest test.

"Have you read the program in your Journal?"

The October Bulletin of the *Camden County Medical Society* prints the following items of general interest:

"Resident physicians and medical students are cordially invited to attend the meetings of this Society."

"Several County Societies of New Jersey have 'upped' their dues to \$25 per annum. This provides an Executive Secretary with centrally located offices for disseminating information and centralizing Society work."

"Use the Maternal Welfare Service; nurses and professional consultants provided. This offers an

opportunity to do better and easier obstetrics. Dr. George B. German, Director; telephone Camden 7522."

"Qualified physicians are provided for public addresses to organizations who request medical speakers. Contacts and appointments are executed by the Woman's Auxiliary, whose committee chairman for this work is Mrs. A. J. Casselman, 301 North Second Street, Camden."

The October Bulletin of the *Essex County Medical Society* has the following item on Maternal Welfare:

"A field physician has now been appointed for Essex County,—Dr. Gerald Hayes, 86 Hawthorne Avenue, East Orange. Call him up and get some of the literature he has for you. For further information, read the article in the September Journal on 'The Field Physician in Maternal Welfare in New Jersey'. This work is *not* State Medicine. It aims at prevention in order to lower the maternal mortality rate." (P. 538.)

The October Bulletin of the *Bergen County Medical Society* announces the following decision:

"Dr. Gladys Winter asked the Executive Committee to decide a question which had been presented to her committee, viz: whether the nurses should treat patients when requested to do so by osteopaths and others who are not medical doctors. The answer was 'yes', because there was no law provided by which nurses could refuse such request."

"Dr. L. Burnham, of our Society, has been chosen to contact the doctors of Bergen County. One who has been contacted has been very much impressed by the practical and valuable information obtained through a quiet office discussion between two doctors. The use of the case history of one patient may open the way for a discussion of points of practical importance to the doctor and to the patient. It is really a post-graduate course in gynecology and obstetrics; and it is hoped that all the doctors of Bergen County will allow time for this interview and benefit accordingly."

The following item in the October Bulletin of the *Union County Medical Society* is gratefully acknowledged and appreciated:

"The State Society Journal contains a wealth of material if you will take time to read it. Besides the many interesting scientific papers, there will be found the activities and recommendations of the State Society. A new feature is the suggestion of prescriptions which contain many new drugs. These will enable the physicians to avoid the use of proprietary names."

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

NOVEMBER

3 Camden	12 Burlington
3 Hudson	12 Essex
5 Sussex	12 Passaic
10 Bergen	13 Atlantic
11 Mercer	18 Middlesex
(Banquet)	19 Gloucester
11 Ocean	25 Monmouth

DECEMBER

1 Hudson	10 Passaic
1 Camden	10 Somerset
8 Bergen	11 Atlantic
8 Cumberland	11 Salem
9 Mercer	16 Middlesex
9 Ocean	17 Gloucester
9 Union	17 Morris
10 Burlington	23 Monmouth
10 Essex	

ATLANTIC COUNTY

Robert A. Kilduffe, M.D., Reporter

The regular meeting of the *Atlantic County Medical Society* was held October 9th, 1936, at the Ambassador Hotel, Dr. S. L. Salasin presiding. There were fifty-five members and guests present.

INDIGENT RELIEF

Dr. W. E. Darnall, Chairman of the Medical Advisory Committee, reported that as the E. R. A. was no longer functioning, the work of his committee was finished, and he requested that it be discharged. Dr. Salasin stated that the State Welfare Committee had recommended that each County Society should work out a program with the municipalities for the adequate care of those who were still receiving relief; and that he felt that the Medical Advisory Committee should therefore not be discharged, but should formulate plans and present them at the next meeting for working out a program to take care of these people with the overseer of the poor, who is now administering relief to the indigent.

LIBRARY

Dr. Darnall, reporting for the Library Committee, stated that the work has been somewhat handicapped for lack of funds, but it was possible that an appropriation would be made by the Mayor so that the Medical Library would have sufficient money to carry on.

BROADCASTING

Dr. A. G. Merendino reported that broadcasting had been suspended during the summer months, but would be resumed in the near future.

DUES

Dr. D. B. Allman, in making his Treasurer's report, stated that the Society was in good standing financially and that the dues for 1937 should be settled as the bills must go out very soon.

A motion was made and passed that the dues for 1937 should be \$18.00 instead of \$16.00 as in 1936, so that the Society would have money enough to carry on its work.

Dr. Allman also stated that dues must be paid by January first so that the roster can be complete. Members paying later than this date cannot be included in the official list of the State Medical Society.

ASSISTANT EDITOR OF BULLETIN

A communication from Dr. Robert A. Kilduffe requesting that he be relieved of the editorship of the County Society Bulletin was read. The resignation was not accepted by the President, who requested Dr. Kilduffe to appoint an Assistant Editor to take over this work.

SPEAKERS

A communication from Dr. S. T. Snedecor, President of The Medical Society of New Jersey, was read requesting that he, or a member of his Cabinet, be given a place on the program of the November meeting to discuss the plans of the State Society for the coming year.

A place will be made on the December program for Dr. A. J. Casselman, who will discuss how the physician and State Department can aid each other in the management of venereal diseases.

PHYSICIANS REGISTERED IN ATLANTIC COUNTY

Dr. Brown reported that, upon receipt of a request from Dr. Morrison for a list of all the physicians in Atlantic County who were not members of the Society, he had gone to the County Clerk's office and had found some 560 names of registered physicians in this county. Many were unknown, and he requested the members to look over the lists and give any information they could concerning these doctors.

WORKMEN'S COMPENSATION INSURANCE

Dr. V. E. Johnson, a member of the Advisory Committee on Compensation Insurance, after attending a meeting of the State Committee at Trenton on September 20, stated that it was necessary for an investigation of its uses, abuses, and evils to be made; the finding to be reported to the County Society; and its recommendations sent to the State Advisory Committee so that the matter can be

thoroughly gone into and corrections made and resolutions sent to the Welfare and Legislative Committees for their action.

The following committee was appointed to act on this problem: Drs. V. E. Johnson, H. L. Harley, D. B. Allman, Charles Hyman, and C. C. Charlton.

SCIENTIFIC

The Scientific Program was presented by Dr. Asher Yaguda, of Newark, New Jersey, who presented a comprehensive survey of the clinical and laboratory study of *anemias* in competent and interesting manner.

The paper was illustrated by lantern slides and was discussed by Drs. Kilduffe, Lowenberg, and Hershorn.

BERGEN COUNTY

LeRoy W. Black, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Englewood Hospital on Tuesday, September 29th. The members of the Bergen County Pharmaceutical Association were present as guests. The meeting was called to order promptly at 9:00 o'clock by President J. H. Irwin.

NEW MEMBERS

The following were elected to membership:

From Junior to Regular—

Dr. Cornelius V. De Biaso, Rutherford
Dr. Giusto Albin Liva, Wyckoff
Dr. Anthony M. Romano, Hillsdale

Junior—

Dr. Lee Solworth, Englewood
Dr. R. R. Grimes, Teaneck
Dr. J. D. Gatti, Hackensack
Dr. Frank L. Lombardi, Teaneck

The following applications for membership were read:

Junior—

Dr. John Scilleri, Hackensack
Dr. Donald J. Kissinger, Dumont

The Secretary read the list of the non-members of the Bergen County Medical Society as he had collected it for The Medical Society of New Jersey. Twenty-five of the sixty-nine names were removed from the list, as the doctors had moved or for some other reason were not practicing in Bergen County.

SCIENTIFIC

The meeting was then turned over to the Scientific Committee in charge of Dr. Samuel Reich, who introduced the speakers of the evening.

Dr. Arthur C. De Graff, Professor of Therapeutics, New York University Medical College; Associate Physician, Bellevue Hospital; Physician, Bellevue Hospital Cardiac Clinic, spoke upon the subject of "Drugs". He mentioned the sales methods of various drug houses, and emphasized the responsibility of physicians who used drugs on recommendation of detail men. Often times drugs are thought to be useful, but later on their side effects are found to be very dangerous.

Mixtures of drugs are no longer used as formerly. Three or four mixtures are valuable, specifically—Bromides with chloralhydrate; mercurial diuretics with ammonium chloride; and morphine with general anesthetics.

Of the new drugs which Dr. De Graff has been studying, mecholyl and metrazol are of some value and are council-accepted. Mercurpurin, not council-accepted as yet, is of real value. There is some danger from the large dose of mercury in the mercurin suppositories. Aminophyllin, coramine and other drugs were mentioned.

Dr. George C. Schicks, Assistant Dean, College of Pharmacy, Rutgers University, spoke to some extent upon the "History of Medication", the origin of the U. S. Pharmacopeia in 1820 at a time when there were no standards for drugs, and the further development of this U.S.P. through eleven revisions. The original work was done by a Dr. Spalding and his co-workers in New Jersey. Dr. Schicks stated that the trend today was away from official or proprietary medication.

After some discussion the meeting was adjourned.

MEETING OF OCTOBER 13

The regular meeting of the *Bergen County Medical Society* was held at the Hackensack Hospital on Tuesday, October 13th.

NEW MEMBERS

The following were elected to membership:

Junior—

Dr. John Scillieri, Hackensack
Dr. Donald J. Kissinger, Dumont

The following applications for membership were read:

From Junior to Regular—

Dr. Edward V. Sexton, Teaneck
Dr. Vincent P. Candio, Lyndhurst
Dr. Edward M. Mancene, Lyndhurst

Junior—

Dr. Paul F. Caruso, Hackensack Hospital

COMMUNICATIONS

1. A letter from one of our members asking about the biologicals furnished by the State.

2. A letter from Dr. Frederic E. Elliott, Secretary-Treasurer of the League for Defense of American Medicine, asking for support.

3. A letter from Dr. LeRoy A. Wilkes asking for endorsement of Dr. Max Cohen as the doctor to continue in charge of the Baby Station in North Arlington, as he had been endorsed by the Essex County Medical Society. It was agreed that we should endorse him.

4. Dr. V. Farmer announced that the next meeting of the Society would be held at the Memorial Hospital on December 8th, when we would have a cancer symposium.

5. Dr. Frank J. Vita, in the absence of Dr. W. J. Farr, announced that the annual dinner would be held on November 19th at the Swiss Chalet. The meeting this year will be very special.

PROGRAM OF STATE SOCIETY

Dr. S. T. Snedecor, President of The Medical Society of New Jersey, spoke of the program of the State Society for this year. He emphasized the importance of the Hospital Survey being conducted by the doctors of New Jersey. He urged coöperation of all the doctors in the health aspects of the Social Security Program in which State Medical Society Committees were already taking an active part. He hoped that the State might reestablish some plan for medical relief.

MATERNAL WELFARE

Dr. William K. Pudney, representing Dr. A. W. Bingham, Chairman of the Maternal Welfare Committee of the Medical Society of New Jersey, gave some figures showing the need for better obstetric care. He stated that about \$60,000 was available from the Federal and State governments for the Maternal Welfare and Child Hygiene Bureaus. He recommended:

1. Standardizing hospital obstetric records.
2. Constructive study of all maternal deaths.
3. Constructive study of all Cesarean operations.
4. The opening of hospital facilities to more physicians by allowing reasonable fees for certain cases.
5. Supervision by one or more doctors of all obstetric cases in the hospital.
6. Coöperation of all the physicians in the program of the Maternal Welfare Commission.

Dr. Henry D'Agostin said that a great deal had been accomplished in that the doctors were more obstetric-minded. His committee is now working on establishing uniformity of hospital records.

Dr. Lyman Burnham, Maternal Welfare Field Physician of Bergen County, told of the procedure of getting nurses for home delivery care and for getting consultatinos. Report slips both for the nurse and for the consultant may be obtained from Dr. Burnham.

SCIENTIFIC SESSION

Dr. J. A. O'Regan, Associate in Obstetrics and Gynecology, Lyin-In Hospital, New York City, spoke upon "Obstetrical Problems", antepartum, intrapartum, and postpartum.

Drs. F. S. Hallett, H. B. Wilson, C. C. Cochrane, H. D'Agostin, C. A. Richardson, and D. Corn discussed his paper.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular business meeting of the *Camden County Medical Society* was held on October 6th, 1936, with sixty-two members present, President B. F. Buzby, presiding.

The Executive Secretary of the New Jersey State Medical Society offered his services to any committee in helping to formulate their plans for this year.

Dr. Helen F. Schrack gave an interesting history of the past year of the Society.

Dr. E. C. Shull read the Treasurer's report, which was approved and accepted by the Society.

MEMORIALS

Special Committees who had been appointed by the President to act upon the passing of Drs. J. F. Leavitt and Robert F. Roth offered appropriate resolutions which were accepted. The Society noted with regret the passing of Dr. K. Mines, a Past President of the Society.

NEW MEMBER

Dr. E. S. Hallinger, Chief of the Staff at the West Jersey Homeopathic Hospital, was unanimously elected a member.

PRESIDENT'S ADDRESS

The annual President's Address was delivered by Dr. T. K. Lewis, the subject being "The Future of Medicine". Dr. Lewis, in his succinct style, told how many of the different groups (nurses, physicians, therapists, social workers and technicians of various types), which had been started by the doctors to help in their medical work, were now becoming organized and dictating their own requirements. Other interesting problems concerning future medicine were discussed. The Society received the speech with enthusiasm and voted to forward it to the Journal for publication. (Page 631.)

CUMBERLAND COUNTY

E. S. Corson, M.D., Reporter

Members of the *Cumberland County Medical Society* could not resist the lure of Ivy Manor and one of the best attended meetings of the Society assembled on October 13 and was conducted under the skillful guidance of Dr. H. B. Walker, President. Far-away Essex County was represented by Dr. J. B. Morrison, of Newark. Dr. W. J. Carrington, from Atlantic County, First Vice-President of the State Medical Society, represented by Dr. S. T. Snedecor, President of the State Medical Society. Gloucester and Salem Counties were also represented.

MEDICAL ECONOMICS

The meeting was devoted to a discussion of economic problems affecting both the public and physicians. Dr. Hilton Read, of Atlantic City, was the guest speaker, and said: "There is a strong movement for socialized medicine. The influence of the E. R. A. has inclined many people to include medical cost in their State aid." He compared fifty years of state medicine in England and Germany with our own system, and stated the Germans had found that the greater part of the money appropriated by the state for treating the sick poor was absorbed in the erection of large buildings, and a large staff of workers to care for them.

He urged the doctors to organized themselves so that they may render the greatest services to all the people in the most economical way and maintain the traditions and ethics that have enabled the medical profession to confer the greatest benefit and blessings on the human race by discovering the cause of and the eradication of yellow fever, smallpox, diphtheria, typhoid fever, malarial fever, syphilis and many other diseases, and closed with the

hope that all communicable disease will be eradicated from civilized society.

HIGHER STANDARDS FOR LICENSURE

Dr. J. B. Morrison, one of the most tireless workers for the welfare of the Medical Society, spoke from a long and wide experience, urging higher standards for the medical examinations for the practice of medicine. He stressed the advantage of open hospitals, where each doctor could care for his own patients under the supervision of the hospital staff, thus enabling the doctor to follow the disease through to the end and profit by advantages of the hospital.

ENDORSEMENT OF MATERNITY WORK

The Society voted to endorse the reappointment of Dr. Mary Bacon as supervisor of the maternity work under the Federal Social Security Law and appropriation.

REMEMBRANCE TO DR. REBA LLOYD

While the hospitality of Ivy Manor was extended through Miss Julia L. Kump, the central figure of previous meetings was absent. The Society voted its sympathy in her illness for Dr. Reba Lloyd and expressed its regret for her absence. Flowers were ordered sent to Dr. Lloyd and to Dr. Ray Simkins, who was also detained at home on account of illness.

HONORARY MEMBERSHIP TO DR. ELMER

A communication was received from Dr. M. K. Elmer, submitting his resignation from the Society after fifty years of devotion to its welfare. The Society voted him an honorary membership. Dr. Elmer was of the fourth generation of physicians, and was the great-great grandson of Dr. Jonathan Elmer, 1745-1817.

ESSEX COUNTY

Earl LeRoy Wood, M.D., Reporter

The 121st Annual Meeting of the *Essex County Medical Society* was held on Thursday, October 8th, 1936, at 8:45 p. m. in the Academy of Medicine, Newark, President Dr. A. Charles Zehnder presiding.

TREASURER'S REPORT

The Treasurer's report was read by Dr. R. H. Rogers, as follows:

There are 925 members in good standing, and 125 in arrears. There are thirty names to come before the meeting tonight, and if we have the same good luck, there will be more than 950 members in good standing next October. Also, if there are no unusual demands made upon it, the Permanent Relief Fund will be added to. The Ladies' Auxiliary had made a welcome gift of \$500.

The report of the Finance Committee, through Dr. Rogers, was also accepted, the dues for 1937 to be \$20 (\$13 for the State Society, \$6 for the General Fund, and \$1 for the Permanent Relief Fund).

COMMITTEE ON ECONOMICS

For the *Committee on Economics*, Dr. Satchwell reported that on September 21st a meeting was held to discuss the advisability of a Central Admitting Bureau. Each of the Federation Hospitals

was represented, also the Hospital Council, the Welfare Federation, and the County Medical Society. The result of the meeting was the appointment of a committee to formulate plans for the organization and installation of the Central Admitting Bureau.

IN MEMORIAM

Dr. Harold A. Tarbell reported the deaths of:

John K. Adams	Alvin T. Lippard
William Joseph Allen	Jacob Livingston
Herman Berg Campbell	Alexander Marcus
William Chenitz	Jacob Polevski
Theodore W. Corwin	Nicholas I. Ramos
Philip Herbert Federman	William Frederick Seidler
William Henry Green	Marcus Seidman
Hugh MacDougal Hart	Augustus Stanfield
Edgar Holden, Jr.	Martin J. Synnott
Frank Kaufhold	John W. Tildon
Thomas W. Lauterborn	Charles Felix Tommasi

Individual obituaries were published in an "In Memoriam" pamphlet, which was distributed to all present.

HOSPITAL COMMITTEE

For the *Hospital Committee*, Dr. Edward W. Sprague, the Chairman, made the following report: Meetings of the Hospital Committee were held November 22, 1935; December 30, 1935; January 27, 1936; April 24, 1936, and September 24, 1936. The meetings were well attended, and an active interest was shown by all members of the committee.

The function of this committee is broad and can be of great usefulness to the Essex County Medical Society. Here problems of a hospital nature are brought to be considered by the representatives of the hospitals in the county, and the measures which have been approved by the Society should be taken back to the hospital by these representatives. Problems concerning the hospital, the physician, and the patient-hospital relationship are increasing in perplexity and number. If the Essex County Medical Society is to maintain its leadership in medical matters, all physicians and their respective hospitals should assist in developing sound hospital practices.

At the February meeting, which was the mid-year business meeting of the Society, a summary of the first half of the year was presented in a semi-annual report. Since the midseason business meeting, several important subjects have come before the Hospital Committee:

1. *Hospital standardization* in Essex County. A letter from this Society was forwarded to the State Medical Society urging the State Medical Society to make a State-wide survey as the problem seemed of a State-wide nature to our Society. Since then an active hospital survey is nearly completed.

2. The subject of *staff meeting information* being presented to the press or to the public was discussed. The practices and methods of these meetings are entirely matters for each hospital to determine. The County Society's attention should be called to any practices which might be considered unethical.

3. Meetings of the *Newark Health Council* were attended by the Chairman of the committee. It is

a very fortunate thing to have a physician in this committee, or any other lay committee dealing with health matters. It is a pleasure to report that the lay meetings represent a group on Social work who are anxious to do something for the public, and are more than anxious to receive instruction and advice from organized medicine and go along with it. The important thing is for the medical profession to be present at the inception of any movement. We can do much to mould and to be helpful while these movements are in plastic state. On the other hand, if the various lay groups, and councils have finally determined on a procedure, it is most difficult for us to change their plans.

4. Again the need of more adequate *social service investigation* in hospitals is stressed. Each hospital should have an active committee from the staff to coöperate with the Social Service Department of the hospital. All are agreed on this point.

5. The *Medical-Dental Service Bureau* agreed to assist the hospitals in investigation of clinic or service cases.

6. At the final meeting of the committee, it recommended to the Council of the Essex County Medical Society that it ask the Essex County Hospital Insurance Plan to reconsider the X-ray part and change the policy so that X-ray work will not be included in the plan.

7. The relationship of the *roentgenologists to the hospitals* in which they work, is in a haphazard state. The Hospital Committee recommended that the Council urge these physicians to get together and present a uniform plan which can be used in the work of each hospital.

8. The problem of hospital or clinic treatment of *accident and emergency cases* was considered. There are numerous abuses in this field. We have urged the Council to make a survey of the hospitals of the methods used as to who cares for these cases; who collects the fees; who receives the money; is the work solicited by the hospital; and are commissions or discounts offered to the industrial plants by the hospitals.

9. Lastly, we are impressed with the importance of the problem of the care of the *chronically ill* and incurable cases in Essex County. Inasmuch as the United States Public Health Service is instituting a survey of the extent of this problem, we have stood by awaiting statistical information. The present facilities are entirely inadequate. We believe the general hospitals are not properly equipped to care for them. This Committee is aware of the earnest efforts of our Cancer Control Committee under the chairmanship of Dr. Henry B. Orton, to interest the Freeholders in providing a place for cancer cases in the isolation hospital. We are in hearty coöperation with this Committee, and recommend its efforts for your consideration and assistance.

Last spring, during the peak season of the incidence of contagious diseases, the isolation hospital refused admittance to about 100 cases. What percentage of these cases could and should have been treated in their homes? Can effective social service methods be applied to this institution? You can see the problem has many phases. Can some

of these incurables be provided adequate home care? Which of them should be institutionalized? And if institutional care is needed, the question of providing space from present facilities or the question of a new institution confronts us. If institutional care is needed, should it be for the indigent only? Therefore, we urge the Council and the Society to study this entire problem.

Our President, Dr. Zehnder, attended all meetings, and was of great assistance in bringing the viewpoint of the President of the Society to our meetings.

PUBLIC HEALTH COMMITTEE

For the Public Health Committee, Dr. E. C. Klein, Jr., made the following report:

Your Public Health Committee has been active since November 1935, holding meetings bimonthly. Out of a committee of 30 members, an average of 12-15 men attended the meetings. Because of the bulk of the work undertaken, a Secretary, Dr. J. W. Gardam, was appointed to correlate the data, and keep accurate minutes of all proceedings. The following projects have been inaugurated and carried out:

1. A questionnaire relative to diphtheria immunization and small-pox vaccination was sent to each health department in Essex County (22 municipalities), and the results tabulated for information of this committee and of the Society as a whole.

2. A joint meeting with the health officers of all the Essex County communities was held to discuss standardization of quarantine regulations throughout Essex County, since it was deemed essential by this committee to have every one of 22 communities of the county working under one set of rules. These regulations have been thoroughly surveyed and modernized to cover reportable diseases adequately. At the semi-annual meeting of the County Society on February 13, 1936, these revised quarantine regulations were formerly approved, and each health officer was requested that each take steps to adopt them through the several Boards of Health. As a result of the joint efforts of your committee and the health officers' association of Essex County, standardization of quarantine regulations became an accomplished fact throughout the 22 municipalities of the county, and was made effective as of May 1, 1936.

3. A resolution was passed and forwarded to the Council that two bills be formulated to amend the state law making smallpox, vaccination and diphtheria immunization mandatory before any child is permitted to attend any school. Although this resolution was transmitted to the Welfare Committee of the State Society, no action has been taken. It is fervently urged that this constructive legislation be more earnestly solicited.

4. The problem of ophthalmia neonatorum has been presented to the State Public Health Committee by Dr. Craster, Health Officer of Newark. Hereafter, in the City of Newark, all cases of ophthalmia neonatorum, regardless of causative factor, shall be reported. According to the State Law and Sanitary Code, ophthalmia neonatorum is re-

portable to the State only when it is positive for gonorrhoea. Our Newark Health Officer feels that any discharge from one or both eyes occurring within two weeks of birth (other than that caused by silver nitrate instillation) shall be reportable.

5. A circular postcard was mailed to each physician in the county urging him to carry on immunization work during the Public Health Hour.

It is still further recommended that ways and means be devised to obtain State funds for financing this work among the indigents so that the physician shall receive some fee for every case, even though it be small.

Your attention is called to the fact that the W. P. A. force of some ninety workers has been active in Newark, working on a house-to-house basis and referring cases for immunization to the private doctor. The physician will be notified in advance that this work will be referred to him within the next few days, and biologicals will be delivered to his office by motorcycle, furnishing supplies as needed.

At the request of Dr. Craster, this Society at its meeting May 14, 1936, acquiesced in his proposal to open *child welfare stations* and regularly organized hospital clinics for the purpose of immunizing 10,000 pre-school indigent children which the W. P. A. workers, after repeated contacts, failed to get the doctors' offices for this purpose. No pay cases have been cared for in these clinics.

MEDICAL ADVISORY COMMITTEE

For the *Medical Advisory Committee*, Dr. H. C. Barkhorn read a report for the Chairman, Dr. E. Z. Hawkes, which follows:

State Emergency Relief and with it State Medical Relief ended April 15, 1936. This report of your County Medical Advisory Committee therefore is a final report.

Medical relief began in the Fall of 1933 in some parts of the State, but was not in full operation in Essex County until February, 1934. During all of this time—that is, from February, 1934, to April, 1936—the operation of the plan was under constant official and political and public observation. If the plan had contained defects, or, if its administration by the medical profession had been at fault, the acid test of more than two years of daily application would have brought the defects of the plan into glaring prominence.

The plan, however, has proved itself to be just as ideally perfect in operation as it had seemed to be when first brought out as a theory in the summer of 1933.

As a *social experiment* the medical plan has been a success. Never before have the indigent of Essex County received such satisfactory and adequate medical care. Moreover, with few exceptions physicians have served in a conscientious and public-spirited manner. The plan has demonstrated that satisfactory medical services in people's homes can be obtained only on a "free choice of physician" plan. By no other plan can indigents receive medical services equal in quality to the average medical services of the community. We believe that State and county E. R. A. administrators have, on the

whole, been satisfied with the operation of the plan.

The cost has been greater than it would have been by the salaried physician plan; but the type of medical service has been better and has justified the additional cost. In 1934 the amount earned by physicians in Essex County under the medical plan was \$220,000.00; in 1935 the amount was \$362,000.00. This is about two per cent of the total cost of relief in the county. In 1935 there were about 109,000 persons on relief. This means that the bill for medical services for the total relief population in Essex County for the year 1935 averaged about \$3.30 per person.

With the passing of E. R. A., relief has become a municipal problem. In each of the twenty-two municipalities of Essex County the solution must be reached separately.

Your County Medical Advisory Committee is as follows:

Henry C. Barkhorn	Edmund III
Max Danzis	Samuel A. Muta
Irving Farr	William A. Warner

COMMITTEE ON ILLEGAL PRACTITIONERS

For the *Committee on Illegal Practitioners*, Dr. J. A. Clarken reported twenty-nine cases were investigated during the past year, as follows:

CLASSIFICATION OF CASES INVESTIGATED

Cancer Specialist	1
Scalp Specialist	1
Druggists practicing medicine	5
Giving medicine internally	4
Naturopathy	5
Physiotherapy	2
Medical Offices (advertising)	1
Unlicensed physicians, including oculists	3
Unlicensed schools teaching branch of medicine and surgery	1
Laboratories	2
Revocation of license to practice medicine and surgery	1
Electrotherapy and colonic irrigations	1
Unclassified	2

— 29

DISPOSITION OF CASES

License to practice medicine and surgery revoked	1
Convicted or pleaded guilty in court	3
Listed in court ready for trial	1
Left State, not practicing, or Board unable to secure evidence	3
Individual and not school teaching	1
Licensed physicians in offices	2
Uncompleted investigations	18

— 29

LUNG COMMISSION

For the *Lung Commission*, Dr. Dieffenbach reported as follows on its work for the past six months:

There were three meetings of the original committee. At the meetings, organization and the problem of tuberculosis control were discussed. The nine original members were appointed as a Membership Committee, and all future applicants will

be admitted as individual members. Committees appointed are on program, on clinic, and on tuberculin testing. A list of minimal requirements to be met by lung clinics of Essex County for recognition by the Commission was submitted. The Secretary of the National Tuberculosis Association spoke at one of our meetings and urged us to use our influence to institute routine tuberculin tests among school children. After considerable effort on the part of our committee chairman, he felt it advisable to leave the matter in the hands of Dr. Harman, who at this time was attempting to make this a part of a Federal health survey to be paid in large part with Federal funds, and who could use this weighty influence to convince the health commissioners of the nineteen separate governing units of Essex County of its value. The fourth meeting was devoted to a scientific lecture on lung cancer by Dr. Polevski. His unfortunate death removes a beneficial influence from the Lung Commission.

We are also pleased to report that we have the cooperation of Dr. Holmes, Director of Health Education and Service, Newark Board of Education, for tuberculin testing of school children. Here two great problems arise, namely, where and by whom shall the underprivileged positive reactors be x-rayed? and where and by whom shall they be treated?

MILK COMMISSION

For the *Milk Commission*, Dr. E. G. Wherry reported as follows:

Although the Essex County Medical Milk Commission has held but one meeting during the past year, and has, at the present time no dairy under its direct supervision, we still take a great interest in the Wood Brook Farms, whose milk is certified to by the Union County Medical Milk Commission, No. 2, and have done much useful work during the past year.

Our Secretary, Dr. Pinneo, attended the annual combined meetings of the American Association of Medical Milk Commissions with the Milk Dealers Association, as a delegate from this commission. Information and advice have been freely given to health officers and dairies in various parts of the country, as far west as California. The main function of this commission at the present time is to be in a position to act promptly and energetically in case of emergency. For this reason and because it is felt that the entire profession in Essex County takes pride in the pioneer work of Dr. Coit and the faithful carrying out of his ideals by Dr. McEwen, another former member of this Society, we feel that it would be unfortunate to permit the interest in pure milk to lapse. When we consider that certified milk was originated in Essex County by a member of this Society, Dr. Coit, we must surely admit the obligation of this Society to maintain its leadership in this great constructive movement.

HEART COMMISSION

For the *Heart Commission*, Dr. Satchwell reported for Dr. Teeter, who was absent because of illness, the activity toward a Heart League, the

same as a Tuberculosis League, and their relation to social agencies and heart clinics.

MATERNAL WELFARE

For the *Maternal Welfare Commission*, Dr. B. A. Furman made a report, which follows:

During the past year the commission has held four regular meetings and one special meeting. On March 12, 1936, at the request of the President of the County Society, we took over the meeting at the Academy and devoted it to the subject of Maternal Welfare. The feature of this evening was a paper by Dr. Philip Williams, of Philadelphia, on the subject of pre-natal care. Incidentally, Dr. Williams paid our Commission some nice compliments on our pioneer work in the field of maternal welfare. At this meeting the President of the Maternal Welfare Commission gave a full report of the work that we have done since our organization in 1923.

The Commission has always endeavored to keep in touch with the work that is being done in the different hospitals in the county, and our February meeting in 1936 was held at the Newark City Hospital. The Obstetrical Department of the hospital was inspected, and some interesting cases were presented by members of the medical staff. Our first meeting this year is to be held at the Orange Memorial Hospital, at which time the staff is to present the program.

During the year we also ran a course of lectures in obstetrics which was arranged by Dr. H. J. Stander, of Cornell. The course was given by his teaching staff to about ninety men who were enrolled for the course. About 75 per cent of these men came from outside the county.

The Maternal Welfare Commission, in conjunction with the State Medical Society and the State Board of Health, has appointed a field physician for Essex in connection with the campaign for better obstetrics throughout the State. The purpose of this field physician is to stimulate the doctors in the county to adopt and carry out the accepted standards laid down by the Commission in the past. In connection with this subject, I would like to suggest that you all read the article in the September Journal, page 538, on the subject of "The Field Physician in Maternal Welfare in New Jersey". This describes, in a very few words, what he is endeavoring to do to carry forward our campaign for better obstetrics in Essex County.

COMMITTEE ON GRIEVANCES

For the *Committee on Grievances*, Dr. J. W. Gardam read the following report:

During the present term there were three grievances brought to our attention which we have adjusted in a manner to satisfy the complaining members. Unfortunately two of the matters brought to our attention were of a nature that was not in our jurisdiction.

We have also attempted to define *case-lifting*. The definition that we have agreed upon is as follows:

"Any doctor in the employ of a corporation, employer, or insurance company, who undertakes to

treat a patient who is under the care of another ethical physician, is guilty of case-lifting."

We suggest that a Grievance Committee be retained in our set-up; that the members be informed of its functions, and assured that their complaints will be thoroughly investigated and action taken where possible.

WOMAN'S AUXILIARY

For the *Committee on the Woman's Auxiliary*, Dr. H. R. Van Ness reported for Dr. R. H. Scott, as follows:

During the past year the chairman of this committee has met and conferred with committee members of the Woman's Auxiliary several times relative to their activities. This committee is always available, and will gladly cooperate with them whenever an occasion arises. We take the opportunity to again thank the members of the Woman's Auxiliary for the gift of \$500 to our Permanent Relief Fund.

MEMBERSHIP

For the *Committee on Credentials*, Dr. H. R. Van Ness reported for the year on new members elected—Regular, 32; Associate, 50; total, 82.

For the *Membership Committee*, Dr. C. F. Rathgeber reported additions during the year—New members, 82; and 38 new members to be elected tonight. Total paid-up membership, 924; Regular, 554; Associate, 70. This is the largest paid-up membership in the history of our Society, and noteworthy in proportion of members paid-up to the end of the year.

WELFARE COMMITTEE

For the *Welfare Committee*, Dr. William H. Areson reported as follows:

This committee has as its duty the maintaining at full strength of all measures necessary to uphold the ideals and ethics of our profession.

This past year has been singularly free from any attempt to introduce legislation adverse to our profession. However such legislation may come, and this committee is our watch-dog in protecting not only our profession but more the public from any vicious legislation.

We wish to emphasize the fact that medical men must assume and maintain an active interest in politics particularly where health measures are at stake.

ETHICS COMMITTEE

For the *Ethics Committee*, Dr. William H. Areson reported as follows:

The Ethics Committee is composed of the following officers of the Society: President, First Vice-President, Second Vice-President and the three previous Past Presidents of the Society, with the Senior Past President acting as Chairman.

In the examination recently of a case in which a member of our Society was accused of attempting to "lift" a case which had been sent to his office for examination by an insurance company, two important conclusions were reached by this committee:

First: We would caution all medical men doing compensation work that their conduct toward another physician's patient be even more ethical than with a private patient.

Second: We wish to advise the members of our Society that they may accept any check from an insurance company in a compensation case no matter if the endorsement reads "paid in full". This check marked "paid in full" does not operate as a release, and is payment only up to the date of the check.

Acceptance of a check from an insurance company in a public liability case marked "paid in full" does not operate as a release.

The Ethics Committee met at the Academy of Medicine May 13, 1936, to consider the reporting in the March 4th Newark Evening News of a thyroid symposium held at the Community Hospital, Montclair, on March 3rd, 1936. The three physicians whose names were prominently mentioned in this report, an article that was undoubtedly prepared by a medical man, appeared before the committee. They all denied any knowledge of how this information reached the Newark Evening News. In the opinion of this committee we could find no concrete evidence that would fully substantiate the charge of unethical conduct of any one of the doctors involved.

On May 22nd this committee met again to consider the case of one of our members, who was prominently mentioned in the May 5th issue of the New York American. According to this issue, a seven-year-old boy, blind since birth, had his vision restored by a marvelous operation. The doctor in question appeared before this committee and denied any part in advancing this information; and while there was one or two questionable procedures, this committee feels that no intentional breach of ethics was committed.

This committee is firmly of the belief that much good will be accomplished by a thorough airing of the case of any physician who in the slightest degree may be guilty of unethical conduct. To this end, we intend to compel the attendance of physicians, before this committee, whose professional conduct may be in any way questionable.

PUBLICATIONS COMMITTEE

For the *Committee on Publications*, Dr. J. H. Bradshaw made a very interesting report. It showed the excellence of our Bulletin in informing all members of the actions of the Society and the work of the committees, and urged committees to submit reports for publication.

COMMITTEE ON PHYSICAL THERAPY

For the *Committee on Physical Therapy*, Dr. J. Irving Fort made a report, as follows: This committee was first instituted under the Presidency of Dr. A. C. Zehnder during the past year. Its purpose is to remove from the lay groups the privilege of rendering treatment with physical therapy apparatus, which privilege they had assumed. The principal offenders were the beauty parlors and the beauticians who ran such parlors. In collaboration with Dr. H. H. Satchwell, our member of the

State Board of Medical Examiners, it was possible to obtain an agreement with the beauticians that they remove from their parlors all physical therapy apparatus except the drying lamps and vibrators; and that they also remove from their schools instruction in any physical therapy procedure; and from their literature, the word "treatment". This agreement, to the best of our knowledge, has been kept.

The second purpose has been to find, through a questionnaire sent to all of the hospitals in Essex County, the status and procedure of the physical therapy departments of such hospitals. Response was received from nineteen hospitals. Of these, six have no such department. Of the remaining thirteen, eleven have physicians in charge, ten with no remuneration, two on a 50 per cent share of the gross income, and one on salary, this last a county institution.

Technicians are employed as follows: Seven hospitals have one technician; four hospitals, two technicians; one hospital, three technicians; one hospital, four technicians. The average salary of the technicians is \$110 per month.

The number of clinic patients treated averages ninety per week, or a total of 1170 clinic patients per week. Compensation cases average six per week, and the money received goes to the hospital. Private out-patients in six of the hospitals average twenty per day for six days—a total of 120 treatments per week; and the fees go to the hospital treasury.

The figures cited tend to show that there are two faults which should be corrected; one, pay for the physician; and two, there are far too many out-patients who can afford to pay, turning the revenue into the hospital, which revenue should go to the physician.

The faults are easy to find; the remedy difficult to discover. Shall we request that the hospitals cease to allow private out-patients to be treated? Shall we educate the medical profession to cease sending such cases to the hospitals? If such physicians have no means in their own offices to render such treatments, shall they recommend patients be referred to the private offices of a recognized physical therapist?

Our third purpose was to give instruction and lectures to the members of the Society through the Academy of Medicine. This was not possible during the past year, but we have hopes for the coming year.

POLIOMYELITIS COMMITTEE

For the *Committee to Study Acute Poliomyelitis*, Dr. Ellis L. Smith gave the following report:

The principal activity of your committee for the study of acute poliomyelitis was an effort to actively immunize a group of children against the disease; and to observe this group so as to be able to pass judgment as to the efficiency of said immunization. This activity was abruptly discontinued in January of this year, the reason, of course, being the failure of any further distribution of the Park-Brodie vaccine.

It is a policy of this committee to encourage and

lend its coöperation to any research along the line of prevention. However, we must first know beyond a reasonable doubt that no harm can come from such clinical experimentation. To be consistent with this policy, we have not been able to comply with a request to attempt immunization with another product.

At present we recommend:

1. That all biological or chemical prophylaxis be considered in the experimental stage.
2. That all suspicious illnesses be promptly reported to the Health Departments, with particular attention as to the paralytic or non-paralytic type.

CANCER COMMITTEE

For the *Committee to Study Cancer*, Dr. Henry B. Orton reported as follows:

In March letters were sent to all hospitals in Essex County requesting them to devote their monthly clinical meeting in May to a symposium on "The Early Diagnosis of Cancer". The hospitals coöperated to the fullest extent in this respect.

The care of the indigent cancer patient is still a problem. We have been constantly bringing this matter to the attention of the Board of Freeholders, and at this time we can report progress.

We have just completed a survey for the State on cancer, and it is interesting to note the statistics for Essex County. Questionnaires were sent to twenty-eight hospitals in Essex County. Out of twenty-seven hospitals replying to the questionnaire, only eight had a tumor or cancer clinic with a staff organization. Four hospitals had radium ranging from 50 to 335 milligrams, and two other hospitals had radium which was privately owned. Nine hospitals had a deep x-ray therapy machine. Fourteen hospitals admitted indigent, incurable cancer patients to their wards. Five hospitals referred this type of patient to other institutions. Two hospitals referred them out of the State, and one hospital referred them to social service. There were 1844 cases of cancer in the hospitals of Essex County during the year 1935. In only five hospitals had there been any organized movement for the establishment of a tumor clinic. A more comprehensive report on this subject will be published in the State Journal in the near future.

WORKMEN'S COMPENSATION

For the *Committee on Compensation Bills*, Dr. Kraker reported as follows:

This committee has functioned for over twelve years with practically the same personnel in dealing with disputed medical bills in the Compensation Bureau.

References are made directly to the committee either by physicians, or by the carriers. At these hearings the physician is called upon to give a description of the case and its treatment; and the carrier is requested to give his reasons and objections to the payment of the fee requested. After consideration of the evidence as presented, the committee adjudicates thereon by a vote. At the present time the adjudications of the committee are favorably received by the insurance carriers and the physicians are paid in accordance with these

decisions. There are some exceptions to this reaction, but it is hoped that with a continuance of the committee and with the coöperation of the Department of Labor, eventually the determinations of the committee will be made punitive.

POST-GRADUATE INSTRUCTION

For the *Committee on Post-Graduate Instruction*, Dr. H. H. Satchwell reported a course of lectures on obstetrics given under the auspices of the Education Committee of the Essex County Medical Society, the Committee on Medical Education of The Medical Society of New Jersey, and the Rutgers University Extension Division, during the early part of the year. These lectures were fairly well attended by the Essex County Men. The registration fee for these lectures was \$5.

RADIO BROADCASTING

For the *Committee on Radio Broadcasting*, Dr. Alfred Stahl reported some talks given on health, one at the request of the United States Health Service on the Survey on Chronic Illnesses being made by the government. He advised that until more material is obtained, the broadcasts are practically a waste of time.

MEDICAL-DENTAL SERVICE BUREAU

For the *Board of Directors of the Medical-Dental Service Bureau*, Dr. Edgar A. Ill made an interesting report, showing most gratifying progress from the date of the beginning operations December 7, 1935, until August 31st, 1936, with total business done—medical, dental, and hospital of \$100,128.64; and income from patients, \$38,589.07. The Bureau is now used by 236 physicians and 99 dentists, and enjoys the coöperation of every general hospital, except one, in the county. The Bureau has received \$1114 from the special assessment voted by the County Society. The Central Admitting Bureau, one of the three important units of the Bureau, is now established, and will afford economy and coöperation in planning of hospital patients. An additional bureau as a collection agency, co-ordinating with the Medical-Dental Service Bureau, will soon be in operation.

The Trustees of the Bureau are also pushing the establishment of a regular collection agency for old accounts which will be operated in conjunction with the hospitals of the county so that we may take full advantage of the large file of credit information which they have already established. It is hoped that this supplementary agency will be in operation before the end of the year.

PRESIDENT'S ADDRESS

Dr. A. Charles Zehnder, retiring President of the Society, gave the annual Presidential address, which is printed on page 633 of this Journal.

ANNUAL ELECTION OF OFFICERS

The following officers of the Society were elected:

President, Dr. Edgar A. Ill

First Vice-President, Dr. H. Roy Van Ness

Second Vice-President, Dr. Harry H. Satchwell

Secretary, Dr. Frank W. Pinneo

Treasurer, Dr. Robert H. Rogers

Reporter, Dr. Earl LeRoy Wood

Councilors

Dr. George Blackburne Dr. Royal A. Schaaf

Dr. Harry N. Comando Dr. Francis C. Weber

For Nominating Committee of State Medical Society (1 year):

Dr. Alfred Stahl, Member

Dr. Walter B. Mount, Alternate

For Trustees of the Medical-Dental Service Bureau (3 years):

Dr. John F. Condon Dr. Thomas W. Harvey, Jr.

Dr. Charles Zehnder

For Delegates to State Society (3 years, to 1939):

DELEGATES

Dr. Geo. Blackburne

Dr. Wm. D. Crecca

Dr. Max Danzis

Dr. Richard D. Freeman

Dr. J. Wallace Hurff

Dr. Edgar A. Ill

Dr. Henry B. Orton

Dr. Frank W. Pinneo

Dr. B. B. Ransom, Jr.

Dr. Erwin Reissman

Dr. Joseph W. Siegel

Dr. Edwin Steiner

Dr. Wm. A. Tansey

Dr. Harold A. Tarbell

Dr. H. Roy Van Ness

Dr. A. Chas. Zehnder

ALTERNATES

Dr. Henry C. Crossfield

Dr. John T. English

Dr. Marcus H. Greifinger

Dr. Francis J. Kerns

Dr. Julius Levy

Dr. Frank J. McCaulay

Dr. L. Mancusi-Ungaro

Dr. Dean W. Marquis

Dr. E. L. Minard

Dr. Chas. M. Robbins

Dr. Benjamin Saslow

Dr. Chas. A. Schneider

Dr. R. Hunter Scott

Dr. Richard H. Staehle

Dr. John E. Teye

Dr. Wm. H. A. Warner

At the election the following served as tellers:

Dr. Lee W. Hughes

Dr. Lyndon A. Peer

Dr. Edwin Seidmann

Dr. Charles Rich

Dr. Paul H. Hosp

Dr. Harold A. Murray

NEW MEMBERS

The following physicians were elected to membership in the Essex County Medical Society:

Regular

Canio Cestone, 521 Pompton Ave., Cedar Grove

Anthony D. Crecca, 76 Second St., Newark

Samuel C. Dowds, 259 Claremont Ave., Montclair

Theodore R. Ford, 144 Harrison St., East Orange

A. M. Hicks, Essex Mountain Sanatorium, Verona

Edmund E. Lewandowski, 665 Grove St., Irvington

Bernard A. O'Connor, 47 Central Ave., Newark

John Pois, 52 Pilot Pl., West Orange

Samuel Provenzano, 346 14th Ave., Newark

Erwin L. Ray, Newark Airport, Newark

Carl W. Schoenau, 1255 Broad St., Bloomfield

Associate

Robert C. Anderson, 196 Smith St., Newark

William Antopol, 201 Lyons Ave., Newark

Anthony J. Biunno, 53 Finlay Pl., Newark

John DeVivo, 211 Littleton Ave., Newark

L. F. Dellafera, 206 First Ave., Newark

Benjamin Fenichel, 39 Peck Ave., Newark

Michael J. Fratantuno, 152 W. Market St., Newark

Jerome Gelb, 84 West Alpine St., Newark

Ernest D. Giannetti, 180 Glenridge Ave., Montclair

Isadore Gross, 60 Lakeside Ave., Verona
 Louis Grunt, 404 Bergen St., Newark
 Robert Harvey, 92 Forest St., Kearny
 William Jacobs, 360 Broad St., Newark
 J. Harold MacArt, 74 South Munn Ave., East Orange
 Virgil A. Mason, 100 Chestnut St., East Orange
 Harold Eugene McIntyre, 144 Harrison St., East Orange
 Warren I. Reinhardt, 296 N. Arlington Ave., East Orange
 Charles D. Rosen, 27 Clonaver Rd., West Orange
 Thomas A. Santoro, 272 S. 8th St., Newark
 Barney Schaffer, 36 Shepard Ave., Newark
 Clement E. Schotland, 41 Leslie St., Newark
 Joshua I. Seidman, 31 Lincoln Park, Newark
 Hubert L. Shreehan, 382 Summer Ave., Newark
 Murray William Shulman, Newark City Hospital, Newark
 Vincent J. Strack, 286 Charlton Ave., South Orange
 Henry Suesserman, 389 Lyons Ave., Newark
 Robert E. Wright, 173 Park Ave., East Orange

INAUGURATION OF PRESIDENT ILL

Dr. Edgar A. Ill, the incoming President, was called to the platform where he expressed his appreciation of the honor and responsibility of the office, and outlined some of his plans for the new year.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

The *Gloucester County Medical Society* held its annual social meeting on the evening of October 15th in the Georgian Room of the Homestead Restaurant.

The program, one of the most enjoyable ever held by the doctors, included: Dr. Earle C. Rice, of Philadelphia, noted after-dinner speaker and humorist; Harry Taylor and the Adelpia Quartette, and an instrumental trio from the Woodbury High School.

Dr. Chester I. Ulmer, of Gibbstown, presented the Society's medal for "valor or achievement" to Dr. J. Harris Underwood, of Woodbury.

Dr. M. F. Lummis, of Pitman, President of the Society, presided as toastmaster at the dinner which preceded the program of entertainment.

There was an unusually large attendance of the doctors and their wives. Dr. Emma Richardson and Dr. Howard F. Palm, delegates from the County Society, and Mr. and Mrs. J. S. Shoemaker and Mr. and Mrs. Moore, of Swedesboro, were among the guests.

HUDSON COUNTY

John M. Connell, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held at the Carteret Club Tuesday, October 6, 1936. The meeting was called to order by the President, Dr. T. J. Schuck, at 9:10 p.m.

SCIENTIFIC SESSION

Dr. Herbert F. Traut, Associate Professor of Obstetrics and Gynecology, Cornell University Medical School, gave an address on the subject, "Cardiac

Complications in Pregnancy". Discussors of the paper were Drs. S. A. Cosgrove, A. E. Jaffin, P. D'Acerno, G. B. Spath, N. M. Alter. Discussion was closed by Dr. H. F. Traut.

DEATHS OF MEMBERS

Dr. Schuck called the attention of the Society to the absence of Dr. M. I. Marshak, the former Editor of the Bulletin, who died during the summer. Dr. Marshak was a faithful worker for the Society and a constant attendant at the monthly meetings. Dr. Schuck reminded the Society of the recent deaths of Dr. M. E. Flaherty and Dr. B. S. Heintzelman. The deceased members were honored by the usual tribute of standing for a few minutes in silence.

APPEAL TO THE A. M. A. JUDICIAL COUNCIL

The Executive Committee was empowered to appoint a spokesman to act with the Secretary of the Society in presenting the appeal of the Hudson County Society to the Judicial Council of the American Medical Association on October 24, in Chicago.

PUBLICITY COMMITTEE

Dr. T. Higgins, Chairman of the Publicity Committee, presented the following report:

For the past two years, we have presented three radio talks each week over Station WAAT, in order to discourage self-medication, and keep the practice of medicine out of the hands of irregular practitioners. We have stressed the value of health examinations, and of early diagnosis, and the need for proper care by a doctor of medicine when illness occurs.

Numerous medical talks were given before public gatherings in the high schools, the Jersey City Health Council, the Tuberculosis League, nurses of the American Red Cross and of the insurance companies, the Girl Scouts and their mothers, and many other civic groups.

We have used the newspapers only in a limited sense, but we shall make recommendations in this regard later in this report.

Realizing that doctors lose considerable time each day due to avoidable traffic delays and parking inconveniences, the committee sought the cooperation of the police officials in an effort to have courtesies extended to physicians. Commissioner Wolfe of Jersey City, and Inspector Murphy with Captain Collins, both in charge of all traffic regulations in Jersey City, willingly granted all that was asked. Doctors will be permitted unlimited parking anywhere; they will be given the right of way at intersections; and a motorcycle or other officer would accompany a doctor's car upon request when responding to an emergency. Police chiefs throughout Hudson County then granted the same privileges as Jersey City. The cars will be marked for identification with a metal emblem bearing the words "Physician Hudson County Medical Society". The committee had such emblems made, and in spite of the generous privileges extended by the police departments and all the work involved, only 20 per cent of the membership displayed the emblem on the cars, and the plan cannot be a success with

such poor coöperation. The membership of the Society had previously voted unanimously in favor of the plan.

There is a great need in these times for medical publicity of the proper kind and from the proper source. There is tremendous power in publicity, and the medical profession should use this power for its own good. To illustrate my point, let me refresh your minds by saying that about five years ago, a few doctors of medicine came to Jersey City from another state and rented a vacant private house on Duncan Avenue. They called themselves the "Modern Medical Associates", and they created business for themselves by fifteen-minute radio talks over Station WAAT. I personally was present before the Federal Radio Commission in Washington, where it was admitted in the testimony that this group collected fees amounting to \$4,000,000 in a period of three years. Just think of that,—four or five physicians, strangers in Hudson County, licensed in the State, but not members of the County Society, a private house, fifteen-minute talks over the radio, and over a million dollars a year income from medical practice, and right in Jersey City. I believe that if these irregular practitioners of medicine can make such a success, that we, the ethical medical profession can and should do the same for our own good, as well as for the good of the public.

A few days ago one of our newspapers carried a large "ad" of an osteopath, stating that millions of dollars are spent and wasted annually on quick, careless medical examinations, and that this osteopath was very careful and thorough, and makes examinations for a fee of \$25.00. The public certainly needs some statement from the medical profession to offset detrimental advertising of this type.

Have you noticed how many patients consult you about some foot complaint after they have been to the chiropodist? The large display "ads" of the various chiropodists invite the public to consult them for any and all foot ailments; and as a matter of fact, our publicity efforts should teach the patient to consult the physician first.

I wish to offer the following suggestions:

1. That a fifteen-minute radio talk be given over Station WAAT every day. The radio station will give us this time without charge,—and a fifteen-minute period has a commercial value of \$60.00. On such a schedule, a member would only be required to give one talk in a whole year, providing all would coöperate. During the past two years only 10 per cent of our members took part in the radio program, and the other 90 per cent refused for one reason or another. Incidentally, radio stations WOR and WINS have listened to our broadcasts over WAAT, and both have voluntarily offered the facilities of the stations to the Hudson County Medical Society gratis. You will observe then, the one factor lacking is the coöperation of the individual member of our Society.

2. The acceptance of the offer of Hudson County newspapers to print short medical articles daily, under a heading reading "Hudson County Medical Society". These would be similar to the articles by Dr. Galston, Dr. Brady, and Dr. Copeland.

PUBLIC HEALTH COMMITTEE

Following the reorganization of your Public Health Committee shortly after its reelection, it was decided to concentrate the efforts of the committee on the prevention of diphtheria and tuberculosis.

Diphtheria Prevention.—In the prevention of diphtheria the schools and health authorities of the city have coöperated very well, having set up a system of hours in every baby welfare station, which covers the city practically one hour a week. A system is being worked out by means of which the baby-welfare nurses will deliver the birth certificates to each mother, at the same time request her to have the baby protected against diphtheria by going to her doctor to have it done. In cases where a doctor cannot be had, the mothers will be directed to the baby welfare station. A monthly follow-up will be done until the school age, so that all pre-school children will be immunized.

A register of these inoculations will be on file with the Board of Vital Statistics, which will also contain a record of the vaccinations. By means of a card index system and stickers, all this data will be assembled in very accessible form, so that any child in the city desiring working papers, or health certificates for schools and colleges, etc., will be able to get these from the Board of Vital Statistics.

Tuberculosis.—Following the approval of the Society of the plan of mass testing of children of the teen age, your committee, with the aid of Dr. Polak and the Board of Managers of the Hudson County Tuberculosis Hospital and Clinics, undertook a survey of the State Board Children in Hudson County. At the request of the Associated Board of Catholic Charities, we were also happy to extend this survey to include all their charges. The whole-hearted support of the clinic staff of physicians and nurses made possible a complete survey of these children in a minimum of time. Three hundred and eighty-three of those that reacted positively to the tuberculin test were then x-rayed by the rapid paper method, of which thirty-six (9.39 per cent) were found with childhood-type tuberculosis; four (1.04 per cent) were doubtful; and 343 were negative (89.5 per cent).

Because of the discovery in our clinics of a number of open cases of adult tuberculosis in our high school pupils, it was decided to rapidly survey the classmates of one of these patients last June, just before the closing of the schools. With the aid of Miss Allen and a few of her nurses, and the very hearty coöperation of Dr. Immanuel Pyle, Medical Director of Jersey City Schools, and his nursing and clerical staff, this was promptly accomplished with the result that, while, fortunately, no other open cases were found, one case of incipient adult tuberculosis was discovered and referred to her family physician. There were 5.26 per cent of childhood type tuberculosis. The reports of the findings were sent to the homes of these children with a recommendation that they bring these to the attention of their family physicians.

Lectures.—Your Chairman wishes also to report that he gave two radio talks on the tuberculosis

problem. In addition to these, other talks were given in various places, as follows: In the Jersey City Normal School, before the Parent-Teachers Association; and the Woman's Auxiliary of the Lafayette Reformed Church. The committee also wishes to acknowledge the coöperation of Dr. Karrs of the State Normal School for her interest in distributing Mantoux literature to the pupil-teachers. We are also indebted to Dr. Pollak for the interest and support of the Board of Managers of the Hudson County Tuberculosis Hospital and Clinics in the organization of practical courses of tuberculin testing to be given by the Staff of the Hudson County Tuberculosis Clinics. Notice of this is contained in the current Bulletin for the information of the Society.

The committee is hopeful that, with the support of the Board of Managers, the Hudson County Tuberculosis League, and our city authorities, we may be able to engage the services next spring of qualified members of the County Medical Society to conduct an early diagnosis campaign of the greatest importance and magnitude in the prevention of tuberculosis, through mass testing of high school children.

Dr. Schuck stated that the Society owes a debt of gratitude to the Public Health Committee, for this committee is the most active of all the committees.

POST-GRADUATE EDUCATION

Dr. Louis Lange said that the Committee on Post-Graduate Medical Education presented a symposium on syphilis at the Jersey City Medical Center from May 18 to May 22, 1936. Clinics were represented by members of our local Society, and guest speakers lectured on various aspects of syphilis.

The symposium was conducted without cost to the physicians who desired to attend. Exclusive of those on the program the attendance averaged from four to six members of our Society daily, and less than fifteen members attended at any time.

THE BULLETIN

The question of whether to change the size of the Bulletin, or discontinue it altogether, was discussed by Drs. Schuck, Alter, Comora, Gordon, Stout and Barbarito. The matter was referred to the Executive Committee for further discussion.

LIABILITY INSURANCE

Under New Business, *Dr. L. V. Lindroth* spoke of his unsatisfactory liability insurance experience. On motion, the Welfare Committee was authorized to investigate the problems involved in liability insurance.

RELATION OF SCIENTIFIC TO BUSINESS SESSION

Dr. J. F. Norton said that it has been rather widely discussed that a movement be set on foot to sound out the advisability of splitting the scientific meeting from the business meeting.

Dr. Norton made a motion, that the President be empowered to appoint a committee of three from the membership of this Society to make a study of this plan and report back to the Society.

This was discussed by Drs. Pyle, Swiney, Gordon and Barbarito, and was adopted.

ELECTION OF OFFICERS

The following officers were elected at the annual election held on Tuesday, October 6, 1936:

President, *Dr. J. Lawrence Evans*, 893 Park Avenue, Woodcliff.

Vice-President, *Dr. W. L. Williamson*, 22 West 22nd Street, Bayonne.

Treasurer, *Dr. Henry Spencer*, 2540 Boulevard, Jersey City.

Secretary, *Dr. Thomas McG. Brennock*, 3 Webster Avenue, Jersey City.

Reporter, *Dr. John N. Connell*, 26 Carlton Avenue, Jersey City.

Board of Trustees: *Dr. T. J. Schuck*, 58 Ninth Street, Hoboken (one year to 1937—in place of *Dr. G. Sullivan*, deceased); *Dr. W. J. Gleeson*, 37 Monticello Avenue, Jersey City (three years to 1939).

Board of Censors: *Dr. R. L. Ballinger*, 659 Kearny Avenue, Arlington (three years to 1939).

INSTALLATION OF PRESIDENT EVANS

This being the Annual Meeting of the Society, and officers for the ensuing year having been elected, the new President, James Lawrence Evans, was duly installed in office.

MERCER COUNTY

A. Dunbar Hutchinson, M.D., Reporter

The *Mercer County Medical Society* met at the Trenton Country Club on October 14th, Vice-President D'Arcy presiding.

SCIENTIFIC

Dr. C. P. Segard, member of the Bergen County Society and member of the Staff of the Wisconsin Alumni Research Foundation, was introduced by *Dr. Blaugrund*, Chairman of the Program Committee.

Dr. Segard spoke on the subject of "Late Developments in the Field of Nutrition".

A most interesting résumé was given relative to the preliminary work done leading up to the discovery of the several vitamins now definitely known to form a substantial basis for metabolic processes.

Vitamin D was the principal subject of the evening's talk. Lantern slides were used in demonstrating the different effects noted in varying types of nationalities, classes and individuals.

BUSINESS

The report of the Executive Committee was read by *Dr. George W. Williams*.

The recommendation that a Nominating Committee be appointed was adopted.

Considerable discussion with reference to immunization of school children developed as the result of the request made by *Dr. Sica*, President of the

Board of Education, that the Society decide what methods of immunization the doctors wish to adopt. No definite decision was reached, but a motion was carried that a committee be appointed to investigate the entire subject.

The invitation of the New Jersey Tuberculosis League, Inc., to attend the thirtieth anniversary meeting in Newark was read and acknowledged.

Communications relative to Baby-Keep-Well Stations, salaried physicians and indigent care were referred to the Public Health Committee.

Fifteen applications for membership were read and referred to the Censors.

Dr. Blaugrund gave an outline of the tentative program for the November Banquet, which will provide a wide variation in that several of our own outstanding members will take an important part in the entertainment.

The Annual Meeting will be held at the State Hospital, according to plans now under way by Dr. Stone.

About 100 members partook of a very appetizing and substantial luncheon following the meeting.

MONMOUTH COUNTY

O. R. Holters, M.D., Reporter

The regular meeting of the *Monmouth County Medical Society* was held in the Green Room of the Berkley-Carteret Hotel in Asbury Park, on Wednesday evening, September 23rd, at 8:30 p.m.

SCIENTIFIC

There was an unusually large attendance to hear the paper of the evening, entitled "Gastro-intestinal Disorders with Emphasis on Peptic Ulcers and Colitis", by Dr. Asher Winkelstein of the Mt. Sinai Hospital of New York. Dr. Winkelstein gave an unusually interesting talk which was illustrated by slides.

The paper was discussed by Dr. Carlos Pons, Dr. Victor Knapp, and Dr. Frank Altschul.

RESIGNATION OF CENSOR

Dr. George H. Hunt, of Red Bank, resigned as a member of the Board of Censors because of his accepting an appointment as surgeon with the United State Public Health Service at the Marine Hospital, Staten Island.

MONMOUTH COUNTY ORGANIZATION FOR SOCIAL SERVICE

Members of the County Medical Society were invited to attend the annual meeting of the Monmouth County Organization for Social Service, which was held at Brookdale Farms, Lincroft, N. J., on Wednesday, September 30th, at 2:30 p.m. The principal speaker was Dr. Howard W. Haggard, Physicist of Yale University (p. 655).

MEMORIAL TO DR. ACKERMAN

A resolution was drawn on the death of the late Dr. James Ackerman, which was as follows:

"Whereas, in His infinite wisdom God has seen fit to end the life and usefulness of one of the old-

est members of our Society, Dr. James Ackerman, and

"Whereas, his benefactors in the cause of public welfare have been an inspiration to the residents of this city; therefore, be it

"Resolved, that we, his colleagues, record our deep sense of loss in his removal, not only to the medical fraternity, but to the community which he so joyfully served; and

"Be it further resolved, that a copy of this resolution be spread upon the minutes of this Society, and that our most sincere sympathy be extended to the members of his family."

An obituary of Dr. Ackerman was printed in the Journal of September, page 549.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A meeting of the *Morris County Medical Society* was held the evening of Thursday, October 15th, at the Spring Brook Country Club. President Sherman presided and in opening the proceedings of the evening mentioned that Morris is one of the six County Societies formed in the oldest State Medical Society in 1816 under the State law passed February 16, 1816, authorizing the physicians of each county to form a County Society for the purpose of examining and licensing candidates for the practice of medicine. (See Official List of Members 1936, p. 35.)

SCIENTIFIC

Mr. Clyde Eddy, a member of the Royal Geographic Society and well-known explorer, took the members and invited guests on a verbal and motion picture journey through the terrific rapids of the Colorado River, which with Dr. Frazier and other members of the expedition, he had succeeded in "shooting" where so many previous attempts had failed. Only one government venture had succeeded, but this was done at low water. The terrific force of the water, the havoc wrought, the perils encountered, there being no turning back because of inability to escape from the canyon or to turn around and go back up-stream, also innumerable perilous situations, were all shown with verbal clarity to assist a realization of what was presented; also Boulder Dam and its details and utilities were shown and explained.

Assembled with the members to hear Mr. Eddy and see what he had to offer were local members of the dental and legal professions and friends of the members which each was privileged to invite, making an audience of about 150 for this non-medical chapter. This diversion from the usual scientific meeting was greatly enjoyed and was a forward step in bringing out a larger attendance of the members (p. 655).

ROUTINE BUSINESS

President Sherman then called the members together for a short business meeting, during which routine business embraced the following:

The Executive Committee had formed a Personnel Committee, of which Dr. Crandell was made

Chairman, to stimulate a fuller attendance of members at meetings.

A review of the meetings of the Executive Committee and of attendance at meetings at Trenton was given.

It had been decided to hold four scientific meetings this year at the four hospitals, alternating with four special meetings and ending with the annual meeting in June at Greystone Park.

Attention was called to the Constitution and By-Laws which require a two-thirds vote of the members for an extraordinary expenditure. After discussion this was left with the Executive Committee to provide programs with the limitation that the expenditures should not exceed the net income from dues for the year.

NEW MEMBERS

Four new members were admitted to the Society: Theodore R. Failmezger, of Madison; Joseph Anthony Ryan, of Chatham; Stewart A. Hiler, of Rockaway; and Jack Landon Voss, of Bernardsville.

EXAMINATION OF BUS DRIVERS

State Executive Officer Dr. LeRoy A. Wilkes was introduced, and adequately filled the short remaining time in explaining the aims, purposes and plans consummated and under promulgation to the advantage and for the benefit of medical men; including the plan of the Department of Motor Vehicles for the examination of bus drivers at the suggestion of Commissioner Ellis of the Department of Institutions and Agencies for the examination of the 800 inspectors to be appointed; these examinations to be made by physicians in general practice, meaning 800 extra examinations for the physicians, and for which details will be worked out and the physicians informed.

PASSAIC COUNTY

Sigurd W. Johnsen, M.D., Reporter

The regular meeting of the *Passaic County Medical Society* was held at the Health Center, Paterson, on Thursday, October 8, 1936, at 9 p.m., Dr. Fred Vosburgh, First Vice-President, presiding.

SCIENTIFIC

The scientific program consisted of a symposium on "The Injection Therapy of Hemorrhoids".

The first paper was given by Dr. Rudolph V. Gorsch, Adjunct Professor, Polyclinic Hospital. He described the anatomy of the rectum, and the pathological consideration of hemorrhoids. His paper was very instructive and well received.

The second paper was given by Dr. Carroll D. Smith, of Paterson, Clinical Instructor, Polyclinic Hospital. Dr. Smith described the technic of injection therapy and the solutions used. He also described contraindications (p. 620).

NEW MEMBER

Dr. A. McCue, Pompton Lakes, was unanimously elected to membership.

TUBERCULIN TESTING

Dr. Hagen gave a report on the tuberculin testing of school children of Passaic County for tuberculosis, and a follow-up x-ray examination of those reacting positively to the test. On the motion of Dr. Willard, seconded by Dr. DeYoe, the County Society unanimously endorsed this program.

MATERNAL WELFARE

Dr. Graham, Chairman of the Maternal Welfare Committee of Passaic County, gave a report on the activity of his committee. He also described the benefits available from the Federal Security Bill as it is related to maternal and child welfare.

SALEM COUNTY

L. C. Hummel, M.D., Reporter

On October sixth the *Salem County Medical Society* held its first fall meeting at the Salem Hospital. President J. S. Dunn presided, and the meeting was well attended.

SCIENTIFIC

We were fortunate in having Dr. J. O. Arnold, of Temple University, as the speaker. He gave a very instructive talk on operative obstetrics, illustrated with lantern slides and moving pictures. He laid special stress on the performing of perineotomy early for obtaining maximum benefit for the patient. Use of the forceps in controlling the descent of the head was explained and illustrated in pictures.

He also spoke on the treatment of toxemias of pregnancy, emphasizing the importance of maintaining a water balance in the patient. The treatment of eclampsia was discussed, along with anesthetics and many other topics of interest. The talk was very interesting and instructive and we all appreciate having the opportunity of hearing a man like Dr. Arnold.

NEW MEMBER

Following the scientific part of the meeting, the regular business meeting was held. One new member was elected to the Society, Dr. Wilbur S. Davison, of Pennsville.

Due to the late hour, the other communications and business were quickly disposed of.

SOMERSET COUNTY

Albert W. Pigott, Reporter

The October meeting of the *Somerset County Medical Society* was held on the eighth at the Raritan Valley Country Club, Somerville. President Gray called the meeting to order about 12:30 p.m., with twenty-six members present. Guests were Drs. Wilkes and Overton from the Executive Offices and Drs. Gobel and Mount.

E. R. A.

There were no committee reports. Dr. Sferra requested that the E. R. A. Advisory Committee be disbanded and this request was granted.

NEW MEMBERS

New members elected were Drs. Kalam Von Haitinger and Samuel Blank, both of the State Epileptic Village.

BIOGRAPHIES

Dr. Sferra stated that to date he had received only about thirty-five biographical sketches for the files. The members were urged to complete the questionnaires and send them in.

SOCIETY'S OFFICERS

Dr. Renner spoke in behalf of the plan of the State Society to have in each component society a secretary or other individual that would be accessible to both members of the society and to public and other lay organizations. The plan is to have someone who would collect and correlate information, regulations and legislation affecting the practice of medicine and have such data available to the physicians and at the same time be a clearing house for information the society would like to dispense to other organizations. Dr. Renner thought some plan might be worked out in conjunction with adjoining county societies whereby a full-time lay secretary might be employed.

COMMITTEES

President Gray proposed a complete change in committee arrangements. His plan would follow the State plan in general outline. He would have the County Welfare Committee Chairman act as chairman of a committee of five. The other four members of the Welfare Committee would each in turn be chairman of a committee in charge of special activities, legislation, public health, medical practice and public relations. Then there would be subcommittees handling various subdivisions of the major activities as the Public Health Committee would include child health, tuberculosis, mental hygiene, cancer control, venereal control, maternal welfare and crippled children. The Medical Practice and Public Relations Committees would control the activities under their respective fields similar to the State plan. So far as known, no county society has attempted to organize in this manner and the plan as outlined by Dr. Gray provoked considerable discussion. Dr. Gray pointed out that the adoption of such a plan would correlate all committees and all activities of the society under one key committee and would dispense with all standing committees except the Post-Graduate Educational Committee.

Dr. Ely spoke briefly, stating he is in favor of the plan but thought it was such a radical departure from the present methods of operation that it would be advisable to postpone any action until the next meeting, since this would give all members time

to familiarize themselves with the plan as outlined in the October issue of the State Journal. Dr. Sferra also suggested postponement of action. A motion to postpone action on the proposal was lost. Dr. Flint then moved adoption of Dr. Gray's plan as outlined and that the President be empowered to appoint the necessary committees. Dr. Gray again spoke in favor of his plan and urged its immediate adoption. He was ably assisted in his campaign by Dr. Lawton and when the motion finally came to vote, it was carried by a large majority.

Following adoption of the new plan, Dr. Wilkes spoke briefly in favor of what had been accomplished. He pointed out the plan of action of the State Society represents the crystallized results of three years of intensive effort on the part of leaders in the State Society.

MEMORIAL TO DR. ANDERSON

Resolutions on the death of Dr. John E. Anderson, of Neshanic, for over fifty years a practitioner of medicine and a member of the County Society, were read by the Resolutions Committee and adopted.

DINNER

The meeting was then adjourned and the members were joined by members of the Ladies' Auxiliary at the annual dinner. Following the dinner, Dr. Wilkes spoke briefly, suggesting the Society adopt some means by which the public could contact it as an organization by having a listing in the telephone directory.

Following this, Dr. Overton spoke on things historical in connection with the Somerset County Medical Society. An interesting exhibit was the menu of the dinner served to the Society in 1830.

UNION COUNTY

Westfield Medical Society

Reported by Frederick A. Kinch, M.D.

The Westfield Medical Society held its annual meeting and thirtieth anniversary celebration on October 13th, 1936, at The Chatelaine, Westfield. Three of the charter members were present, namely, Drs. Joseph B. Harrison, Frederick A. Kinch, and George S. Laird.

Dr. George P. Olcott, of East Orange, was the guest speaker. The subject was "Medical Practice in the Essex County Hospitals". He gave some very interesting facts interspersed with amusing incidents and stories.

The officers for the ensuing year are: President, Lee R. Herrington; Vice-President, Winthrop H. Hall; Secretary-Treasurer, Ross J. Maggio; and Comptroller, Charles T. Decker.

THE WOMAN'S AUXILIARY

OUTLINE OF THE AIMS OF A MEDICAL AUXILIARY

By MRS. DON A. EPLER, State Chairman of Organization

The concrete object of a Woman's Auxiliary is to interpret the aims of the medical society to other organizations interested in the promotion of popular health education, and to stimulate interest in health movements among the members of all other organizations to which we belong. The directing of these activities is assigned to our Committees on Public Health, and Public Relations Committees.

The Public Health Committee educates the individual members of the Auxiliary, and informs them of the programs of other community organizations; and also assembles the information which is sent out to the laity. Every member is an asset to an Auxiliary if, through her Public Health Committee, she is an informed member, because she has many opportunities to disseminate her knowledge. She should take a prominent part in public welfare, parent-teacher and federated club activities; and as a member representing an Auxiliary she may speak with a degree of authority, and respect, and attention.

The Public Relations Committee contacts the laity, through the use of the Speakers' Bureau and the five-minute health talks, which may be obtained from the State Chairman of Arrangements. This procedure brings about an understanding between the medical profession and the public, so that the people may know the difference between scientific information and quackery. This contact with the laity is made through our reciprocity meetings, to which we

invite all organizations that are interested in health education.

Another reason for the existence of the Auxiliary is to promote good fellowship among physicians' families by affability at meetings, by attendance at entertainments and conventions, by serving on committees when requested, and by making herself therefore responsible for the growth and progress of the Auxiliary. She decides whether her Auxiliary grows stronger, or just grows older.

These are some of the activities in which each individual member may have a part. If you speak to your neighbors at the meetings and luncheons, you will not be a stranger to your confreres.

A well-organized auxiliary group should be ready at any time to assist the medical society in whatever work it may request, such as acting as hostesses, or assisting the doctors in carrying out their health programs, or helping them to obtain audiences for their outstanding speakers on health topics, and bringing to the attention of the medical society articles published in the newspapers, or other communications of interest, unauthoritative in origin.

Membership in an Auxiliary to the medical society is unique, and offers neither personal or social aggrandizement; but it gives the unselfish satisfaction of serving a profession which has always defended human life without emphasizing its sacrifices or evading any of its responsibilities.

EXECUTIVE BOARD MEETING

By MRS. DAN S. RENNER, Recording Secretary

A meeting of the Executive Board of the Woman's Auxiliary to The Medical Society of New Jersey was held in the Essex House, Newark, N. J., at 10:30 a. m. on Monday, October 12, 1936, with the President, Mrs. George A. Rogers, of East Orange, presiding, and twenty-four members present.

The minutes of the meeting held during the Annual Meeting on June 3 were read and approved. (Transactions, p. 52.)

A splendid report on the work of the Arts

and Hobby Committee was given by the Chairman, Mrs. Ily R. Beir, who also outlined extensive plans for the coming year, offering several very acceptable suggestions.

Mrs. Don Epler, of Newark, Organization Chairman, reported on her efforts to form Auxiliaries in the six counties which have none. She had suggested that a small county might join with an adjoining county in having a union Auxiliary.

Mrs. Thomas P. McConaghy, of Camden,

read the treasurer's report, showing a balance in the Annual Meeting Fund of \$134.55, and a balance in the General Fund of \$188.66; making a total bank balance of \$323.21. The financial report of the Annual Meeting showed total expenditures of \$790.25; total receipts, \$749.23; leaving a deficit of \$41.02.

Mrs. Rogers stated that she had sent in a request to the medical society for \$400 for our expenses of the annual meeting for 1937, and \$600 for our expenses during the meeting of the American Medical Association meeting in 1937.

The Chairman of Press and Publicity, Mrs. O. R. Carlander, of Camden County, stressed the importance of the counties sending in publicity articles before the twentieth of the month in order that she might in turn send it in to *The Journal* by the twenty-fifth.

Mrs. Frank Facciolo, of Hudson County, Chairman of the Public Health Committee, reported that some members of the Hudson County Medical Society had prepared five-minute addresses suitable for popular audiences; and that the addresses had been given before lay groups throughout the county with success. These addresses were always welcomed by the groups, and were often used as interludes between the numbers of the published programs. It is suggested that these addresses be obtained by each Auxiliary, and that they be read before women's clubs and other groups that are interested in public health.

It was voted that an announcement of the "Five-Minute Talks" be inserted in the magazine "The Club Woman".

Mrs. Rogers, President, reported on the Speakers' Bureau, and the opportunity to assign non-medical health officers as volunteer speakers. It was the consensus of opinion that the speakers assigned by the Auxiliary should

be members of the County Medical Societies.

It was voted that the usual annual contribution of five dollars be sent to the "Yardley Foundation".

Mrs. R. C. Hilton, of the New York Times, in a letter to our President, stated that subjects for club programs would be sent on request; that admission to the Times Review is free, but tickets must be requested far in advance. Mrs. Hornberger was requested to send for sixteen copies of the list of subjects, one to be sent to each County President.

The New Jersey Federation of Women's Clubs announced a "School for Publicity Technique" sponsored by the New York Herald Tribune, with the following dates of meetings:

October 14 and 29 at Herald Tribune

Building in New York

November 5 in Camden

November 12 in Trenton

November 20 in Red Bank

The Corresponding Secretary was requested to send to the counties the notice regarding the meeting nearest their respective counties. Applications for admission are to be sent at least one week in advance of the meeting to Mrs. Grace Allen Bangs, Director of Bureau for Club Women, 230 West 41st Street, New York City.

Mrs. Ily Beir moved, it was seconded, and carried, that each county be asked to appoint a committee, subordinate to the Committee on Arts and Hobbies, to collect data and objects pertaining to New Jersey's medical history; and that the chairman of each county committee shall serve as a member of the State committee.

The members were entertained at a luncheon served by the Essex County Auxiliary.

The next meeting of the Executive Board will be in Trenton, on the second Monday of January.

Atlantic County

Reported by Mrs. Daniel C. Reyner

A reception to the State President, Mrs. George A. Rogers, featured the first meeting of the *Atlantic County Medical Auxiliary* Friday night in the Ambassador Hotel. Mrs. Daniel C. Reyner, president, greeted the members and guests and introduced Mrs. Rogers, who spoke of the progress being made by the State Auxiliary.

Mrs. Clarence Dike, member of the Atlantic City Peace Council, discussed the work of the Council, and during the evening a musical program was presented by Miss Jean Miller, soloist, who sang "Lullaby", "None But the Lonely Heart", "Did

I Remember", and concluded her enjoyable program with a humorous pianologue.

Arrangements are being made by the Auxiliary for a musicale-tea to be held Tuesday, October 27, from 2 until 4 o'clock at the home of Mrs. Coulter Charlton, on the Absecon Boulevard in Pleasantville. Plans are also being made for a Hallowe'en dance to be held the end of this month.

Present were: Mrs. John Massey, Mrs. Manuel Malley, Mrs. Charles Hyman, Mrs. Louis Feinstein, Mrs. Samuel Stalberg, Mrs. Elie R. Beir, Mrs. Samuel Salasin, Mrs. Samuel Lowenberg, of Philadelphia; Mrs. George A. Rogers, Mrs. Samuel Gorson, Mrs. Lawrence Wilson, Mrs. M. A. Axelrod,

Miss Lillian Goldfine, Mrs. G. Ruffin Stamps, Mrs. Allen Rieck, Mrs. Edward Uzzell, Mrs. Percy C. Joy, Mrs. Louis Rosenberg, Mrs. Daniel Reyner, Mrs. Morton Major, Mrs. Anthony Merendino, Mrs. Baxter Timberlake, Mrs. Brown Holloman.

Bergen County

Reported by Mrs. M. E. Branon

The *Woman's Auxiliary to the Bergen County Medical Society* held its first meeting of the year at Hackensack Hospital Nurses' Home on Tuesday, October 15. Dr. Irwin, President of the County Society, accorded us a word of greeting. He complimented us on the success of our Spring social project—a formal supper dance held last May—and expressed the hope that such an event would become an annual affair. He advised us of the development of the "Speakers' Bureau", and urged us to do all possible to further the use of the Bureau, so that lay organizations may be addressed by Doctors, properly qualified to speak on various medical topics. Furthermore he advocated an effort on our part to have doctors appointed to local boards of health and other lay groups, where their influence could further the aims of the society.

Following the business session conducted by Mrs. A. W. Bickner, President, we enjoyed a very interesting address by Mary E. Edgecomb, R. N., Director of Public Health Nursing, Out-Patient Department, Englewood Hospital. The development of social services dates back to 1905, when Dr. Cabot, at the Massachusetts General Hospital in Boston, saw the need of better knowledge of patients than the clinics could provide. The old-time "Family-Doctor" knew all the elements influencing his patient's life; but, today the doctor caring for clinic cases knows little or nothing of the patient's home life. So, to treat a case, properly, and follow through the treatment, it became necessary to know these family conditions and environmental backgrounds; and where they were unsatisfactory to make the proper adjustments. Thus was born the "Social Service Worker". Her duties are many and varied, and she must have tact, courage, resourcefulness, and above all, a sympathetic understanding of the sick and poor.

Burlington County

Mrs. Roscius I. Downs, Reporter

The following officers for 1936-37 were elected in June:

President, Mrs. Dean H. LeFavor, of Palmyra. President-Elect, Mrs. Parry Scott, of Beverly. Vice-President, Mrs. C. P. Hogan, of Burlington. Secretary, Mrs. E. Vernon Davis, of Vincentown. Treasurer, Mrs. Joseph Kuder, of Mt. Holly.

The first meeting under this new regime took place on Tuesday, October 6th, in the form of a covered dish supper at the home of Mrs. J. H. Hornberger, of Roebling. There were fifteen present.

It was voted to give Hygeia to all the High Schools in the County.

Mrs. LeFavor was appointed chairman to collect magazines to be placed in the Nurses' Homes of both the Burlington County Hospital of Mt. Holly, and the Zurbrugg Memorial Hospital of Riverside.

The primary project of our group is the Nurses' Scholarship in the Training School of Burlington County Hospital. Each unit in the County holds benefits for the support of this fund. Mrs. LeFavor organized a profitable movie benefit in the Palmyra Theatre in September.

The Mt. Holly unit will hold a card party and tea in the Parish House of St. Andrews Church, Mt. Holly on October 19.

The next scheduled meeting is a luncheon at Riverton Country Club, Tuesday, December 1st.

Camden County

Reported by Edith R. German, Chm. of Publicity

The *Woman's Auxiliary to the Camden County Medical Society* will hold its first regular meeting on Tuesday, October 20th, at the Camden County Detention Home. Judge Frank S. Neietze will be the speaker, and his subject will be "Juvenile Delinquency". Mrs. Grace Riggins, Superintendent of the Home, will conduct the guests on a tour of inspection.

It was with sincere regret that the resignation of Mrs. Albert B. Davis as President of the Woman's Auxiliary to the Camden County Medical Society was accepted at a Board meeting on September 29th. Mrs. Robert S. Gamon, President-Elect is now President.

Essex County

Reported by Mrs. Frank S. Forte

The *Woman's Auxiliary to the Essex County Medical Society* launched a membership drive with a luncheon and bridge on Monday, October 26th, at the Homestead Restaurant, East Orange. Every member was urged to bring a guest eligible for membership.

The luncheon opened the Auxiliary's season under the presidency of Mrs. Fred Shaul, with the program in charge of Mrs. Frank McCauley and Mrs. Don Epler, Chairman of Hospitality.

Mrs. George A. Rogers, State President, brought greetings, and spoke about the founding of the first Auxiliary by Mrs. Red, of Texas, who was the first President.

Mrs. Don A. Epler spoke on the function of the Woman's Auxiliaries.

Gloucester County

Mrs. Fuller Sherman, Reporter

A meeting of the *Woman's Auxiliary to the Gloucester County Medical Society* met Monday, September 21st, at the home of the President, Mrs. Don Weems. A program for the ensuing year was arranged at this meeting.

The *Woman's Auxiliary to the Gloucester County Medical Society* held its regular meeting on October 9th at the home of Mrs. J. Harris Underwood. Prior to the business meeting the Auxiliary enjoyed a covered-dish luncheon. The committee in charge was Mrs. Kate Brewer and Mrs. Fuller Sherman.

Hudson County

Reported by Mrs. Joseph Murray

The *Auxiliary to the Medical Society of Hudson County* held its first meeting of the new year on Monday, October 5th, at the Y. W. C. A. in Jersey City, at 2 P. M.; Mrs. A. E. Jaffin presiding.

Mrs. Jaffin welcomed the group which numbered forty-three, and told them to be prepared for the most active year the auxiliary has ever known.

Two new members were elected: Mrs. Benjamin Jaffe and Mrs. John J. Markin, both of Jersey City.

Mrs. Frank Facciolo, Public Health Chairman, reported that her committee will continue to read the five-minute health talks before the organizations which they contacted last year, and will try to contact other organizations.

Mrs. Louis Dodson reported on our very successful May Day card party and luncheon, and is now working on a supper dance to be held in the near future.

Mrs. William Frelle reported that the circulating library which she started last year is progressing very well, and that she has a number of books to rent. Many of them deal with medical subjects, and are therefore interesting to the doctors as well as their wives.

CRIME PREVENTION

The meeting then adjourned and a very interesting talk by Col. Norman Schwarzkopf on "Crime Prevention" was enjoyed by all. Col. Schwarzkopf said that this is the most important question facing us today. Each person should take this crime problem seriously. It is necessary to have co-operation from the citizens themselves. But many people will not tell the police what they really know or see. They are afraid to tell the truth and Col. Schwarzkopf laid this down to selfishness on the part of the American citizens. He also deplored the fact that people evade jury duty. "This is a very serious situation," he said. "It should be a privilege to sit on a jury."

Speaking on motor vehicle violations he said that we do things when driving a car that we would not do at any other time. People who are ordinarily polite and courteous, are rude, impolite and discourteous while driving. He ended by saying that we will have just as much crime as we'll tolerate; and that if we want less, we must tolerate less. Police have a right to expect from us as law abiding citizens that we do our duty.

A Social hour followed, and tea was served by Mrs. John J. O'Connor and a group of hostesses.

Mercer County

Mrs. Leonard L. Friedmann, Reporter

An executive meeting of the *Mercer County Auxiliary* was held Wednesday evening, September 30th, 1936, at the home of the President, Mrs. Chester Chianese of Trenton, to discuss the work of the coming year. The following officers and chairmen were present:

President, Mrs. Chester Chianese; President-Elect, Mrs. E. F. Purcell; First Vice-President, Mrs. J. J. McGuire; Second Vice-President, Mrs. A. D. Hutchinson; Secretary, Mrs. Leonard Friedmann; Treasurer, Mrs. E. K. Hawke; Reception, Mrs. William C. Ivins; Flash, Mrs. W. H. Abey; Legislation, Mrs. J. J. McGuire; Public Relations, Mrs. Leo Haggerty; Program, Mrs. LeRoy A. Wilkes; Widow and Orphans, Mrs. A. S. Rogers; Public Health and Hygiene, Mrs. R. S. Cottone; Scrap Book, Mrs. George Corio; Printing, Mrs. A. W. Belting.

Following detailed discussion of the program, the hostess served dainty refreshments.

Passaic County

The *Woman's Auxiliary to the Passaic County Medical Society* held a luncheon and business meeting October 8 at the Hackensack Golf Club, Oradell. Mrs. Leslie H. Tabor presided over the session.

In accordance with plans of the state organization, the Auxiliary has arranged for a public health meeting, free to the public, further details of which will be announced shortly.

The Auxiliary will also make arrangements with civic clubs wishing to have medical men address them on medical and related subjects. Interested groups may contact Mrs. R. J. McDonald.

After the business meeting, luncheon was served and games enjoyed in a program marking the tenth anniversary of the group. Four new members were welcomed.

Present were the Mesdames R. E. White, J. H. Gould, F. P. Lee, J. Jehl, F. W. Ash, A. F. Meneve, H. Dawson, A. De Rosa, F. O'Grady, F. E. Briody, G. B. Flood, J. A. Brown, W. F. Birely, H. E. Reading, R. Prince, B. Botbyl, R. De Rosa, J. S. Gallo, N. Scielzo, L. E. Coen, L. R. Tabor, J. E. Mott, F. Patella, L. Becher, A. M. Pelusio, W. A. Dwyer, A. F. McBride, J. E. Phelps, H. H. Nye, A. Schultz, A. MacGregor, A. Vanderbeck, Jr., H. M. Gochman, C. B. Russell, G. L. McCarthy and R. J. Vreeland.

Somerset County

Reported by Mrs. C. F. Halsted, Publicity Chairman

The *Woman's Auxiliary to the Somerset County Medical Society* were guests of the Medical Society at their annual dinner held at the Raritan Valley Country Club Thursday, October 8, 1936.

A meeting of the Auxiliary was held prior to the dinner, with Mrs. William Gray presiding. Those present were Mesdames Gray, Adams, Baker, Borow, Brittain, East, Ely, Flint, Flynn, Halsted, Hegeman, Piggott, Sferra, and Edelberg.

Mrs. Gray appointed Mrs. Josiah Meigh of Bernardsville, Corresponding Secretary; also the following chairmen:

Hygeia, Mrs. A. F. Sferra
Legislation, Mrs. D. S. Renner
Widows and Orphans, Mrs. A. L. Stillwell
Archives, Mrs. L. Ely
Public Health and Public Relations, Mrs. E. T. Flint
Program, Mrs. E. G. Brittain
Publicity, Mrs. C. F. Halsted

Mrs. Ely gave a short report of the Convention at Atlantic City, and our Publicity Chairman was directed to have notice of a very special meeting by the New Jersey Tuberculosis League in celebration of its thirtieth anniversary on Thursday evening, October 22nd, at 8 o'clock, at the State Normal College, Newark, published in various papers.

Plans for Fall parties were laid over until next meeting.

Warren County

Reported by Mrs. Herman Baldauf

The *Woman's Auxiliary to the Warren County Medical Society* met at the Belvidere Hotel, Belvidere, on October 20th for a monthly business session. Mrs. William Varney, of Washington, presided.

The reports of the Secretary, Mrs. Herman Baldauf, Belvidere, and the Treasurer, Mrs. E. A. Shimer, Phillipsburg, were heard, and plans for the year's activities were discussed. These will be completed at the next meeting, which will be at the home of Mrs. Emery Krausz, Phillipsburg.

Mrs. Varney gave her report of the State Auxiliary Convention at Atlantic City. Those present at the meeting were Mrs. Varney, Mrs. Shimer and Mrs. Krausz, Mrs. James Weres, of Alpha; Mrs. D. P. D. Jackson and Mrs. Herman Baldauf, of Belvidere. The ladies joined the doctors of the County Medical Society for luncheon at the hotel.

BOOK REVIEWS

MENTAL HYGIENE IN THE COMMUNITY. By Clara Bassett, Consultant in Psychiatric Social Work, Division on Community Clinics, The National Committee for Mental Hygiene, Inc. New York. The MacMillan Co., 1934. pp. 394, c. index, footnotes, and appended list of bibliographies.

Miss Bassett has written a very worthwhile book on "Mental Hygiene in the Community"; and in so doing has revealed a comprehensive familiarity with and grasp of the best medical and sociological literature on the subject.

A chapter is devoted to each of the following subjects: Mental Hygiene and its relation to, (1) Medicine, (2) Nursing, (3) Social Service Agencies, (4) Delinquency and Law, (5) Parental Education, (6) The Pre-school Child, (7) Education and Teacher Training, (8) The Church and Theological Training, (9) Industry, (10) Recreation, and (11) Psychiatric Institutions and Agencies. The list of bibliographies, which is presented at the end of the book, while not too lengthy, is unexcelled, and enables the reader to pursue any department of his special interest without danger of missing any worthy literature in the field.

The book is written from the point of view of the social pioneer. Chapters VII on Mental Hygiene and the Pre-school Child, VIII on Mental Hygiene, Education, and Teacher Training, and VI on Mental Hygiene and Parental Education, are especially valuable and of interest to those physicians who are engaged in health education. In chapter XII the unique value of the psychopathic hospital (as differentiated from the state hospitals for mental diseases and institutions for the feeble-minded) is stressed, as is that of psychopathic wards or units in general hospitals. Some interesting data are given (chapter II, p. 17) on the number of hospital beds available for nervous and mental patients as compared with the total number of hospital beds available for all diseases here in New Jersey as well as in New York (p. 16).

The book is by far the most valuable single volume on the subject by either medical or non-medical author, which this reviewer has had the privilege of reading. While sufficiently comprehensive and technical, it is so entertainingly written that there is not a dull page in it. It should be required reading in every teacher-training institution in the country. The psychiatrist and general practitioner alike may learn much from its contents. A most readable and informative book.

H. A. SCHACHTER, M.D.

INDEX OF DIFFERENTIAL DIAGNOSIS, Herbert French, Editor. Fifth Edition. Printed in England by John Wright and Sons, Ltd., Bristol. January, 1936. William Wood and Company, Baltimore, Md.

This book edited by Herbert French, C.V.O., C.B.E., M.A., M.D., Oxon., F.R.C.P., Lond., Consulting Physician to Guy's Hospital and late physician to His Majesty's Household, has gone through five editions and reached over 53,000 sales since the first edition in 1912.

This edition is well bound and has 925 pages of Differential Diagnosis covering the whole ground of medicine, surgery, gynecology, ophthalmology, dermatology and neurology, arranged alphabetically according to "main symptoms". There is a full general index of 218 pages, carefully re-edited by the publishers, under the headings of diseases, to be used together with the main body of the book.

The book is well illustrated with 742 excellent pictures, most of which are original, and 196 of which are in colors.

This type of work is always a tremendous task and requires collaboration of many contributors. This carefully prepared edition is a valuable addition to any physician's library, at the sale price of \$16.

E. P. CARDWELL.

AUTOMOBILE PROTECTION

With your car insured under the State Medical Society's
endorsed policy you receive

*Unquestioned Company
Financial Strength*

Sound Future Protection

*Unequalled Service and
Prompt Loss Settlement*

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized
agent on automobile insurance for the State Medical So-
ciety will furnish you with full details.

Way Underwriting Agency

INCORPORATED

**605 BROAD STREET
NEWARK, NEW JERSEY**

Telephone Mitchell 2-0613

Behind MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)

*is a background of*

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association



A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.
BALTIMORE, MARYLAND

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

AN AID FOR THE PREVENTION OF
RINGWORM INFECTION

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed

For Hand and Skin Sterilization

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity

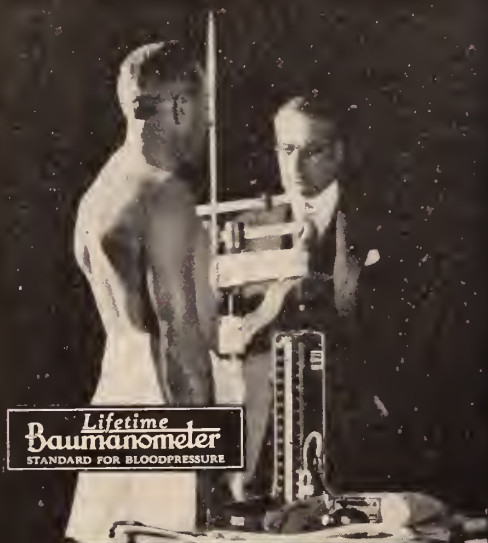
**NON-POISONOUS
NON-IRRITATING**

Write for Literature

BETHLEHEM LABORATORIES

Incorporated
300 Century Building
PITTSBURGH, PENNA.

CONFIDENCE...



**Lifetime
Baumanometer**
STANDARD FOR BLOODPRESSURE

The weight and bloodpressure readings are recorded with confidence because both instruments operate on the true-gravity principle which assures unvarying accuracy. Smallest, Lightest, Handiest...the KOMPAK Model, cased in Duralumin, is guaranteed against glass breakage for your Lifetime.

W. A. BAUM CO. INC. NEW YORK

Trade Mark
Registered

STORM

Trade Mark
Registered

Binder and Abdominal Supporter



Gives perfect up-lift. Is worn with comfort and satisfaction. Made of Cotton, Linen, or Silk. Washable as underwear. Three distinct types, many variations of each.

The Picture Shows "Type N"

Storm belts adaptable to all conditions, Pto-sis, Hernia, Pregnancy, Obesity, Sacro-Iliac Relaxation, High and Low Operations, etc.

Ask for Literature

KATHERINE L. STORM, M.D.

Originator, Owner and Maker
1701 Diamond Street PHILADELPHIA



Backed by More Than 65 Years of Experience and Service.

Uniform pressure is absolutely essential in an elastic stocking to secure correct support and restore normal circulation. Uniform pressure can only be secured by **hand-woven** stockings. Pomeroy "MASTER" Elastic Stockings have always been **hand-knitted, woven, (not cut)** to shape. "MASTER" Stockings are also made with either pull straps or longer side straps as desired. Women are always delighted with the invisibility of these stockings thru even the sheerest silk hose. The "MASTER" is widely preferred for both effectiveness and economy.

In prescribing elastic stockings protect your patient all the way—prescribe the type of stocking required, prescribe the stocking you know will do its duty, prescribe where to buy—prescribe POMEROY.

P O M E R O Y

901 BROAD STREET, NEWARK, N. J.

NEW YORK · BRONX · BROOKLYN · SPRINGFIELD · BOSTON · DETROIT · WILKES-BARR

ORTHOPEDIC SHOES

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY

A Scientific Service Devoted Exclusively to Diaper Hygiene



Physicians know that the infants' diapers should be properly cleansed and sterilized. To do this at home is an arduous task and expensive duty. Carelessly done, it invites rash, irritations and infections which cause mothers anxiety. Bathing, feeding and dressing the infant have received scientific attention and through Baby's Wash diapering has been accorded its proper share of research.

Perfect Diaper Sterilization

Baby's Wash is the ORIGINAL and APPROVED institution of its kind in the state of New Jersey. Years of research and many laboratory experiments are represented in the process that brings you the perfectly sterilized diaper.

BABY'S WASH

*New Jersey's Original and Approved Institute
of Diaper Hygiene*

532 Central Ave.

East Orange, N. J.

Telephone ORange 3-2224

Dilaudid hydrochloride

BILHUBER-KNOLL CORP.

Dilaudid hydrochloride is a quickly acting and effective cough sedative. For the average prescription add 1/2 gr. Dilaudid hydrochloride to 4 ounces of suitable vehicle and give in 1/2 to 1 teaspoonful doses. The dose may be increased or decreased according to the severity of the cough and age of the patient.

DILAUDID hydrochloride (dihydromorphinone hydrochloride) *Council Accepted*

Hypodermic and oral tablets, rectal suppositories, and as a soluble powder

- Dilaudid hydrochloride comes within the scope of the Federal narcotic regulations.
Dilaudid, Trade Mark reg. U. S. Pat. Off.



BILHUBER-KNOLL CORP. 154 OGDEN AVE., JERSEY CITY, N.J.

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Personal and Dependable Service, Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments

PLACE	NAME AND ADDRESS	TELEPHONE
NEWARK	Smith and Smith, 160 Clinton Ave.	Bigelow 3-2123
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
ORANGE	Weatherhead Funeral Home, 126 Main St.	ORange 3-5278-9



Laboratory Control HAS ALWAYS SAFEGUARDED Abbotts Ice Cream

At each farm—at our country creameries—at our Ice Cream plant—rigid laboratory control at every stage assures the uniform purity of Abbotts Ice Cream.

ABBOTTS

YOU CAN RECOMMEND IT
WITH CONFIDENCE

the **STANDARD** of Fine Quality in **ICE CREAM**



ABBOTTS DAIRIES, Inc.—Phila., Newark, Trenton, Camden, South Jersey, Seashore, Elkton, Allentown, Reading

MEDICAL PRACTITIONERS RECOGNIZE US AS
DEPENDABLE OPTICIANS

Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions
MAINTAINING

Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Est. Since

1898

Personal
Supervision
Eugene J.
Anspach

ANSPACH BROS. Prescription Opticians **838 BROAD ST., NEWARK**

533 Main St., East Orange, N. J. 382 Springfield Ave., Summit, N. J. 626 Cookman Ave., Asbury Park, N. J.
MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

1920

Prescriptions of the Eye Physicians for Perfect
Glasses Carefully Compounded

1936



Guildcraft Opticians

At the Centre
Tel. Montclair 2-6128

Member of the Guild of Prescription
Opticians of America

**Eye Physicians Prescriptions
Exclusively**

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

Member of the Guild of Prescription
Opticians of America

PRINTERS SINCE 1908

Specializing in

CATALOGUES STATIONERY
COMMERCIAL FORMS BOOKLETS

MEDICAL SOCIETY BULLETINS

ENGRAVED PROFESSIONAL STATIONERY
MODERATELY PRICED

**The Orange
Publishing Company**

12 SOUTH DAY STREET
ORANGE, N. J.

—Printers to the State Medical Society—

COMPLETE PRINTING SERVICE

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO RENT
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, \$1.00

CASH MUST ACCOMPANY ORDER

Forms Close 26th of the Month

RECEPTIONIST-SECRETARY for physician or
hospital recording-librarian in Newark or sur-
rounding territory. Position wanted by competent,
perienced woman. College trained. Able to handle
billing, collecting, and histories. Address Box P,
care The Journal.

WANTED by State Medical Hospital: Junior Resi-
dent Physician, \$1500 and maintenance, recent
graduate with accredited internship, no psychia-
tric experience necessary; Assistant Pathologist.
\$1800 and maintenance, some experience necessary.
opportunity to do extensive tissue work, high per-
centage autopsies. New Jersey residence required.
Full particulars first letter. Address Box R. care
The Journal.

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
SOUTH ORANGE	.....Taft's Pharmacy, 2 So. Orange Ave.	.....South Orange 2-0063
NEWARK	.....Liss, Michael, 794 Mt Prospect Ave.	.....HUMboldt 3-4749
MONTCLAIR	.....Wm. J. McNulty, So. Fullerton Ave. & The Crescent	.....MONTclair 2-2014
EAST ORANGE	.....Clinton Pharmacy, 481 Central Ave.	.....ORange 5-6868

FIREMEN'S PHARMACYDEPENDABLE
PRESCRIPTION
SERVICENEW JERSEY
FORMULARY
PREPARATIONS

BIOLOGICALS

BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY**ORGANOTHERAPY**

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.*Dependable Gland Products*

2-24 Mt. Pleasant Ave.

Newark, New Jersey

Belle Mead Sanatorium and Farm

BELLE MEAD, NEW JERSEY

Long established and licensed. On the registered hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy. With a separate, attractive department for Convalescents and Elderly Persons. Five attractive buildings for thorough classification.* Physicians are invited to visit and cooperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a five hundred acre stock farm at the foot of the Watchung Mountains. Easily accessible by rail, bus and auto. Scientific treatment and nursing. Hydro-, electro- and physiotherapy, suitable diversion. Occupational therapy. Arts and craft shop. RATES VERY REASONABLE for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phones Belle Mead 21 or Astoria, N. Y., 8-0820.

N. Y. City Office: 667 Madison Avenue
Phone Regent 4-2160

LINCOLN HOSPITAL

(Est. 1920—New Building Completed 1929)

A. ROTHSEID, M.D., Pres.

EDNA L. BENNETT, Supervisor

A Private Hospital of 50 Beds Open to All
Qualified Physicians

A General Hospital for Medical, Surgical and
Obstetrical Cases

No Contagious or Mental Cases Admitted

Modern Equipment
Fireproof Building
Clinical Lab. Facilities
X-Ray Department

Reasonable Rates
Flat Rates Maternity Cases

\$45 for 10 Days

Surgical Cases

\$55 for 10 Days

T. & A. \$8

65 AVON AVENUE

NEWARK, N. J.

Phone Bigelow 3-1630

(Established 1916)

"Bright Side" Sanitarium

for the treatment and care of

INCURABLES, CHRONIC DISEASES
AND GENERAL INVALIDISM

TeL Hackensack 2140

TEANECK, N. J.

Situated amidst beautiful surroundings, commanding superb views, several acres of ground, our own farm products. Offers all the comforts of a quiet and reserved home combined with the special care and treatment required in each individual case. Private rooms and small wards. Rates moderate.

Thirty-five minutes from New York City (West 125th Street), half a block from Hudson River trolley line.

JOS. VAN DYKE, M.D., Cons. Physician

Kerner's

Prescription Pharmacy

U. S. P. N. F. N. J.

Formulary Preparations

Elizabeth

New Jersey

CARBONATED ALKALINE WATER

NOT A LAXATIVE
UNIFORM STRENGTH—PURITY

KALAK WATER CO. OF NEW YORK, INC.
6 Church Street New York City

WHAT EVERY WOMAN DOESN'T KNOW— HOW TO GIVE COD-LIVER OIL

Some authorities recommend that cod-liver oil be given in the morning and at bedtime when the stomach is empty, while others prefer to give it after meals in order not to retard gastric secretion.

It is most important that the mother administer the oil in a matter-of-fact manner, without apology or expression of sympathy.

If given cold, the cod-liver oil has little taste, for the cold tends to paralyze momentarily the gustatory nerves.

On account of its higher potency in vitamins A and D, Mead's Cod-Liver Oil Fortified with Percomorph Liver Oil may be given in one-third the ordinary cod-liver oil dosage, and is particularly desirable in cases of fat intolerance.—Advt.



"Interpines"

GOSHEN, N. Y.

Phone 117

Ethical - Reliable - Scientific

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

Frederick T. Seward, M.D., Res. Physician

Frederick W. Seward, M.D., Director

Clarence A. Potter, M.D., Res. Physician



AURORA INSTITUTE A RESORT FOR HEALTH

COMPLETELY equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroid, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

Morristown, New Jersey

Telephone: 4-3260

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. NO CONTAGIOUS OR MENTAL CASES.

Write for further information.

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

ADOLPH WEIZENHOFFER, M.D., Assoc.

WILLIAM S. COLLENS, M.D., Director of Metabolism

Mountain View Rest Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651—1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism.

Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.



VIEW OF THE GROUNDS



APPROACH

BOOKLET AND TERMS ON REQUEST

Visiting Resident Physician

DR. GEO. DAVIES

15 Fairview Avenue

Verona, N. J.

CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST • NEW YORK, N. Y.

FOR

ALCOHOLISM *and* DRUG ADDICTION

No Mental Cases Accepted

This hospital has specialized solely in addictions for over thirty-five years. The treatment is a hospital procedure and provides a definite means of eliminating the craving and the toxic products of alcohol and drugs. *Emphasizing the after care* and with appreciation of the seriousness of the alcoholic problem we devote the convalescent period to minimizing the possibility of relapse.

Literature Sent on Request



BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY

FAIR OAKS

SUMMIT N. J.

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous dis-

eases, exhaustion states and cases requiring rest, hygienic, dietic and occupational therapy. Insane and tubercular cases are not accepted.

DR. T. P. PROUT
Summit, N. J.

Telephone 6-0143

The NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

For the

General Practitioner

Intensive full time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

Proctology, Gastro-Enterology and ALLIED SUBJECTS

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City

Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)

Announces Continuous Courses

MEDICINE—Informal Course first of every week; Intensive Personal Courses.

SURGERY—General Course One, Two, Three and Six Months; Intensive Course Surgical Technique every two weeks; Special Courses.

GYNECOLOGY—Three Months' Course; Intensive Two Weeks Course starting February 15, 1937.

OBSTETRICS—Informal Course; Intensive Two Weeks' Course starting February 1, 1937.

FRACTURES AND TRAUMATIC SURGERY—Informal Practical Course; Intensive Ten Day Course starting February 15, 1937.

EAR, NOSE AND THROAT—Informal Course; Personal Courses; Intensive Two Weeks' Course starting April 5, 1937.

OPHTHALMOLOGY—Intensive Two Weeks' Course starting April 19th, 1937.

UROLOGY—General Course Two Months; Intensive Course Two Weeks; Special Courses.

CYSTOSCOPY—Intensive Course every two weeks (attendance limited).

GENERAL, INTENSIVE and SPECIAL COURSES IN ALL BRANCHES OF MEDICINE AND SURGERY.

TEACHING FACULTY

Attending Staff of Cook County Hospital

Address: Registrar, 427 South Honore Street,
Chicago, Illinois.

HEALTH AND ACCIDENT INSURANCE For Ethical Practitioners Exclusively

\$5,000.00 accidental death For \$33.00
\$25.00 weekly indemnity, health and accident per year

\$10,000.00 accidental death For \$66.00
\$50.00 weekly indemnity, health and accident per year

\$15,000.00 accidental death For \$99.00
\$75.00 weekly indemnity, health and accident per year

34 years' experience under same management

\$1,350,000 INVESTED ASSETS

ASSURE ABILITY TO PAY

More Than \$7,350,000.00 Paid For Claims

Disability need not be incurred in line of duty—
benefits from beginning day of disability.

Why don't you become a member of these purely professional
Associations? Send for applications, Doctor, to

E. E. ELLIOTT, Sect'y-Treas.



Physicians Casualty Association

Physicians Health Association

400 First National Bank Bldg.

OMAHA, NEBRASKA



\$200,000 deposited with State of Nebraska for our members' protection.



How Much Sun Does the Infant ? Really Get ♦

Not very much: (1) When the baby is bundled to protect against weather or (2) when shaded to protect against glare or (3) when the sun does not shine for days at a time. Oleum Percomorphum offers protection against rickets 365¼ days in the year, in measurable potency and in controllable dosage. **Use the sun, too.**

Oleum Percomorphum Price Substantially Reduced, Sept. 1, 1936!

We are hopeful that by the medical profession's continued whole-hearted acceptance of Oleum Percomorphum, liquid and capsules (also Mead's Cod

Liver Oil Fortified With Percomorph Liver Oil), it will be possible for us to make the patient's "vitamin nickel" (A and D) stretch still further.

Mead Johnson & Company, Evansville, Indiana, U. S. A., does not advertise any of its products to the public.

Calcreose, Maltbie

THE ORIGINAL BRAND OF CALCIUM CREOSOTATE, U.S.P. XI.

A dependable aid in the treatment of chronic and persistent coughs

Calcreose is available in these two convenient forms:

COMPOUND SYRUP CALCREOSE

An expectorant cough syrup that tastes good, is effective and does not nauseate.

Each fluid ounce represents:

Calcreose Solution (N.N.R.)	160 Minims
Alcohol	24 Minims
Chloroform (approximately)	3 Minims
Wild Cherry Bark	20 Grains
Aromatics and Syrup q. s.	

TABLET CALCREOSE 4 GRAINS

Each tablet equivalent to two minims of pure creosote combined with calcium oxide.

May we send
you complimentary samples
of both?

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY

The Medical Profession Can Rely Upon Us to Render ACCURATE OPTICAL SERVICE

No Glasses Are Supplied Except on Prescription—

WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is the oldest optical house in New Jersey, having been established in 1892. Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

J. C. Reiss
Optician

Hill Street

Is on the West side of
Broad St.

Opposite City Hall
Where parking is possible.

Member of the Guild of Prescription Opticians of America

State Society Annual Meeting April 27-29, 1937, in Atlantic City, N. J.

THE JOURNAL

OF THE MEDICAL SOCIETY OF NEW JERSEY

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330

VOL. XXXIII, No. 12

DECEMBER, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 679-756

EDITORIALS—

	Page
THE PUBLIC RELATIONS COMMITTEE—A COMMUNICATION TO THE COUNTY SOCIETIES	679
POPULAR MEDICAL EDUCATION	680
THE 1936 INDEX	680
THE POST-GRADUATE EDUCATION PLAN	681
SUBJECTS FOR HEALTH TALKS	681
THE A. M. A. CONFERENCE OF SECRETARIES AND EDITORS	682
STATE SOCIETY PROJECTS	682
PHYSICIAN, HEAL THYSELF!	683
SPECIALISTS IN MEDICAL ADMINISTRATION	683
MEDICAL CONTACTS WITH OTHER HEALTH AGENCIES	684
PERSONALS IN THE JOURNAL	684

ORIGINAL ARTICLES—

RETICULO-ENDOTHELIAL SYSTEM, TUMORS OF, A SYMPOSIUM—	
MEDICAL ASPECT—By Raymond J. Mullin, M.D., Newark, N. J.	685
INFECTIONS AND TUMORS—By Henry C. Barkhorn, M.D., Newark, N. J.	687
BONE CHANGES—By N. J. Furst, M.D., Newark, N. J.	690
MEDIASTINAL TUMORS AS SHOWN BY X-RAYS—By W. G. Herrman, M.D., Asbury Park, N. J.	693
TUMORS AND X-RAYS—By Ira J. Kaplan, B.Sc., M.D., New York City	696
MORBID PROCESSES OF THE CYTOPLASMIC RETICULUM—By William Antopol, M.D., Newark, N. J.	701
BONE MARROW IN LEUKEMIA—By Asher Yaguda, M.D., Newark, N. J.	705
THYROID SURGERY, TWO-STAGE PRINCIPLE IN—By Morris Fellman, M.D., Jersey City, N. J.	712
MATERNAL WELFARE—Article Number Eleven, The Common Cold and Pregnancy—By Frederic A. Alling, M.D., Newark, N. J.	713

STATE SOCIETY ACTIVITIES—

	Page
President's Announcement—No. 6, We, The Doctors—By Spencer T. Snedecor, M.D., Hackensack, N. J.	714
Welfare Committee	715
Course in Obstetrics	716
Scientific Exhibits at the Annual Meeting of 1936, Article No. 1	717
Meeting of the Sub-Committee on Public Health of the Welfare Committee	720
Public Health Hour Plan of the New Jersey Health Officers' Association	721
Committee on Hospitals and Medical Education	722
New Jersey Tuberculosis League	724
New Jersey Health and Sanitary Association	724
Three Baltimore Meetings	725
A. M. A. Conference of State Secretaries and Editors	726
Deaths of Physicians During the Past Year	730
List of Physicians Dying in New Jersey in October	730
Immunizations in October and November	748

CONTACTS AND COMMENTS—No. 2

COUNTY SOCIETY REPORTS—

Atlantic, Bergen	734
Burlington, Camden	735
Cape May	736
Essex	737
Gloucester	740
Middlesex	741
Monmouth	742
Morris, Passaic	743
Somerset, Sussex	744
Union, Warren	745
BOOK REVIEWS	746

WOMAN'S AUXILIARY—

Leadership by Consultation—By Mrs. George A. Rogers	747
Programs of County Auxiliaries	747

Roster of Officers and Committees, Advertising pages III, IV and V

Place of Publication
(Printing and Mailing)
12 South Day Street, Orange, N. J.

Copyright 1936 by
The Medical Society of New Jersey



Entered as second-class matter, Sept. 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

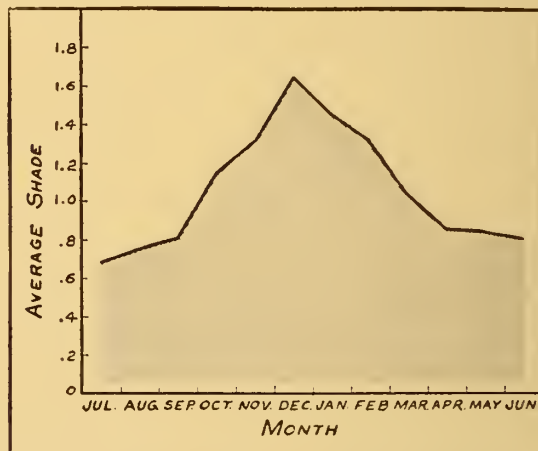
Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

WEATHER FORECAST— HEAVY SMOKEFALL

SMOKE exerts a definite influence on the weather at this season by reducing the amount of sunlight. Beginning in September there is a steady rise in atmospheric pollution until in December it becomes double that of midsummer, according to a recent report of a two-year study made by the U. S. Public Health Service in ten of the largest American cities, representing a population of millions. One of the most surprising findings was that there is no decrease in the dust content of the air either during or after a rain.

Winter Sunlight an Unreliable Antiricketic

Atmospheric pollution is but one of many forces militating against the therapeutic effects of ultraviolet rays in winter. Others, to name only a few, are cloudiness, precipitation, and clothing. In winter, moreover, it is often impracticable to give sunbaths to infants during the very time they are most susceptible to rickets—the first six months of life.



Average atmospheric pollution in 10 large American cities, 1931-1933. In many smaller communities, even worse conditions may prevail under any of the following combinations: (1) soft coal, (2) low inland wind velocity, (3) concentrated manufacturing activity, (4) no zoning regulations, (5) no smoke abatement ordinances.

Dependable the Year 'Round OLEUM PERCOMORPHUM

Price Substantially Reduced, Sept. 1, 1936!

The physician can dispel uncertainty in the treatment of rickets simply by prescribing a few drops of Oleum Percomorphum daily. The product has the advantage of having the same ratio of vitamins A to D as in cod liver oil,* with 100 times the potency. Each gram supplies not less than 60,000 vitamin A units and 8,500 D units (U.S.P.). This maximum vitamin potency in minimum bulk gives Oleum Percomorphum outstanding usefulness for young and premature infants. Constant bioassay and special processing of this antiricketic assure the stated vitamin potency and low percentage of fatty acids. Supplied in 10 and 50 c.c. bottles and 10-drop capsules in boxes of 25 and 100.

*U. S. P. minimum standard.

MEAD JOHNSON & COMPANY, Evansville, Indiana, U. S. A.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.

THE MEDICAL SOCIETY OF NEW JERSEY

FOUNDED JULY 23, 1766

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

President, SPENCER T. SNEDECORHackensack
President-Elect, WILLIAM G. HERRMANAsbury Park
First Vice-President, WILLIAM J. CARRINGTON...Atlantic City | *Second Vice-President*, E. ZEH HAWKES.....Newark
Secretary, J. BENNETT MORRISONNewark
Treasurer, ELIAS J. MARSHPaterson

TRUSTEES

FREDERIC J. QUIGLEY, *Chairman* (1939).....Union City | JOHN MAHER (1937)Long Branch
H. W. NAFEV, *Secretary* (1938)New Brunswick | WATSON B. MORRIS (1938)Springfield
SPENCER T. SNEDECORHackensack | HARRY R. NORTH (1939)Trenton
WILLIAM G. HERRMANAsbury Park | THOMAS K. LEWIS (1939)Camden
WILLIAM J. CARRINGTONAtlantic City | WELLS P. EAGLETON (1937)Newark
E. ZEH HAWKESNewark | RALPH K. HOLLINSHED (1939)Westville
J. BENNETT MORRISONNewark | ANDREW F. MCBRIDE (1937)Paterson
ELIAS J. MARSHPaterson | BLASE COLE (1938)Newton
ALDRICH C. CROWE (1938)Ocean City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1939)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....JAMES A. FISHER, Asbury Park (1939)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1938)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates		Alternate Delegates	
BLASE COLE, Newton	Term expires 1937	S. B. ENGLISH, Glen Gardner	Term expires 1937
E. R. MULFORD, Burlington	" " 1937	ELMER PETER WEIGEL, Plainfield	" " 1937
WALT P. CONAWAY, Atlantic City	" " 1938	LUCIUS F. DONOHUE, Bayonne	" " 1938
JOHN F. HAGERTY, Newark	" " 1938	LANCELOT ELY, Somerville	" " 1938

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat	Radiology
CHARLES F. ADAMS, <i>Chairman</i> .....Trenton	W. W. MAVER, <i>Chairman</i> .....Jersey City
D. M. YAZUJIAN, <i>Secretary</i> .....Trenton	P. S. AVERY, <i>Secretary</i> .....New Brunswick
Pediatrics	Gastro-Enterology
CHESTER R. BROWN, <i>Chairman</i> .....Arlington	LOUIS L. PERKEL, <i>Chairman</i> .....Jersey City
KENNETH BLANCHARD, <i>Secretary</i> .....East Orange	S. BERNARD KAPLAN, <i>Secretary</i> .....Newark

STANDING COMMITTEES

Scientific Work

LOUIS C. LANGE, *Chairman* (1937)Weehawken
ROBERT S. GAMON (1938)Camden
CLARENCE L. ANDREWS (1939)Atlantic City

Program and Arrangements

CHARLES B. KAIGHN, *Chairman* (1938)Atlantic City
D. WARD SCANLAN (1939)Atlantic City
JOHN W. GRAY (1937)Newark
SPENCER T. SNEDECOR, *Ex-Officio*Hackensack
J. BENNETT MORRISON, *Ex-Officio*Newark

Publication

HENRY C. BARKHORN, *Chairman* (1939)Newark
EDWARD J. ILL (1937)Newark
FRANK J. MCLOUGHLIN (1938)Jersey City
SPENCER T. SNEDECOR, *Ex-Officio*Hackensack
J. BENNETT MORRISON, *Ex-Officio*Newark

Finance and Budget

HARRY R. NORTH, *Chairman* (1939)Trenton
HERSCHEL PETTIT (1942)Ocean City
WELLS P. EAGLETON (1937)Newark
WILLIAM J. SWEENEY (1938)Weehawken
ALFRED STAHL (1940)Newark
ANDREW F. MCBRIDE (1941)Paterson
ELIAS J. MARSH, *Ex-Officio*Paterson

Honorary Membership

LANCELOT ELY, *Chairman* (1938)Somerville
FREDERIC J. QUIGLEY (1937)Union City
EPHRAIM R. MULFORD (1939)Burlington

Hospitals and Medical Education

HARRY H. SATCHWELL, *Chairman*Newark
STUART ZEH HAWKESNewark
ARCANGELO LIVAHackensack
DAN S. RENNERSkillman
DAVID F. BENTLEY, JR.Camden

Medical Defense

CHRISTOPHER C. BELING, *Chairman*Newark
EDGAR A. ILLNewark
CHARLES F. BAKERNewark
WILLIAM J. ARLITZHoboken
LEROY W. BLACKRutherford

Insurance

FRANK W. PINNEO, *Chairman*Newark
JOSEPH W. HURFFNewark
EDMUND N. HUFFEnglewood
THOMAS J. SUMMEYMoorestown
LAWRENCE H. BLOOMPhillipsburg
IRVING OKINPassaic
ALBERT J. WARDMorristown

WELFARE COMMITTEE

HILTON S. READ, *Chairman*, Atlantic City

SPENCER T. SNEDECOR, Ex-Officio	Hackensack	JULIUS LEVY	Newark
J. BENNETT MORRISON, Ex-Officio	Newark	WRIGHT MACMILLAN	Passaic
HUGO ALEXANDER	Hoboken	JACOB J. MANN	Perth Amboy
SAMUEL ALEXANDER	Park Ridge	CHARLES H. MITCHELL	Trenton
WILLIAM H. ARESON	Upper Montclair	STANLEY NICHOLS	Ashury Park
FRANK ASH	Paterson	HERSCHEL MURPHY	Roselle
ARTHUR W. BINGHAM	East Orange	HENRY B. ORTON	Newark
E. P. CARDWELL	Newark	JAMES S. PLANT	Newark
JOHN G. CLAYTON	Freehold	B. S. POLLAK	Jersey City
A. H. COLEMAN	Clinton	LOUIS A. PYLE	Jersey City
WILLIAM F. COSTELLO	Dover	D. WARD SCANLAN	Atlantic City
GEORGE F. DANDOIS	Wildwood	CHARLES H. SCHLICHTER	Elizabeth
S. B. ENGLISH	Glen Gardner	T. J. SCHUCK	Hoboken
FRANK L. FIELD	Far Hills	MILLARD F. SEWALL	Bridgeton
I. IRVING FORT	Newark	R. L. SHARP	Camden
DAVID W. GREEN	Salem	BYRON G. SHERMAN	Morristown
D. LEO HAGGERTY	Trenton	C. H. DET. SHIVERS	Atlantic City
HENRY HAYWOOD	New Brunswick	JAMES H. SPENCER	Franklin
EUGENE G. HERBENER	Lakewood	SAMUEL EMLIN STOKES	Moorestown
ERNEST G. HUMMEL	Camden	R. G. STONE	Trenton
A. G. IRELAND	Trenton	THEODORE TEIMER	Newark
J. H. IRWIN	Englewood	CHESTER I. ULMER	Gibbstown
J. H. KLER	New Brunswick	W. H. VARNEY	Washington
I. WARNER KNIGHT	Pitman	ELMER P. WEIGEL	Plainfield
THOMAS K. LEWIS	Camden	H. B. WILSON	Hackensack
		A. CHARLES ZEHNDER	Newark

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Health

STANLEY NICHOLS, <i>Chairman</i>	Ashury Park
THEODORE TEIMER	Newark
JULIUS LEVY	Newark
ALLEN G. IRELAND	Trenton
ERNEST G. HUMMEL	Camden
I. W. KNIGHT	Pitman
A. E. JAFFIN	Jersey City

Medical Practice

THOMAS K. LEWIS, <i>Chairman</i>	Camden
J. IRVING FORT	Newark
CHESTER I. ULMER	Gibbstown
D. LEO HAGGERTY	Trenton
LOUIS A. PYLE	Jersey City

Legislation

B. S. POLLAK, <i>Chairman</i>	Jersey City
SAMUEL ALEXANDER	Park Ridge
WILLIAM H. ARESON	Upper Montclair
WILLIAM COSTELLO	Dover
CHARLES H. MITCHELL	Trenton

Public Relations

J. H. KLER, <i>Chairman</i>	New Brunswick
HILTON S. READ	Atlantic City
S. EMLIN STOKES	Moorestown
E. P. CARDWELL	Newark
WRIGHT MACMILLAN	Passaic

ADVISORY COMMITTEES TO PUBLIC HEALTH SUB-COMMITTEE

Cancer Control

HENRY B. ORTON, <i>Chairman</i>	Newark
F. C. MCCORMACK	Englewood
JAMES H. ROSECRANS	Hoboken
JOHN F. CONDON	Newark
CARL MENGE	Toms River
J. H. KLER	New Brunswick
E. E. DOWNS	Woodbury

Maternal Welfare

ARTHUR W. BINGHAM, <i>Chairman</i>	East Orange
J. CARLISLE BROWN	Atlantic City
P. DUBOIS BUNTING	Elizabeth
SAMUEL A. COSGROVE	Jersey City
F. D. FAHRENBRUCH	Mount Holly
CARL H. ILL	Newark
R. A. MACKENZIE	Ashury Park
WALTER B. MOUNT	Montclair
THEODORE F. THOMPSON	Lakewood
H. B. WILSON	Hackensack

Venereal Disease Control

C. H. DET. SHIVERS, <i>Chairman</i>	Atlantic City
STANLEY R. WOODRUFF	Jersey City
CLARENCE O'CROWLEY	Newark
C. BYRON BLAISDELL	Long Branch
GEORGE N. J. SOMMER	Trenton
A. HAINES LIPPINCOTT	Camden

Mental Hygiene

JAMES S. PLANT, <i>Chairman</i>	Newark
DAN S. RENNER	Skilman
MARCUS A. CURRY	Greystone Park
J. B. GORDON	Marlboro
MATTHEW MOLITCH	Jamesburg
GEORGE S. STEVENSON	Red Bank

Tuberculosis

B. S. POLLAK, <i>Chairman</i>	Jersey City
SAMUEL B. ENGLISH	Glen Gardner
J. R. MORROW	Oradell
FREDERIC W. LATHROP	Plainfield
J. F. PESSER	Trenton
GEORGE M. LEVITAS	Westwood

Child Health

STANLEY NICHOLS, <i>Chairman</i>	Ashury Park
ERNEST G. HUMMEL	Camden
WALTER B. STEWART	Atlantic City
L. CHARLES ROSENBERG	Newark
VICTOR A. BLENKLE	Teaneck

Crippled Children

ELMER P. WEIGEL, <i>Chairman</i>	Plainfield
F. G. DILGER	Hackensack
DAVID B. ALLMAN	Atlantic City
THOMAS K. LEWIS	Camden
B. MOFFAT	Red Bank
F. H. PINCKNEY	Morristown

ADVISORY COMMITTEES TO MEDICAL PRACTICE SUB-COMMITTEE

Contract Practice

R. L. SHARP, <i>Chairman</i>	Camden
EDWARD F. KLEIN	Perth Amboy
L. SAMUEL SICA	Trenton
JOSEPH A. VISCONTI	Hoboken
L. A. MARKLEY	Teaneck
HARVEY T. HEROLD	Newark

Hospital Relationships

THOMAS K. LEWIS, <i>Chairman</i>	Camden
EDWARD W. SPRAGUE	Newark
RAYMOND J. MULLIN	Newark
RUSSELL K. TETHER	Closter
FLORENTINE HOFFMAN	New Brunswick
E. W. LANCE	Rahway
CHARLES B. KELLEY	Jersey City
HENRY B. DECKER	Camden

Medical Care of Indigent

CHARLES H. SCHLICHTER, <i>Chairman</i>	Elizabeth
GEORGE W. FITHIAN	Perth Amboy
A. HAINES LIPPINCOTT	Camden
J. HOWARD HORNBERGER	Roeboling
FRED VOSBURGH	Passaic

Nursing and Nursing Education

A. CHARLES ZEHNDER, <i>Chairman</i>	Newark
HARRY H. SATCHWELL	Irvington
GEORGE M. KNOWLES	Hackensack
THOMAS B. LEE	Camden
I. F. FROST	Morristown
DAVID B. ALLMAN	Atlantic City
H. WESLEY JACK	Camden

Pharmaceutical Problems

CHESTER I. ULMER, <i>Chairman</i>	Gibbstown
MERWIN L. HUMMEL	Merchantville
SAMUEL BARBASH	Atlantic City
ALVIN E. KUHLMANN	Union City
SIGURD W. JOHNSEN	Passaic

Workmen's Compensation

J. IRVING FORT, <i>Chairman</i>	Newark
DAVID A. KRAKER	Newark
GEORGE W. FINKE	Hackensack
V. EARL JOHNSON	Atlantic City
JOHN F. MCGOVERN	New Brunswick

SPECIAL COMMITTEES

Constitution and By-Laws

SAMUEL ALEXANDER, <i>Chairman</i>	Park Ridge
WAYNE W. HALL	Paterson
JOSEPH M. KUDER	Mount Holly
H. H. TYNDALL	Weehawken
CHARLES BAILEY	Lakewood

Woman's Auxiliary

H. ROY VAN NESS, <i>Chairman</i>	Newark
A. E. JAFFIN	Jersey City
LAWRENCE G. BEISLER	Hillside

Scientific Exhibits

ASHER YAGUDA, <i>Chairman</i>	Newark
ELWOOD E. DOWNS	Woodbury
JOHN W. GRAY	Newark
ROBERT A. KILDUFFE	Ventnor
WILLIAM J. MARQUIS	Newark
HARRISON S. MARTLAND	Newark
CARLOS A. PONS	Asbury Park
HARRY J. PERLBERG	Jersey City

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

JAMES J. MCGUIRE, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

WOMAN'S AUXILIARY

President, MRS. GEORGE A. ROGERS, 61 Glenwood Avenue, East Orange. Telephone ORange 5-1173

President-Elect, MRS. SAMUEL SALASINAtlantic City
First Vice-President, MRS. H. D. CORBUSIER.....Plainfield
Second Vice-President, MRS. G. E. McDONNELL....Mt. Holly

Third Vice-President, MRS. WILLIAM FREILE.....Jersey City
Recording Secretary, MRS. DAN S. RENNER.....Skillman
Treasurer, MRS. T. P. MCCONAGHYCamden

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	J. Carlisle Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	John H. Irwin, Englewood	George M. Knowles, Hackensack..	LeRoy W. Black, Rutherford
BURLINGTON..	E. Lester Small, Medford	E. Warren Rodman, Beverly....	Parry M. Scott, Beverly
CAMDEN	B. F. Buzby, Camden	R. S. Gamon, Camden	Harold D. Barnshaw, Camden
CAPE MAY	John B. Townsend, Ocean City...	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND ..	H. Burton Walker, Vineland	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	Edgar A. Ill, Newark	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER..	M. F. Lummis, Pitman	E. E. Downs, Woodbury	Henry B. Diverty, Woodbury
HUDSON	J. Lawrence Evans, Woodcliff....	Thos. McG. Brennock, Jersey City	John N. Connell, Jersey City
HUNTERDON ..	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner....	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX ..	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH ..	Walter A. Rullman, Red Bank...	Dan'l F. Featherston, Asbury Park	O. R. Holters, Asbury Park
MORRIS	Byron G. Sherman, Morristown...	George J. Young, Morristown....	Marcus A. Curry, Greystone P'k
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Norman M. Dingman, Paterson...	Wayne W. Hall, Paterson	Sigurd W. Johnsen, Passaic
SALEM	J. S. Dunn, Salem	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	W. B. Gray, North Plainfield....	L. C. Fritts, Somerville	A. W. Pigott, Skillman
SUSSEX	Warren Smith, Newton	Leo Drake, Franklin	G. H. Groeschel, Sussex
UNION	Elmer P. Weigel, Plainfield	Lorrimer B. Armstrong, Westfield.	Cedric C. Carpenter, Summit
WAREN	William Varney, Washington....	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.

Professional Protection

afforded members

of the

MEDICAL SOCIETY OF NEW JERSEY

since 1921

Broad Comprehensive Contract

Personal and Efficient Service

Reasonable Rates --- Absolute Security



Newark, N. J., Branch Office—SCHRYVER & GEYLER, Mgrs.

FAULHABER & HEARD, Inc., Agents

31 Clinton Street, Newark, N. J.

Phone: Mitchell 2-1294

KINDLY SEND
INFORMATION ON LIMITS
AND COSTS OF
SOCIETY PROFESSIONAL
POLICY

Name.....

Address.....

ALPHABETIC LIST OF ADVERTISERS

Abbotts Dairies, Inc.	XXIV
Amercian Can Company	IX
Anspach Bros.	XXII
Aurora Institute	XXV
Bancroft School, The	XXV
Baum Co., Inc., W. A.	XIX
Belle Mead Sanatorium and Farm	XXIV
Bethlehem Laboratories	XXI
Billhuber-Knoll Corp.	XII
Bright Side Sanitarium	XXIV
Camp Co., S. H.	XX
Carnrick Co., G. W.	XVII
Classified Advertisements	XXIII
Coca Cola	XII
Cook County Graduate School of Medicine	XIX
Corn Products Sales Company	XIII
Crowell, Stanley	XXII
Davis, R. B., Co.	VI
Deuchler, H. C.	XXII
Fairchild Bros. & Foster	XVII
Fair Oaks	XXV
Firemen's Pharmacy	XXIII
General Electric X-Ray Corp.	X
Hynson, Westcott & Dunning, Inc.	XXI
Interpines	XXV
Ivy Hall San.	XXIV
Kalak Water Co., Inc.	XXII
Kerner's Pharmacy	XXII
Lederle Laboratories, Inc.	XV
Lilly and Company, Eli	XVIII
Lincoln Hospital	XXIV
Maltbie Chemical Company, The	XXVIII
Marquier's Pharmacy	VI
Marshall, Ralph E.	XXII
Mead, Johnson & Company	II
Meayer & Lundquist, Inc.	XXVI
Mountain View Rest	XXVII
Murdoch, Inc., J. T.	XX
N. Y. Polyclinic Med. School & Hospital	XXVII
Parke, Davis & Company	XIV
Philip Morris & Co., Ltd.	XIX
Physicians' Casualty Association	XXIII
Pomeroy Company	XXI
Prescription Pharmacists	XXIII
Reiss, J. C.	XXVIII
Representative Funeral Directors	XXVI
Squibb, E. R.	XIII
Towns Hospital, Charles B.	XXVI
U. S. Fidelity and Guaranty Co.	VI
Walker-Gordon Laboratory Co.	XI
Way Agency	XVI
Wuensch, Robert H.	XX

MARQUIER'S PHARMACY

THE REXALL STORE

SANFORD and SO. ORANGE AVENUE

Newark, N. J.



Doctors find many uses for this delicious food-drink

THE use of Cocomalt by the medical profession continually increases. This delicious chocolate flavor food-drink has a rich content of Iron, Calcium, Phosphorus, Vitamin D. An ounce of Cocomalt (the amount used to make one glass) provides 5 milligrams of Iron in easily assimilated form. Three glasses provide 15 milligrams of available Iron, the amount recognized as the average daily nutritional requirement.

Each glass of Cocomalt in milk also provides .33 gram of Calcium, .26 gram of Phosphorus, 81 U.S.P. units of Vitamin D.

Helps bring sound sleep

Cocomalt is easily digested, quickly assimilated. It is delicious hot or cold, tempting to young and old alike. Taken hot before retiring, it helps induce sound, restful sleep.

Sold at grocery, drug and department stores in ½-lb. and 1-lb. air-tight cans. Also available in 5-lb. cans for professional use, at a special price.

FREE TO DOCTORS:

We will be glad to send a professional sample of Cocomalt to any doctor requesting it. Simply mail this coupon with your name and address.

R. B. Davis Co., Dept. 32-M Hoboken, N. J.

Please send me a trial-size can of Cocomalt without charge.

Dr. _____

Address _____

City _____ State _____

Cocomalt is the registered trade-mark of R. B. Davis Co., Hoboken, N. J.



Surgery and pregnancy

place added strain on the diabetic

RESORT to dietary measures alone is sufficient to keep many diabetic patients well-nourished, sugar-free and at work. When this is not practicable, or when infections, surgery, or pregnancy place added strain upon the patient, the use of Insulin is indicated. Furthermore, Insulin enables the patient to enjoy a wider variety of foods. This may aid in combating some of the complications.

Insulin Squibb is an aqueous solution of the active anti-diabetic principle obtained from pancreas. It is accurately assayed, uniformly potent, carefully purified, highly stable and remarkably free of pigmentary impurities and proteinous reaction-producing substances. Insulin Squibb of the usual strengths is supplied in 5-cc. and 10-cc. vials.

INSULIN SQUIBB

A SQUIBB GLANDULAR PRODUCT

VITAMIN UNITS AND STANDARDS

● The past five years have brought agreement between biochemists of the various nations as to suitable units and standards of reference for most of the vitamins essential to man. The practice of expressing the vitamin potencies of foods and other biological materials in terms of *International Units* is, therefore, fast becoming universal.

Believing that these units and the standards upon which they are based would be of interest to our readers, they have been tabulated and defined below (1):

Vitamin A

The reference standard is a solution of pure beta-carotene in an inert oil, of such concentration that one gram of solution contains 300 micrograms (0.300 mg.) of beta-carotene. The International Unit, or I.U., of vitamin A is the vitamin A activity of 2 mg. of this standard solution, or 0.6 micrograms of beta-carotene.

Vitamin B₁

The reference standard is the concentrate produced from rice polishings, by a specified adsorption method, in the Medical Laboratory of Batavia (Java). The International Unit for vitamin B₁ is the vitamin B₁ activity of 10 mg. of this standard adsorption product.

Vitamin C

The standard of reference for vitamin C is a specified sample of pure levo-cevitic acid (levo-ascorbic acid). The International Unit for vitamin C is the vitamin C activity of 0.05 mg. of this standard.

Vitamin D

The reference standard for vitamin D is a solution of irradiated ergosterol, prepared under specified conditions at the National Institute for Medical Research (London). The International Unit for vitamin D is the vitamin D activity of 1.0 mg. of this standard solution.

These International Units for expressing vitamin contents have been specified in the most recent Pharmacopoeia of the United States (2) as well as by the Council on Pharmacy and Chemistry (3) and the Council on Foods of the American Medical Association (3), and provision has been made for distribution of the standards in this country (4).

These units have been used to express vitamin potencies in recent studies on canned foods, the results of which further emphasize the fact that these foods rank among the most important sources of the vitamins essential in human nutrition (5), (6), (7).

AMERICAN CAN COMPANY

230 Park Avenue, New York City

(1) 1935. Nutrition Abstracts and Reviews 4, 709.
(2) The Pharmacopoeia of the United States of America, Eleventh Decennial Revision, p. 261.

(3) 1936. Report of the Council, J. Amer. Med. Assoc. 106, 1733.
(4) 1935. J. Assoc. Official Agr. Chem. 18, 610.

(5) 1935. J. Home Econ. 27, 658.
(6) 1936. Food Research 1, 223.
(7) 1935. J. Nutrition 9, 667.

This is the nineteenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.



**DON'T JUDGE THE
RANGE OF THIS
OFFICE-PORTABLE
X-RAY UNIT BY
ITS SIZE**

BECAUSE the G-E Model "F" Office-Portable X-Ray Unit seems to you so extremely small in size, and its low price places it easily within your means, don't make the mistake of overlooking its practical diagnostic range and ability to produce radiographs of fine quality.

The principle of *complete* oil-immersion of both the high-voltage transformer and the x-ray tube in a single, sealed container accounts for this unusual compactness and high efficiency. Moreover, it makes the outfit absolutely shock proof under all operating conditions.

If you have not yet taken the opportunity to see a practical working demonstration of the Model "F" in your own office, you cannot fully appreciate its possible advantages in your practice.

Fill out and mail this coupon requesting a demonstration. You need not feel obligated in so doing.

- ☐ Please arrange for an office demonstration of Model "F" Office-Portable X-Ray Unit.
- ☐ Send literature describing the Model "F" Unit. A 512

Dr.

Address.....

City..... State.....



In the office or in the patient's home, this unit is practical, convenient and efficient.



GENERAL ELECTRIC X-RAY CORPORATION

2012 JACKSON BOULEVARD

CHICAGO, ILLINOIS

Price, too, Yields to Science

•

Over the years, the value to the infant of Walker-Gordon Certified Milk has been continuously raised. The difference in price between Walker-Gordon and milk in general has, at the same time, been lowered. Today this difference is so slight that few mothers need give it a second thought. The raising of quality and the lowering of price are both achievements of science.

•

Walker-Gordon Laboratory Company
Plainsboro, New Jersey

Dilaudid hydrochloride

**BILHUBER-
KNOLL CORP.**

Dilaudid hydrochloride is a quickly acting and effective cough sedative. For the average prescription add 1/2 gr. Dilaudid hydrochloride to 4 ounces of suitable vehicle and give in 1/2 to 1 teaspoonful doses. The dose may be increased or decreased according to the severity of the cough and age of the patient.

DILAUDID hydrochloride (dihydromorphinone hydrochloride) *Council Accepted*

Hypodermic and oral tablets, rectal suppositories, and as a soluble powder

- Dilaudid hydrochloride comes within the scope of the Federal narcotic regulations.
Dilaudid, Trade Mark reg. U. S. Pat. Off.



BILHUBER-KNOLL CORP. 154 OGDEN AVE., JERSEY CITY, N.J.

Pure..Wholesome..Refreshing



Convalescents Require the High-Caloric Diet

COMMUNICABLE DISEASES		
Disease	Incubation Period (average)	Isolation Period (average)
Chicken Pox	12-16 Days	3-14 Days
Diphtheria	2-4 Days	After 12th Day— until cultures negative
Epidemic Meningitis	1st Week	Until cultures negative
Measles	2nd Week	Until 5 days from onset rash
Mumps	3rd Week	Duration of Swelling
Poliomyelitis	3-10 Days	21 Days
Rubella	3rd Week	Duration of catarrh and rash
Scarlet Fever	1st Week	After 21st Day— until cultures negative
Whooping Cough	2nd Week	Until 4 weeks from onset whoop

From
*American Journal
of Public Health—
March, 1927*

INFECTIONOUS FEVERS deplete the child's vitality. It is an exhaustion comparable to fasting. Convalescent children show a low metabolism for several weeks following the disappearance of the fever. The low metabolism is the consequence of generalized cellular damages.

When the infection clears, activity is curbed and rest periods instituted. The child is ready to gain. The problem is to bring about sufficient intake of food. The initial diet consists of small portions of each food prescribed and the amounts are gradually increased.

The high caloric diet is indispensable. It is made possible by reinforcing foods and fluids with Karo. Every article of the diet can be enriched with calories. A tablespoon of Karo provides 60 calories. Karo is relished added to milk, fruit and fruit juices, vegetables and vegetable waters, cereals, breads and desserts. Karo consists of dextrins, maltose and dextrose (with a small percentage of sucrose added for flavor), not readily fermentable, rapidly absorbed and effectively utilized.



Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. SJ-12, 17 Battery Place, New York City.

One of a series of advertisements prepared and published by PARKE, DAVIS & CO. in behalf of the medical profession. This "See Your Doctor" campaign is running in a number of leading magazines.



The doctor looks at Santa Claus

WHAT'S THIS? Our old friend Santa in trouble?

Not exactly. He's just as bouncy and jolly as ever. His smile would light up a coal mine. But he is getting just a wee bit worried about his waist-line. And well he might.

For obesity is dangerous. Superfluous weight makes every movement a greater tax on strength than that movement would be if weight were normal. It places an added burden on the fat person, a burden he carries wherever he goes, whenever he moves. And most of all, it places a serious and unfair strain on the heart by making it do extra work. *It has been estimated that putting on twenty pounds of fat adds about twelve miles of blood vessels and capillaries through which blood must be pumped.* And the heart,

of course, must do the pumping.

You've often heard people say, "I must go on a diet" . . . or . . . "I must go in for some strenuous exercise and work this fat off." But either course may be dangerous. Unwise dieting frequently substitutes, for the evil of obesity, the evil of undernourishment. Strenuous exercise obviously adds to the burden on an already overburdened heart.

There is only one sane thing for any overweight person to do. That is to see his doctor. Your doctor can determine whether obesity is caused by some fundamental physical disorder—such as glandular derangements—or whether it is the result of unwise eating combined with insufficient exercise.

Diet is a form of treatment; and it

should *never* be prescribed by anyone but a physician. The doctor's knowledge is necessary in determining what foods, and how much, may be eaten—what diet will be safe and pleasant, yet effective, in removing unneeded, unsightly fat.

If you are overweight, or in doubt about what weight you should maintain, do something about it. But don't let well-meaning friends, or the fellow you met while on vacation, prescribe for you. See your doctor.

Copyright 1936—Parke, Davis & Co.

*Parke, Davis
& Company*

DETROIT, MICHIGAN

*The World's Largest Makers of
Pharmaceutical and Biological Products*

for pernicious anemia . . .

1 cc. CONCENTRATED SOLUTION LIVER EXTRACT

Lederle

THE EXTENSIVE CLINICAL USE of this product during the past 18 months has demonstrated that pernicious anemia may be adequately treated by the use of this refined extract.

According to our interpretation, adequate treatment implies the treatment of other disease symptoms aside from those referable to the blood (number of red cells, hemoglobin, cell volume): the gastro-intestinal tract (glossitis, diarrhea, loss of appetite) and the nervous system (peripheral and central).

Extensive neurologic involvement frequently requires intensive therapy over a long period of time to bring about improvement. In the presence of marked nervous system changes a large amount of active substance is indicated, far in excess of that required to bring about a complete blood remission. Infection and advanced age usually add to the requirements for active material.

Clinical experience of the last four years has definitely shown that parenteral liver therapy is the most effective and most economical method of treating pernicious anemia.

1 CC. CONCENTRATED SOLUTION LIVER EXTRACT *Lederle* offers many advantages to the physician and the patient:

- Rapid improvement during relapse
- Maintenance with a relatively small number of injections per month
- A minimum of inconvenience to the patient with each injection
- Provides intensive therapy, still with little inconvenience, for those patients with extensive neurologic involvement

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.



AUTOMOBILE PROTECTION

With your car insured under the State Medical Society's
endorsed policy you receive

*Unquestioned Company
Financial Strength*

Sound Future Protection

*Unequalled Service and
Prompt Loss Settlement*

in addition to our service on accidents where you are
not at fault

AT REASONABLE RATES OF PREMIUM

A card, letter or telephone call to the only authorized
agent on automobile insurance for the State Medical So-
ciety will furnish you with full details.

Way Underwriting Agency

INCORPORATED

**605 BROAD STREET
NEWARK, NEW JERSEY**

Telephone Mitchell 2-0613

BILE SALTS, Fairchild

Sodium Glycocholate and Taurocholate

In native association as separated from fresh ox-gall.

"Owing to the fact of their ready secretion by the liver cells bile salts are the most reliable chologogues with which we are acquainted." Starling.

Powder, in $\frac{1}{4}$ oz. and 1 oz. vials.

Literature on Bile Salts, Fairchild, sent upon request.

FAIRCHILD BROS. & FOSTER
NEW YORK

ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Solution of Pituitary, U. S. P.

Pancreatin, U. S. P.

G. W. CARNRICK CO.

Dependable Gland Products

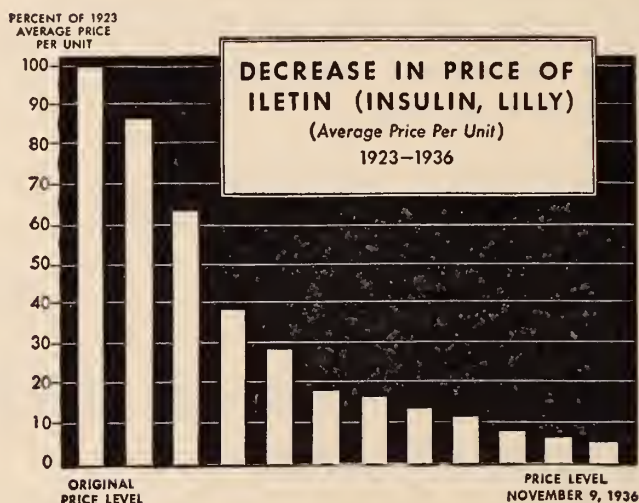
2-24 Mt. Pleasant Ave.

Newark, New Jersey

ELI LILLY AND COMPANY

FOUNDED 1876

Makers of Medicinal Products



A Further Reduction

Effective November Ninth in Price
of

ILETIN (INSULIN, LILLY)

Made Possible by Research and Large-Scale Production

There have been eleven reductions in the price of Iletin (Insulin, Lilly) since its introduction. The eleventh reduction became effective November 9, 1936.

It has been the Lilly Policy to share with patrons the economies and savings in manufacturing resulting from research and large-scale production. As a result of this policy Iletin (Insulin, Lilly) is now available at less than 6 per cent of its introductory price.

ILETIN (INSULIN, LILLY)

The First Insulin Commercially Available in the United States

Time-Tried • Pure • Stable • Uniform

Prompt Attention Given to Professional Inquiries

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



EDITOR OF
THE JOURNAL
FRANK OVERTON, M.D., Dr. P.H.

Editorial and Executive Offices of the Society
137 EAST STATE STREET, TRENTON, N. J., TEL. 9330
EXECUTIVE OFFICER—LEROY A. WILKES, M.D.

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. XXXIII, No. 12

DECEMBER, 1936

Subscription, \$3.00 per Year
Single Copies, 30 Cents

EDITORIALS

The Public Relations Committee---A Communication to the County Societies

The Public Relations Committee of The Medical Society of New Jersey

CALLS YOUR ATTENTION TO—

1. The urgent need to present to lay organizations the unselfish philosophy which underlies the present accepted form of medical practice.
2. The importance of securing accurate information regarding the aims and activities of other community agencies related directly or indirectly to health.

REPORTS—

1. The establishment of a Speakers' Bureau, with names of speakers available and their selected topics.
2. The availability of a package library service on selected subjects providing information to be used in the preparation of papers on *medical economics*, and in organized efforts of medical societies.

SUGGESTS—

1. The preparation of a list of members of your Society, and their topics available, for the Speakers' Bureau.
2. The donation of reprints, magazine articles, etc., for the package library and the use of the service by the members.
3. The enlistment of the Woman's Auxil-

iary in an effort to contact all lay organizations in the State so as to provide opportunity for our members to present the medical viewpoint on health subjects and activities.

4. The appointment of an active Public Relations Committee in your County Society, and a report to be made to the Society at each meeting, and a copy sent to the Executive Officers of the State Society.

URGES—

1. Making and maintaining contacts with various organizations, such as labor, manufacturers and welfare groups, to:

- a. Analyze their aims and activities.
- b. Secure an opportunity for an informed, able representative to present the philosophy of organized medicine, with particular reference to the distribution of medical services and the cost thereof.

2. The periodic release to newspapers of articles endorsed by organized medicine.

3. The County Societies to make themselves dynamic forces in community life by aiding or initiating Health Days or Health Weeks, or through any other dignified means, in order to show the strength of medical organization and organized effort.

HILTON S. READ, *Chairman.*

Popular Medical Education

It is surprising how little the average well-read person knows about the medical society of his own county, and its essential place in the practice of medicine. The service given by the county medical society is absolutely essential to the health of every community. It is both a school of instruction to the people, and the undenominational church which inspires the people to action in health matters. Yet medical teachers and preachers are known by their own personalities rather than as representatives of the great body of their silent colleagues.

The people are deluged with health addresses by laymen who profess to advise the people about medical and health methods of which they themselves know little. Every lay speaker advises the people to "consult their family doctor", and yet the medical society itself is much too silent regarding the great health problems which the community must solve.

A county medical society must act by means of its appointed representatives. The objective of the *Sub-Committee on Public Relations* is to provide medical speakers who are willing and prepared to give medical and health advice to the people of the State. Opportunities for giving this instruction are numberless, for

every lay organization,—civic and social,—welcomes a speaker on a medical or health subject.

The immediate objective of the Public Relations Committee is to impress the people with the realization that the county medical society is their medical adviser in every community project having a health implication.

If a parent-teacher association starts a campaign for testing school children for latent tuberculosis, or visiting nurses plan a movement for the benefit of crippled children, or a Rotary Club promotes a sewer system for a village, the first source of its knowledge and inspiration would naturally be the *medical organization* of the community, and not merely some individual doctor who happens to be known to a few leaders.

During the six months of its activity, the Public Relations Committee of The Medical Society of New Jersey has made a most excellent start in developing a *Speakers' Bureau*, and already has enrolled over fifty members who are ready to address lay groups on local health topics.

Let the good work go on until every county society has an active Speakers' Bureau.

The 1936 Index

The wealth of material in *The Journal of The Medical Society of New Jersey* for 1936 will be made available through the index of the year's volume, which is printed on page 749 of this issue. This index will follow the plan of that of the two previous years, in which the index was made up by departments, thereby indicating the relative value of the references. That of the reports of county societies, for example, will indicate the responses of the members to the plans of officers and committees of the State Society; but these references will also disclose excellent projects originating in the county societies themselves.

The value of the annual index is demonstrated by the use to which it is put in the Executive Offices daily in answering inquiries regarding standards and methods of carrying on medical society activities. It is a fact that practically every inquiry is found to be answered somewhere in *The Journal*.

Following the plan adopted last year, reprints of the index will be made in pamphlet form, and will be available through the Executive Offices. Every committee chairman should have a copy of the reprint in order that he may quickly refer to information regarding the activities of the State Society and every county society.

The Post-Graduate Education Plan

The Committee on Hospitals and Medical Education of The Medical Society of New Jersey has outlined its proposed program on page 722 of this Journal. Its plan is in two principal parts:

1. It continues the plan of coöperation of Rutgers University with those county societies which desire a course of instruction in some branch of the practice of scientific medicine. The courses will be arranged by Professor Light, who will make the arrangements with the post-graduate committee of those county societies who desire the instruction.

Rutgers University makes a charge of \$250 for a course of six lectures. The county society may pay the cost out of its own funds; or it may charge each enrolled doctor a sum sufficient to raise its quota. The quality of the

instruction will be equal to that given in the best post-graduate schools. Previous experience has demonstrated the practical and popular value of the courses that have been given.

2. Courses are offered in branches for which funds are supplied under the Federal Security Act. The courses are to be on subjects chosen by county medical societies, which may choose lecturers on the same basis as those assigned under Rutgers post-graduate courses.

All inquiries regarding these Public Health courses will be received and arrangements made by the Committee on Post-Graduate Education, of which Dr. Harry H. Satchwell, of Newark, is chairman. Please direct all correspondence regarding these courses to the Committee on Post-Graduate Education, Executive Offices, 137 East State Street, Trenton, N. J.

Subjects For Health Talks

Popular medical education is conducted along two lines:

First, it is designed to inform the people of strictly medical topics, such as the nature of a specified disease and the proper methods of its treatment. This is the method of the health column in the newspaper, and of the average "health talk". It tends to impress the people with an undue confidence in the newer methods of treatment which can be applied only by a few experts and by them in only a small proportion of cases.

Second is the far more practical and important method of informing people of the facilities which the medical profession of a community is ready to apply in preventing disabling conditions in their incipency.

Take for example the subject of cancer. The older way of lecturing was to describe the early signs of cancer, and the methods of treating the conditions. This form of lecture prevents the attendance of many persons who already have some signs which they fear will be pro-

nounced cancer. As a matter of fact, most of their conditions are not cancer at all.

The newer method is to proclaim the hopefulness of curing those conditions before they develop into real cancer.

The campaign against cancer is now in the same stage as that against tuberculosis two decades ago, when it was considered a hopeless condition. People now have an attitude of coöperation in regard to tuberculosis; and a tuberculosis sanatorium is no longer considered a dismal place of doom but an institution full of hopefulness from which the great majority of inmates go forth with strength to live normal lives. This will be the popular attitude toward cancer when the plans of The Medical Society of New Jersey are in full operation.

A Sultan of Turkey called a soothsayer, who said, "All your friends will die before you." He thereupon called another soothsayer, who said, "You will outlive all your friends." The Sultan was pleased with the emphasis on *life* rather than *death*, and made the comment, "It makes a lot of difference how a thing is said."

The A. M. A. Conference of Secretaries and Editors

The description of the Annual Conference of State Secretaries and Editors is designed as an editorial comment as well as a narrative of events. (See page 726.) The conferences have passed beyond the stage of pronouncements emanating from a central authority, and the programs now consist principally of an exchange of field experiences. The addresses are no longer text-book expositions of the philosophy of medical organizations, but are clinical demonstrations of actual projects that have been developed in the several States.

All the participants in this year's conference started on the common ground of the dominance of the family doctor in every field of medical practice, but the methods of attaining the objective were as varied as the projects themselves. In California, for example, the great factor in medical legislation is the *Public Health League*, composed of dentists and nurses, as well as physicians. New Jersey secures the coöperation of the other professional groups through its "Conference of Allied Medical Professions", which consists of physicians,

dentists, nurses, and pharmacists, each acting through its own organization, but all coöperating as situations develop.

The California League enters the political arena before elections and supports or opposes candidates according to their expressed views on medical and health subjects, many of which they had never before considered. On the other hand, New Jersey cultivates the support of all candidates with the expectation that whoever is elected will approach medical legislation with an open mind.

The California League does its most effective work through a system of "Key Men" similar to that in New Jersey. California and New Jersey approach their objectives by different routes and conveyances, but both reach the same destination at about the same time and with the same degree of satisfaction.

The fifteen hours which the delegates actually spent in close association together afforded abundant opportunity for personal contacts and the exchange of ideas,—features which were quite as important and valuable as the formal papers.

State Society Projects

It is sometimes difficult for members of county societies to realize what is the purpose of the plans of the Welfare Committee and its score of sub-committees. A consideration of the personnel of the members of the Welfare Committee and its subordinate groups will help to clarify the misconception.

This fact is to be remembered. Every member of the State committees has been chosen because he has demonstrated his familiarity with the local problems in his own local community, and is ready to give others the benefit of his knowledge and experience. He is known to be a reliable leader who is respected and

honored by his immediate colleagues and who has their interests always in mind. The agreement of the fifty or more members of the Welfare Committee on a course of action is direct evidence that every plan and project has been tested and found workable in some local community.

The addresses of the members of the President's Cabinet to the county societies, and their explanation of the State Society projects have always enlightened and inspired the members as they have realized that the State officers have reached their conclusions by actual experience in their home counties and in their private practices.

Physician, Heal Thyself!

Galen railed against the misdeeds and the corrupt practices of his own colleagues. He said that the only difference between the robbers and some of the physicians of his time was that the robbers committed their misdeeds in the mountains, while the physicians committed theirs in the Capital.

There is nothing radically wrong with the *plan* of medical practice as it now stands, or it would never have existed through all these centuries. History repeats itself; and even now whatever discredit is attached to the prac-

tice of medicine is the result of the attitude of an unrepresentative minority in the profession who seem to have forgotten the principles contained in the Hippocratic oath.

If these unworthy members of the Medical Profession are brought to discipline in New Jersey by their organized brethren, they will reform or flee from New Jersey. The lay "reformers" will then have lost their ammunition and alienated their followers!

"There is no defense so effective as a good offense."

L. A. WILKES.

Specialists in Medical Administration

This is an age of medical specialists, especially in the field of so-called "Medical Economics", which includes all those fields in which non-medical persons must coöperate in the care of patients. It is a well recognized fact that the physicians of a community are well qualified and willing to deliver efficient medical services, if only the means for making the delivery are provided. This involves the establishment of hospitals; the formation of an efficient nursing service; the participation of government officials in providing the financial means for securing supplies and relief; and the coöperation of voluntary health agencies to educate the people in methods of administering measures for health and relief.

Medical service is intimately connected with the business and social aspects of sickness and ill health. These implications are so far-reaching and complex that few general practitioners of medicine are able to be specialists in all their branches. But in every community there is a physician who understands hospital management better than his fellows; another is a recognized specialist in relief; another is familiar with the relations of doctors to voluntary agencies. These physicians are, in truth, specialists in some line of medical economics.

The far-seeing leaders of The Medical Society of New Jersey are recognizing *specialists in medical administration* in establishing its system of committees. When a new situation has arisen, the State Society has established a new

committee of specialists to deal with it, until now its system of committees is unified and coördinated under a central Welfare Committee in which every County Medical Society is represented. Each form of economic service is in the hands of a committee of specialists who have proven themselves such in their own home towns, even while they have been busily engaged in the practice of scientific medicine among the sick.

The essential feature of the system of committees is that no committee is over-burdened with a multitude of duties; but each one has a field of service which is clearly defined. There are a score of active committees, with a total of 150 members,—more than in any other State Society,—and each committeeman is a specialist in the public relations of his particular field.

Conflicts of over-lapping fields of duties are prevented by the provision that the chairman of each committee is a member of the central Welfare Committee, to which he looks for advice whenever a conflict of fields is threatened. By this system, coördination of the work and harmony in its execution are ensured.

Perfecting the system involves the duplication of its plan of committees by every county society, as Somerset County has done. (Jour., Nov., p. 673.) That this is possible is proved by the action of all the county societies in regard to the Emergency Relief Administration. Its extension into all branches of medical practice will make the system well-nigh perfect.

Medical Contacts with Other Health Agencies

It is a recognized duty of the medical profession to establish friendly contacts with all other voluntary health agencies. Sixty such agencies in New Jersey are listed in *The Journal* of May, 1936, page 256, in the annual report of the Executive Officer. To carry out this plan of contacts to its full extent would require the attendance of representatives of The Medical Society at more than one meeting each week. A major activity carried on in the Executive Offices is that of arranging these visits. That these contacts are deeply appreciated is amply demonstrated by the welcome accorded to the medical visitors, and the expressions of gratification which pour into the Executive Offices by letter, by telephone, and by visits of the leaders of the lay health organizations.

Still more convincing evidence of the appreciation of the participation of physicians in the

meetings of the voluntary health organizations is the increasing number of requests which come to the Executive Offices for advice in arranging programs of the meetings of the voluntary organizations.

The voluntary health agencies are no longer rivals of the medical societies, but they are rapidly becoming partners with the medical profession.

It is the policy of the Publication Committee that reports of meetings of voluntary health organizations shall appear in *The Journal*, especially those in which representatives of The Medical Society participate. It is not necessary that the medical representative shall actually have a place on the program. His presence is accepted as a sign that the Medical Society will be ready to offer essential advice in the management of the meeting of voluntary organization.

Personals in The Journal

What do doctors talk about when they gather in the rathskeller after a medical society meeting? Their favorite subjects are personal items regarding their fellow members,—the peculiar twist of reasoning of a speaker, the advanced plans of a leader, and the dinner in honor of a faithful worker.

History is mostly biography, whether it be of a nation, or a committee of a county medical society. Read the proceedings of the The Medical Society of 1836. One wishes to know about a speaker whose very identity has been forgotten. Dr. Stephen Wickes was the biographer of *The Medical Society of New Jersey* for half a century, not only because of his deeds, but because of this personality, and his ability to enshrine the personalities of the members as well as their words and deeds.

Memories are short, and crowd out one another in the rapid evolution of events. It is exasperating to read the address of a speaker who in his time was too well known to require

identification, and yet is forgotten in two decades.

It is the editorial policy of *The Journal* of The Medical Society of New Jersey to identify a speaker not only by his last name, but also by his given name and his home address.

An editorial policy in the making is also to print photographs of prominent members, such as the group picture of the Past Presidents who received golden keys of office at the last annual meeting. A missed opportunity was that of taking a group picture of the Past Presidents of the Bergen County Medical Society who were honored with a memento of office at the annual dinner of the society on November 19. Equally worthy of preservation were the brief recitals of the work of each Past President as the presiding officer gave him his token.

No one is so modest but that he cherishes a remembrance by his colleagues as it is recorded in *The Journal*.

ORIGINAL ARTICLES

SYMPOSIUM ON

Tumors of the Reticulo-Endothelial System

Conducted by the Section on Radiology of The Medical Society of New Jersey at its 170th Annual Meeting, in Atlantic City on June 4, 1936

TUMORS OF THE RETICULO-ENDOTHELIAL SYSTEM

MEDICAL ASPECT

By RAYMOND J. MULLIN, M.D., Newark, N. J.

A part of a symposium presented on June 4, 1936, before the Radiological Section of The Medical Society of New Jersey, at its 170th Annual Meeting, in Atlantic City.

It would be sheer presumption on my part were I to speak on the medical aspect of tumors of the reticulo endothelial system without first stating that my personal experience with such tumor cases has been relatively limited. However, the importance of the subject, with its untold and unlimited ramifications, has always interested me, and I have attempted in a small way, by a careful perusal of a great deal of the pertinent literature on the subject, to make up for my lack of personal experience.

The medical aspect on tumors of the reticulo endothelial system must of necessity be one of confusion. Beginning with Aschoff's doubt as to the adequacy and accuracy of his all-inclusive term, through the stereotyped textbook descriptions, and down to the present time, with an ever increasing number of articles being written on the subject at hand, as well as on the numerous interrelated functions of the reticulo-endothelial system, there is a complete absence of agreement or any semblance of unanimity of opinion regarding the histology, physiology, chemical pathology, hematology, pathology, and neoplastic nature of growths of this system.

The constant discussion as to whether some of the conditions which are mentioned in the title of this symposium are inflammatory or true neoplastic processes, still goes on; and the terminology as used by the experimental pathologist and hematologist is as varied as the functions of the system is concerned. Baldridge and Awe¹ state the situation clearly when they say:

"No generally accepted terminology for the conditions under consideration exists. One finds clinical classifications and classifications based on pathologic histology, as well as attempt to combine the two. Etiology remains a matter of opinion, and pathologic concepts are often almost lost in a maze of names. We have heard the term malignant lymphoma given two different meanings by members of the same hospital staff. Because of the existing confusion, every one discussing the subject must either explain his terminology at length, or accept the risk of being misunderstood."

Craver,² in an article in the *Laryngoscope*, further emphasizes this confusion when he states:

"So, for example, we have typical Hodgkin's disease, and at one end of the scale, atypical Hodgkin's disease and atypical tuberculosis, while towards the neoplastic end of the scale there is Hodgkin's sarcoma, with apparently true metastasis to the bones, lungs and other organs. We have typical leukemia, and towards one end of the scale all gradations to various processes, such as those which may represent atypical responses to infection—infectious mononucleosis, agranulocytic angina—while at the other end of the scale there are leukemias which behave like malignant tumor processes—leukosarcoma and chloroma. Moreover, we see transitions between various members of the lymphoblastoma group. Thus, for example, a case of apparently typical lymphosarcoma watched for seven years terminated with typical features of lymphatic leukemia. We frequently see instances of Hodgkin's disease, lymphosarcoma, and leukemia in which there is a history of long existing tuberculosis. We see instances in which nodes from the same patient may in part show the structure of Hodgkin's disease and in part the structure of lymphosarcoma. It may be of interest to present a list of various conditions that are included in or border upon or have to be considered in connection with the lymphoblastomas. Beginning at the inflam-

matory end of the scale we have chronic lymphadenitis, atypical tuberculosis, atypical Hodgkin's disease; then we pass to typical Hodgkin's disease (in Europe lymphogranulomatosis), Hodgkin's sarcoma, mycosis fungoides; the two types of lymphosarcoma—reticulum cell lymphosarcoma and malignant lymphocytoma. Then the group of comparatively benign localized or generalized so-called lymphomas or lymphadenomas. Next is lymphatic pseudoleukemia, by which is meant cases presenting the clinical features of chronic lymphatic leukemia but lacking at all times during their course any trace of a leukemic blood count. Then the aleukemic stage of lymphatic leukemia, typical lymphatic leukemia, the lymphatic type of leukosarcoma and chloroma, occasional cases of mixed myelogenous leukemia, typical myelogenous leukemia. We have also to consider the recently discussed monocytic leukemia; next, infectious mononucleosis or glandular fever, which in many instances can be distinguished from lymphatic leukemia only by observation of the course of the disease. Agranulocytosis must also be included, since various transitions have been observed between agranulocytosis and myelogenous leukemia. Then we have the cases of combined erythremia and leukemia, true erythremia or polycythemia vera, and some would feel that even pernicious anemia because of certain of its features should be included. Some features of multiple myeloma suggests that it may have some relation to this group. Mickulicz's diseases, the peculiar chronic granuloma of the salivary and paratoid glands, in some cases seems to bear relationship to lymphoblastoma. In children we have persistent enlargement of the thymus with transitional forms to true thymoma; i.e., resembling microscopically lymphosarcoma. There is also a type of thymic Hodgkin's disease. The leukemic thymoma, a huge tumor of the thymus complicating mainly lymphatic leukemia, particularly in younger people, may be classed with leukosarcoma. Finally thymic carcinoma and lymphoepithelioma must be included in this connection. So that you see, we have a list of thirty-one conditions included in or bordering on the lymphoblastomatous groups of diseases."

Then we have the storage disturbances—the systematized lipid histiocytoses (Gaucher's, Niemann-Pick)—with the striking associated splenomegalies. These are entities for the time being, with proper names to designate them, but only awaiting final classification when the chemistry of metabolism and the chemical pathology of the R. E. cells is fully understood.

And so it goes throughout the R. E. system, so that I am certain that in this instance more than ever before the clinician is of necessity dependent upon, if not entirely at the mercy of, the pathologist and the hematologist.

Notwithstanding all this difference of opin-

ion regarding etiology, classification, and terminology, we have as medical men, whether general practitioners or expert diagnosticians, a definite duty to take a prominent or at least an important part in the intensive investigations that are now going on in the problem of tumors of the reticulo-endothelial system; and by careful clinical observation and accurate case records to help place this subject on a firm medical foundation.

Since the symptomatology, clinical course, pathology, hematology, chemistry, and terminology of tumors of the R. E. system is as varied as the histology and anatomical distribution of the system is varied and widespread, it would be futile if not impossible for me to attempt even a superficial recitation of them.

It is, however, fitting to call attention to a few fundamentals that are important:

1. Adenopathy.—Splenomegaly and anemia are characteristic landmarks. Fever, vague abdominal symptoms, and ulcerative oral lesions are often the first symptoms noted.
2. The necessity of early and repeated blood examinations by a trained hematologist, prepared to do supra vital staining.
3. The value of biopsy, splenic puncture, and the Damashek bone marrow trephine when indicated, with a full appreciation of their attendant dangers.
4. The sensitiveness of most R. E. tumors to radiation therapy.
5. The poor prognosis.
6. The great need of securing autopsies on these cases.

In conclusion, may I express the hope that in the very near future steps will be taken to standardize the nomenclature pertaining to the R. E. system, its diseases, disorders, and tumors; and that a not too cumbersome fundamental pathological classification may be soon agreed upon to the end that we may better understand, more readily recognize, and successfully treat these conditions.

REFERENCES

1. Baldridge and Awe: Lymphoma. Arch. Int. Med., Feb. 1930.
2. Craver, L. F.: Hodgkin's, Leukemia. The Laryngoscope, July 1930.

857 South Eleventh Street

INFECTIONS AND TUMORS OF THE RETICULO-ENDOTHELIAL SYSTEM

By HENRY C. BARKHORN, M.D., Newark, N. J.

A part of a symposium presented on June 4, 1936, before the Radiological Section of The Medical Society of New Jersey, at its 170th Annual Meeting, in Atlantic City.

Trying to coördinate my knowledge for this short talk has been most illuminating. I am frankly a clinician and technician. I thought my own ideas most disorderly, but soon found everyone else, whether scientist, pathologist, roentgenologist, or radiotherapist, in much the same state.

Personally, I am often unable to differentiate these entities. It seems to me all the reports of the pathologist and roentgenologist should conclude:

"This is a lesion of the reticulo-endothelial system; it is potentially lethal. The lesion will either respond to radiation, which is a therapeutic test, or it will progress in spite of everything you do. Treat it as you would a malignancy."

If this policy were consistently followed, it would be of great psychological and educational value.

In our own specialty of the ear, nose, and throat we see these cases relatively early because of the glandular manifestations, and the pain in or about the ears, or because of the bleeding. I have so often followed the diagnostic maze from chronic lymphadenitis to the perfected diagnosis that I am sure the classifications in the paper by Dr. Mullin with a few additions and corrections will be helpful.

CONDITIONS WITHOUT TUMORS

Starting with the leukemic states, we realize that when the tumor-like character of the leukemic cells is considered, the most varied clinical manifestations are possible. Embolic and thrombotic infiltrations are early evidences of these diseases. Agglutination of the leucocytes in the smallest vessels does occur. If this clumping gets large enough, we can visualize all the early symptoms which should give us our clue. These often are:

1. Flame-shaped, gangrenous ulcerations of the mucous membrane of the cheeks, tonsils, or gums, which are often mistaken for Vin-

cent's angina because these organisms are constant saprophites within the mouth.

2. Severe bleeding from the nose, throat, and gums, such as prolonged bleeding after the extraction of a tooth.

3. Swelling and infiltration of Waldeyer's ring, and the subglottic lymphoid ring, at times requiring early tracheotomy.

4. Diffuse enlargement of the cervical glands.

5. Sudden unexplained deafness or vertigo.

6. Skin infiltrations of the nose and over the superior maxilla.

In the nose and throat the most important differential is to exclude Vincent's angina, and peritonsillar abscess. The time element alone often eliminates these. Bloodgood's dictum, "If Vincent's is not markedly better under perborate in four days, there is some other etiology", is important as a diagnostic jolt if for no other reason. Over and over again it is necessary to say, "Whatever it is, it is not Vincent's or quinsy".

In the ear we may have non-diagnostic small hemorrhages in the skin of the external canal or of the drum membrane, and spontaneous hemorrhages and infiltrations of the middle ear showing characteristic responses to tests for conductive deafness. It is, however, spontaneous hemorrhage or exudate into the labyrinth causing Meniere's syndrome—sudden dizziness, head noises, and deafness,—which should put us on our guard and lead to thorough investigation of the problem. Hearing disturbances occur in at least 10 per cent of the leukemic states. The deafness may be sudden and total; or it may be moderate at the onset, getting rapidly worse and becoming total within a few months.

In the fulminating leukemic state the ear changes appear early, but in the chronic cases late; and of course, the prognosis is bad. The differential diagnosis is from:

1. Syphilis.
2. Hypertension.
3. Cochlear aneurysm.
4. Cerebello-pontile angle tumor.
5. Toxic neuritis of the eighth nerve.
6. Herpes zoster oticus.

CONDITIONS WITH TUMORS

The second phase of our problem arises when we consider those conditions which are clinically tumors. They may become manifest either as mechanical masses which cause symptoms by the bulk of the growths, or as diffuse, infiltrating growths. Typical symptoms caused by the size of the tumor mass are:

1. Nasal obstruction.
2. Nasal speech.
3. Impaired mobility of the soft palate.
4. Difficulty in mouth breathing and swallowing.
5. Swelling and polypoid granulation masses in and about the ear and mastoid.

Typical effects of infiltrating growths are:

1. Unilateral cervical adenopathy, not forgetting the submaxillary and sublingual chains.
2. Pain in the ear, deafness, and tinnitus.
3. Pain due to pressure on, or involvement of, branches of the fifth cranial nerve.
4. Infiltration of the orbital fissures, or basal foramina, and spilling into the pharyngeal tissues.

Either group may be accompanied by bleeding,—the massive ones early, the infiltrative late.

These groups are particularly difficult because of the failure of the patient to come to the doctor; the failure of the family physician to refer the patient to the specialist; and the failure of the specialist to examine. No case has been adequately reviewed until one or the other type of nasopharyngoscope is used in the examination, for the vast majority start in recesses particularly in the sphenoid-ethmoid fossa, the fossa of Rosenmueller, and about the eustachian tube orifice.

I am very pessimistic about pathological reports on endotheliomas, and feel that all my early cases must be reviewed and reconsidered. They all seem to originate in transitional epi-

theum in the vicinity of lymphoid tissue; and this juxtaposition seems to account for the percentage of lymphoid infiltration commensurate with the effect of the lymphoid tendency of the patient in often overshadowing the epithelial elements. Most of the questionable middle ear growths come in this group. Every bleeding aural growth is a suspect until repeated examination proves otherwise. At any rate, extensive radical mastoidectomy with complete removal of the cutaneous canal, followed by radiation, is the only possible treatment. The prognosis, in contradistinction to that of reticulo-endothelial tumors treated by radiation, is poor at best.

In 156 reported cases of cervical lymphadenopathies of reticulo-endothelial origin, the eventual diagnosis was:

Hodgkin's disease . . .	in 80
Lympho-sarcoma . . .	in 50
Reticulo-sarcoma . . .	in 16
Lympho-blastoma . .	in 10

Reticulo sarcoma is locally malignant with infiltration of the cervical glands. Some authors claim 25 per cent of all malignant tonsil tumors can be so classified. This figure seems high to me. They can easily be mistaken for the ulcerative reticulo-endotheliosis of Hodgkin's disease, for tuberculosis, and for Vincent's angina. They respond readily to radiation.

Plasmacytoma and Multiple Myeloma.—Reports of more cases are appearing in the otolaryngological literature, and in personal communications. Attention should be drawn to the condition. They follow hypertrophic inflammations in the sinuses and of the petrous portion of the temporal bone. They resemble multiple myelomas of, for example, the sternum. They should be checked by x-rays of other bones, realizing that myelomas may not appear for a long time (eight years). They are relatively benign.

Chloromas may simulate mastoiditis. They appear in children and young adults; they are apt to be bilateral, and may arise near the dura and the sinuses and cause compression symptoms of the seventh and eighth cranial nerves around the internal auditory meatus. The

trend of modern opinion is that all cases presenting chloromatous tumors are myeloid in type, and that the lymphatic cases of the older writers were erroneously so classified. Actually the total number of white cells is of little importance. The characteristic feature of the blood film is the combination of a large percentage of myeloblastic cells with numerous immature polymorphonuclears, and a relative absence of the intermediate cells, the myelocytes. The condition, therefore, is an acute myeloblastic leukemia. Cases seldom live as long as three months.

Xanthomatosis.—There is a splendid article on xanthomatosis of the skull, the aural manifestation of lipoid granulomatosis, by Lederer, Poucher and Fabricant, in the January, 1935, Archives of Otolaryngology, pages 27 to 40; and one on xanthoma of the pharynx and larynx by Gordon B. New in the October, 1935, Archives of Otolaryngology, pages 448 to 453. They are complete, and my time is too short to review the conditions.

Mikulicz's Disease.—Kindler states that "if one eliminates cases which on the basis of present-day knowledge must be regarded as belonging to other groups of diseases (leukemia, lymphogranulomatosis and so on), there remain two groups of cases that present the symptoms characteristic of Mikulicz's disease: (1) Cases in which besides the salivary and lacrimal glands, which show symmetrical swellings, no other organs seem to be involved, and (2) cases in which in addition to these glands other glands are involved and in which the blood picture presents peculiar changes. Microscopic examination of the swellings of the salivary gland occasionally discloses granulation tissue like that which is characteristic in the

glandular tissue. A uniform pathogenesis is not known, and it is assumed that nonspecific as well as specific infections (syphilis, tuberculosis) may play a part in the development of Mikulicz's syndrome."

In conclusion, I appreciate your forbearance. In this discussion, I have been thinking more of my own group than of your, on the whole, more scientific group. It seems to me the classification and nomenclature needs clarification, particularly in our field. I am impressed by the frequency with which the first diagnosis cannot be maintained, and have thought the formation of a group similar to those interested in the problems of meningitis might be worth while. One can get a septic meningitis consultation with or without charge, with ease. From a practical point of view, and I have necessarily been practical, I would emphasize that in what seems to be a commonplace lesion, thorough examination sometimes discloses an unexpected lesion. Severe bleeding may be more than a surgical problem. Simple polypi, either nasal or aural, may mask reticulo-endothelial infections or tumors. Vincent's angina and peritonsillar swellings are not always what they seem. Biopsy over and over again, at about monthly intervals, solves many seemingly mysterious problems.

The advances in radiation therapy in the last five years have made an important contribution to the study of conditions of the ear, nose and throat as a therapeutic test if in no other way.

There is a tremendous amount of material in the ear, nose and throat literature which emphasizes how excellent our work is and how progressive our special journals are.

BONE CHANGES IN THE MORBID PROCESSES OF THE CYTOPLASMIC RETICULUM

By N. J. FURST, M.D., Newark, N. J.

Roentgenologist, Newark Beth Israel Hospital, Newark, N. J.; Assistant Professor of
Radiology, New York Post-Graduate Medical School and Hospital,
Columbia University, New York City, N. Y.

Read as part of a Symposium on Tumors of the Reticulo-endothelial System conducted by the Radiological
Section of The Medical Society of New Jersey at its 170th Annual Meeting held
in Atlantic City June 4, 1936.

THE RETICULO-ENDOTHELIAL SYSTEM

After listening to the numerous pitfalls in the clinical and pathological diagnosis of the morbid states of the reticulum, it is obvious that the problems are even more complex for the Roentgenologist, who has no guiding clinical or histologic findings, but only a shadow-graph representation of the lesion as his basis for interpretation. It is of interest to compare the pathologic findings with the radiographic data to see whether they might in some way clarify the nebulous state of our knowledge of interpretation of bone lesions. It is very pointedly shown that the pathologic process is, histologically, not a static one; but rather a morbid state which, in its evolution, is continually changing its characteristics. In view of this, it is not surprising that the radiographic findings in these bone conditions vary with the evolution of the disease.

In the diagnosis of any bone lesion, we must consider the origin of the process, its progression, its mode of expansion, its invasiveness, its multiplicity, and its geographic distribution. The clinical history, which in itself is of prime importance, the blood picture, and the biopsy, when possible, will serve as aids in proper diagnosis.

TABLE NO. 1

Table One is a general outline of the type of the lesion. We consider the duration of the disease and the age of the patient as well as the physical findings, so as to evaluate these and further delimit the character of the process under question. The location is important in certain conditions, since some of these lesions have a predilection for definite areas.

We can divide the bone changes as follows:

1. *Expansile*.—These show their effect by pressure upon the adjacent structures, with

resulting atrophy and sometimes bone destruction.

2. *Invasive*.—These erode and destroy the adjacent structures.

3. *Resorptive or Rarefying*.—Here the bone structure is decalcified and rarefied in the zones corresponding to the neoplastic cells.

DISEASES OF THE RETICULUM

RADIOLOGICAL DATA AND SYSTEM OF ANALYSIS

History.—Duration, age, physical examination.

Origin.—Medullary, cortico-medullary.

Location.—Geographical.

Type and Activity

Expansile

Leukemia
Myeloma
Hodgkin's disease
Ewing's tumor

Invasive, Eroding, Destructive

Ewing's sarcoma
Leucosarcomatosis
Lymphosarcomatosis
Hodgkin's disease

Resorptive, Rarefactive

Schüller-Christian's
Gaucher's
Niemann-Pick's

Area.—Single, multiple

Lesions are divided according to gross appearance, x-ray appearance, histology, and blood picture.

TABLE NO. 1

Though there is much overlapping, the first group (expansile) roughly includes leukemia, myeloma and, at times, Ewing's tumor and Hodgkin's; the second group (invasive) includes Ewing's sarcoma, leucosarcomatosis, Hodgkin's sarcomatosis; and the third group (resorptive and rarefying) includes the storage diseases—Gaucher's disease, Niemann-

Pick's disease, and Schüller-Christian's disease. The pictures in this last group are sometimes alike, excepting that Schüller-Christian's disease has a more infiltrative tendency, which points to the probability that the granulomatous lesion may be the initial condition, as suggested in the pathological discussion.

TABLE NO. 2

Let us for a moment refer to this, which may appear to differ from the pathological classification, but actually does not. We again see the group of diseases of the reticulum which affect primarily the hematic cells; secondly, the group which affect the storage cells; and finally the endothelial and fibroblastic type of cells. I wish to repeat the fact which has already been stressed by Dr. Antopol—that all of these arise embryologically from the same cell and in their evolution pass through intermediary phases before the disease is fully developed. It is usually in the intermediate phase that the greatest difficulties arise in the differential Roentgen diagnosis.

RETICULUM

*Hematic Cells**Lymphoblasts*

- Lymphatic leukemia
- Lymphosarcomatosis
- Leucosarcomatosis (lymphatic)
- Chloroma (lymphatic)
- Myeloma (lymphatic and plasmacellular)

Myeloblasts

- Myeloid leukemia
- Leucosarcoma (myeloid)
- Chloroma (myeloid)
- Myeloma

- a. Solitary (rare)
- b. Multiple

Erythroblasts

- Polycythemia

Granulomatosis—Combination of various elements arising from the reticulum.

Histiocytic

- Gaucher's disease
- Schüller-Christian's disease
- Niemann-Pick's disease

Endothelial

- Ewing's sarcoma

TABLE NO. 2

LEUKEMIA

In leukemia, the pelvic bones, the upper ends of the femora, and the humeri, radii, and ulnae

are involved. These changes are often difficult to visualize, because the cells of this morbid process are not markedly different from the cells which are normally present in this region. In myeloid leukemia, the changes are more common than in lymphatic leukemia. In those cases of leukemia which have taken on aggressive potentialities, corresponding therefore to the pathologist's leukosarcomatosis, one sees a marked widening of the lamellar spaces, with cortical destruction and periosteal proliferation. The latter is sometimes elevated and at times striated.

MYELOMA

In myeloma, the lesion is usually multiple. This is, in reality, the main point in the differential diagnosis, since a single lesion is very uncommon and certainly misleading. The lesions are nodular, sharply demarcated and, because there is no bone production, the x-rays appear like a sieve, with the framework composed of the normal osseous structure, and the meshes, which vary considerably in size, made up of the hyperplastic tissue. Almost any bone can be involved, and, since the origin is from the reticulum, which is abundant in the marrow space, the lesion is almost always central. There is bone destruction with resultant radiopacity in juxtaposition to normal bone structure, thereby giving the classical sieve-like appearance.

LYMPHOSARCOMA

Lymphosarcoma may also involve bone. When it does, the pelvis, vertebrae, and some of the long bones are affected; most often the femora. The changes are not characteristic in this disease. There is bone destruction as well as lime salt absorption; the atrophic changes usually periarticular in location. The appearance in general is that not unlike osteomalacia. Pathological fractures are encountered in this condition.

HODGKIN'S DISEASE

At times, in Hodgkin's disease, even though there is extensive microscopic involvement of the bone, no x-ray findings whatsoever can be visualized. When seen, there is destruction and

widening of the involved cancellous portion, as well as stippling due to remnants of bone, local fibrosis, and attempts at regeneration. All of these features, which are part of the granulomatous process, form the picture in this process. Hodgkin's disease may take on a sarcomatous nature, at which time the cortex of the bone becomes irregular and eroded.

GAUCHER'S DISEASE

This disease can occur at any age period, but usually early in life. The bones appear radioparent and moth-eaten. There are defects, together with thinning of the cortical portions. Despite this, however, osteoplastic changes are absent. The changes are most frequently encountered in the distal ends of the femora, these becoming somewhat club-shaped in appearance. With involvement of the vertebrae, collapse occurs, even though vertebral discs remain intact.

NEIMAN-PICK'S

The Roentgen findings here are so similar to Gaucher's that they will not be discussed separately.

SCHÜLLER-CHRISTIAN'S

Schüller-Christian's disease occurs most frequently in the first decade of life, in males, and in people of the Jewish race. Here the changes are considerably different. The skull and pelvis are most frequently involved, occasionally the spine and long bones. There is a replacement in the bone, producing a moth-eaten appearance due to the rarefaction and lime salt absorption; and there may be even thinning and expansion of the cortices. The entire process is a sort of pressure atrophy.

The changes may be circumscribed or diffuse. If the periosteum is not involved, there may be new bone formation.

EWING'S SARCOMA

Ewing's sarcoma makes its appearance most frequently in the long bones, at the intermediate third of the shaft. In the very beginning, there is an increase in the structural density, located centrally in the medullary canal. This is followed by periosteal elevation, producing the so-called onion-peel proliferation (layer upon layer of periosteum, usually paralleling the long axis of the bone). Then we note areas of cortical destruction, due to replacement of the normal bone by tumor cells whose density is greater than that of the normal bone. The periosteal proliferation at times may be striated at right angles to the shaft of the bone. When this process strikes a flat bone, we usually see a sclerosis, resulting in increased structural density. Generally, there is no Roentgen evidence of destruction. The bone retains its normal contour.

CONCLUSION

In conclusion, I wish to emphasize the fact that the Roentgen findings are not always definitely characteristic in any of the above-mentioned diseases. In many of the cases, the findings overlap and there is a striking similarity. Therefore, the Roentgenologist should not try to determine the histopathology without the aid of the clinical history, blood picture, and whenever possible, a biopsy.

I wish to thank Dr. William H. Meyer and Dr. William Antopol for their assistance in the preparation of this paper.

201 Lyons Avenue, Newark, N. J.

TUMORS OF THE MEDIASTINUM ARISING FROM THE RETICULO-ENDOTHELIAL SYSTEM ROENTGENOLOGICALLY CONSIDERED

By W. G. HERRMAN, M.D., F.A.C.R., Asbury Park, N. J.

A part of a symposium presented on June 4, 1936, before the Radiological Section of The Medical Society of New Jersey, at its 170th Annual Meeting, in Atlantic City.

According to Haagensen, primary neoplasms of the mediastinum may be classified as follows:

A. Malignant

1. Lymphosarcoma
 - (a) Small round-cell lymphocytoma
 - (b) Large round-cell reticulum cell lymphosarcoma
2. Hodgkin's disease
3. Leukemic lymphoma
4. Leukosarcomatosis
5. Thymic carcinoma

B. Benign

1. Dermoids
2. Cysts—epithelial, echinococcus
3. Ganglionic neuromas and fibromas
4. Connective tissue tumors, including fibromas, chondromas and lipomas

In this symposium we are concerned only with those tumors grouped under the heading malignant, and excluding thymic carcinoma.

The small, round-cell lymphosarcoma is very rare. It arises in the thymic region in children, and metastasizes widely. Renault, Cathala, Plicket, Gerlach, Pfahler, and Haagensen have reported cases. Some showed Hassall's corpuscles and some did not, but from their location or histology, or both, most observers have believed such tumors to be of thymic origin. They have varied in their radiosensitiveness, all having been responsive temporarily; but usually the malignancy has been high, and death only deferred.

The large, round-cell lymphosarcoma is much more common, and, according to Haagensen, is perhaps the most common of the malignancies of the mediastinum. Here again many observers believe these tumors are of thymic origin; others such as Ghon, and Roman, and Brown have reported that they arise from the mediastinal lymph nodes in the anterior mediastinum. These tumors usually are very radio-

sensitive. Desjardins has reported a case living after four years, although the disease was still present. Webster says that lymphosarcoma, lymphatic leukemia, and leukosarcoma are different manifestations of the same disease. "This disease is not a neoplasm, but is a direct response on the part of lymphocytes to a chemotactic influence evoked by the disease-causing agent. The presence of this substance in any tissue or organ produces there a local accumulation of lymphoid cells."

There is a divergence of opinion as to whether Hodgkin's disease of the mediastinum arises from the thymus, or the lymph glands of the mediastinum. Ewing regards these tumors, as he does lymphosarcoma of the thymus, as a form of infectious granuloma arising in and peculiar to the thymus. He distinguishes between Hodgkin's disease in the mediastinum and elsewhere histologically. "It seems highly probable that the mediastinal Hodgkin's disease is a thymic tumor which should be separated from other forms of Hodgkin's disease, and owes its malignancy to its origin from peculiar reticulum cells of the thymus."

In lymphatic leukemia we occasionally have hyperplasia of lymph glands in the mediastinum; usually the thymus is not involved in the process. Margolis reported thirty-two autopsied cases, and twenty-eight showed no thymic involvement. In the other four cases there was no histologic basis to ascribe the massive mediastinal tumors to the thymus except location. There have not been many cases reported of x-ray treatment of leukemic enlargement of mediastinal glands, but they usually are radiosensitive.

Leukosarcomatosis is applied to cases of acute or chronic lymphatic leukemia developing tumor masses closely resembling lymphosarcoma. These tumors are not confined to the mediastinum, but may arise elsewhere. Fraenkel considers that these cases are merely a variety of leukemia distinguished by large cells.

Sternberg insists that leukosarcomatosis is a distinct entity in which there is a predominance of large mononuclear cells in the blood picture. Many pathologists have accepted Sternberg's contention, and so we list this disease separately.

The number of mediastinal tumors reported is increasing rapidly. It is doubtful though whether this means an actual increase in the incidence of the disease any more than the increase in general malignancy does, except that, as the life expectancy is increased, so the liability to develop malignancy in those susceptible is also increased. In addition, as means of affecting a diagnosis are perfected, so more and more cases of all types of disease hitherto difficult to determine will be increased in the statistics.

The responsibility of the roentgenologist is great in the case of mediastinal tumors. In the case of Hodgkin's disease, accessible glands for purposes of biopsy are often present. In the case of many other tumefactions and in some cases of Hodgkin's there are no such glands, at least initially. Mediastinal biopsies are seldom done, and are of course quite dangerous. The newer type of *needle biopsy* offers considerable hope for obtaining a pathological report in the case of tumors hitherto inaccessible, but there are very few general pathologists who care to make a diagnosis from the small amount of material removed by the needle. Perhaps in the future the number will increase. For the present, much depends on the roentgenologist. But even after he has exhausted his knowledge and used his best efforts, the diagnosis may remain undetermined until autopsy.

The mediastinal mass when discovered should be examined first by fluoroscopy, not casually, but intensively, rotating the patient into various positions to determine, if possible, the relation of the mass to the heart and great vessels and trachea, to place it in the anterior or posterior mediastinum, to note the presence or absence of pulsation, whether or not it moves with respiration and diaphragmatic excursion, and to note its density. The recumbent position of the patient, as well as the upright, should be employed. After fluoroscopy,

radiographs should be taken in positions determined by fluoroscopy as being most helpful. These should always include a lateral as well as postero-anterior and oblique views—possibly a lateral recumbent. Films made with a Bucky diaphragm in addition to the usual may separate structures.

The presence of fluid in the chest may obscure or partially obliterate the mass, and radiography may have to be deferred until after the removal of the fluid. Artificial pneumothorax occasionally is very valuable in determining the location of the tumor, and whether or not it is intrapulmonary or mediastinal. Iodized oil injection by the supratracheal method (or some modification rather than by bronchoscope) may be of assistance in disassociating tumor and lung, or in mapping an atelectasis in relation to the tumor. The swallowing of barium may give a very excellent clue to the location of the tumor and show its relationship to the esophagus, and whether or not the latter is encroached upon. A case of ours at first observation looked like a large tumor in the upper right chest. The giving of barium showed this to be a large saculation of the esophagus. Pulsation or its absence is often misleading. The pulsation may be transmitted, or an aneurysm may be so originated as not to pulsate. Hodgkin's disease does not always show a sharply defined border, and an accompanying atelectasis may obscure the otherwise sharply defined border of a tumor.

In differential diagnosis we must consider a substernal thyroid, enlarged thymus, the benign tumors listed in the classification given above, and aneurysms. A substernal goitre presents a shadow extending downward from the neck widening from below upward, and should move with the trachea or larynx. In the case of a malignant substernal goitre or an aberrant or supernumerary goitre, the evidence may be confusing. Nodulation, fixation and rapid growth indicate malignancy.

Dermoid cysts usually are found in the upper anterior mediastinum; they are sharply defined, elongated, and unilateral. Bucky films may show teeth which, if present, help to differentiate them from branchial cysts, echino-

coccus cysts, and fibromyomata which are very similar in appearance.

Neuromata arise posteriorly in the costo-mediastinal angle and are sharply demarcated. They may resemble encysted empyema or pleural effusion in this region. In such cases the history of an inflammatory process is very important in differential diagnosis.

Aneurysms often prove very difficult to differentiate from both benign and malignant tumors. Here the Wassermann reaction and the associated clinical picture and vascular findings may be necessary to distinguish the true nature of the mass, since not all aneurysms pulsate and not all tumors can be separated from the great vessels or heart in the roentgen examination.

Metastatic malignant tumors may simulate primary tumors unless they are multiple, and unless the primary lesion has already been determined.

Lymphosarcomata usually produce multiple, localized, nodular, and rounded shadows about the great vessels and bronchi, and invade the surrounding tissues.

Hodgkin's disease may be multiple gland enlargements, or single. The latter may be a huge mass filling the mediastinum. It is usually bilateral, although the upper right mediastinum is supposed to be the favorite site. Hodgkin's may be disseminated throughout the whole lung field. Pressure atelectasis may be associated with it and help to confuse the appearance of the tumor.

Radiotherapy may be exceedingly diagnostic. Evans and Witwer advise giving a dose of 110 to 130 S. U. D. over the tumor, and noting the degree of response. They say that tumors arising from lymphocytic cell elements such as lymphosarcomas, thymomas, pseudo-leukemias, and lymphatic leukemias will disappear in four to ten days. Tumors arising from the reticulo-endothelial cells of mediastinal lymph glands and the thymus, such as Hodgkin's and Sternberg's leukosarcomatosis, respond more slowly, being reduced to about 50 per cent in ten days, and disappearing in six weeks following treatment. Other types of malignancies such as fibrosarcoma and carcinoma of the thymus, and thyroid and teratomas, show some response,

but are relatively insensitive. Benign tumors show no response. Thus a measured dose and follow-up observation is a diagnostic procedure. Evans and Witwer go on to say that 48 per cent of the mediastinal tumors they have observed fall into the radiosensitive class.

In our own experience, Hodgkin's disease has proved much more common than lymphosarcoma. Most cases of the leukemias have not shown enlarged hilus glands while under our observation. All cases of leukemias should, however, have chest examinations for such glandular hyperplasias. Mediastinal masses, in the absence of superficial glands for biopsy, will call for all of the resources of the roentgenologist to determine the type of tumor present, since they are pathologically inaccessible except for needle biopsy in certain cases. Not only are we as yet uncertain as to the etiology of diseases or neoplasms arising from the reticulo-endothelial system, but pathologists in particular are certainly not in accord as to the histo-pathological anatomy. If this latter particularly is true, the roentgenologist can certainly be excused for not being able to make in many cases a definite diagnosis. Clinical and laboratory data which we have purposely left out of this brief summary will in many cases obviously be the determining factor in the diagnosis, with radiotherapy as an added method of classification.

BIBLIOGRAPHY

1. Brown, S. E.: Malignant Tumor of the Thymic Region with Extensive Metastasis. *Arch. Path.*, 2:822, 1926.
2. Deub, H. P.: Roentgen Diagnosis and Treatment of Thymomata. *Radiology*, 14:267, 1930.
3. Desjardins, A. U.: The Rationale of Radiotherapy in Hodgkin's Disease and Lymphosarcomata. *Am. J. Roentgenology*, 17:232, 1927.
4. Evans, W. A., and Leucutia, T.: Deep Roentgen-ray Exposure as an Aid in the Differential Diagnosis of Mediastinal Tumors. *J. A. M. A.*, 85:1215, 1925.
5. Evans, W. A., and Witwer, E. R.: Consideration of Mediastinal Tumors. *Radiology*, 24:403, April 1935.
6. Gerlach, Werner: Über ein Lymphosarkom des thymus, *Ztschr. F. Laryng.*, 9:473, 1920.
7. Ghon, A., and Roman, B.: Über das Lymphosarkom, Frankfurt, *Ztschr. F. Path.*, 19:1, 1916.
8. Haagensen, C. D.: The Differential Diagnosis of Primary Neoplasms of the Mediastinum. *Amer. Jour. Cancer*, 16:723, July 1932.
9. Langer, Heinz: Roentgen Therapy in Hyperplastic Blood Dyscrasias. *Amer. Jr. Roent.*, 34:2:214, 1935.
10. Margolis, H. M.: (a) The Thymus Gland in Lymphatic Leukemia, *Arch. Path.*, 9:1015, 1930. (b) Tumors of the Thymus, *Am. Jr. Cancer*, 15:2106, 1931.
11. Pfahler, G. E.: Roentgen Diagnosis of Mediastinal Tumors and the Differentiation. *Amer. J. Roent.*, 31:4:458, 1934.
12. Singer, J. J.: Thoracic Tumors, a Roentgen Study. *Arch. of Surgery*, vol. 18 II, 283, 1929.

TREATMENT OF TUMORS OF THE RETICULO-ENDOTHELIAL SYSTEM

By IRA I. KAPLAN, B. Sc., M.D., New York City

Director, Division of Cancer, Department of Hospitals; and Director, Radiation Therapy
Department, Bellevue Hospital, New York City, N. Y.

A part of a symposium presented on June 4, 1936, before the Radiological Section of The Medical Society of New Jersey, at its 170th Annual Meeting, in Atlantic City.

Soon after the discovery of x-rays and radium, workers with these new energy agents noted certain biological effects which have been incorporated into our system of radiation therapy. The results of experimental researches led to the establishment of definite rules by Halberstädter,¹¹ Albers-Schönberg,¹ Bergonie and Tribondeau,³ and Regaud¹⁸ with respect to the exceptional responses of embryonal tissues to irradiation. Heinek,¹² in Germany, in 1903, showed definitely that x-rays have selective action, and that there is marked responsiveness of lymphoid tissue above all others.

For the purpose of radiation therapy, certain tumors may be classified in distinct categories entirely upon the basis of the nature of their response to this radiant energy. Thus, tumors of the reticulo-endothelial system, which have not as yet been pathologically or embryologically linked to a single tissue of embryonal origin, we classify purely through clinical radiation therapy.

ESSENTIAL XANTHOMAS

This is a group of constitutional diseases in which occur a disturbance of fat metabolism. The reticulo-endothelial cells are evoked in response to the excess lipoids, and the resultant phagocytosis cells produce storage cell tumors of a peculiar distinct histological picture.

GAUCHER'S DISEASE

To this group belongs Gaucher's disease, which was first described by him in 1882. Up to 1915, Osler¹⁵ found but fourteen cases reported in the literature. In 1930, Banta,² at the Mayo Clinic, reported four cases of Gaucher's disease out of 530 instances of splenomegaly encountered at the clinic; and only one of these cases showed bone involvement. The disease makes its appearance in early youth with an enlargement of the spleen,

and progresses with subsequent involvement of the liver, lymph glands, and bone marrow. A peculiar discoloration of the exposed parts of the skin appears; and later both eyes present brownish, wedge-shaped conjunctival thickening. The latter finding always appears, according to Brill and Mandelbaum.⁴

As regards the histogenesis and nature of the cells, there is a diversity of opinion. Formerly regarded as endothelioma or sarcoma, they are no longer considered true neoplastic cells, since they are not hyperchromatic, and they carefully follow anatomical channels. In the light of more recent findings, they are interpreted as reticulo-endothelial cells which have phagocytosed an over-abundance of kerosin,—a lipid found to excess in Gaucher's disease. Microscopically the cells are large, polyhedral, with vesical nuclei, and are imbedded in a stroma of reticulum cells and lymphocytes.

Bone marrow involvement may not always occur. It would be idle to talk of a characteristic bone lesion in a disease so rare, but Banta states that there appears a widening of the medulla and a thinning of the cortex. Geschickter¹⁰ describes a flask-like expansion with small areas of rarefaction.

In our service at Bellevue Hospital, we have had the opportunity to treat one case of Gaucher's disease.

R. F., twenty-six years of age, Jewish woman, admitted October, 1932, complaining of pains over the bones. At nine years of age she was hospitalized for a kidney condition, in the course of which a large spleen was noted. When thirteen years old she underwent an operation for presumably osteomyelitis of the right upper tibia. The subsequent wound took three years to heal. She remained well following this without any complaints until she reached the age of twenty, when she had frequent attacks of dizziness, nausea, vomiting, and numbness of the mouth and hands. In 1927, at the age

of twenty-one, the spleen became so large that operative removal was required for relief.

The microscopic pathological examination of the removed spleen showed typical, large Gaucher's cells filling up the sinuses, and also in the pulp with almost complete disappearance of the normal splenic tissue. The cells contained a large amount of brownish iron pigment; and the large typical Gaucher cells, stained with the Mallory's aniline blue method, showed numerous striations.

When first admitted to the Bellevue Radiation Department, the pathology was limited to the bones. There was slight sclerosis of the shaft of the left femur, with obliteration of the medullary canal. There was marked widening of the shaft of the right tibia along with obliteration of the canal. The shaft of the left humerus showed faintly calcified strands in the medullary canal.

Since pain was most marked over the right femoral area, irradiation was directed to this area. A dose of 1600 r developed with the 200 KV, 4 MA, through 0.5 mm. copper filtration at a distance of 50 centimeters, was administered over each of two ports.

The first treatment series was administered in October, 1932, and, one month later, the pain was considerably lessened. In January, 1933, the pain recurred, and another series of x-ray therapy was given, 600 r was administered to each of four portals on the right femur. At that time too there appeared a tender movable node in the right axilla.

In February, 1933, x-ray therapy was administered to the right ulna and radius. In April, 1933, pains in the thigh had entirely disappeared, and the patient began to gain some weight. At this time bilateral pink pingueculae appeared in both eyes.

From April until June of 1933 the patient was completely free from pain and when, at that time, pain recurred, the femur and tibia were irradiated with 2000 r over each of four portals in daily treatments. All continued well until April, 1935, when the liver commenced to enlarge. Because of the extreme mobility of this organ, however, its identification offered some difficulty; and so we investigated with intravenous thorotrast which substantiated our clinical interpretation. X-ray therapy was administered over the liver, resulting in some palliation of the condition and reduction in intensity of the jaundice, but no appreciable decrease in the liver mass. The patient improved for a long time. At present, however, recurrence of the condition is noted.

To summarize, this was a typical clinico-pathological instance of Gaucher's disease; a young girl with an enlarged spleen, skin pigmentation, conjunctival thickening, enlarged liver, enlarged lymph glands, and a secondary anemia. The roentgenographic picture of the involved bones varied from areas of dense bony sclerosis to areas of medullary and cortical rarefactions,—the latter, evidently an earlier stage of the former.

With regard to its radiosensitivity, while the tumor processes did not regress, there was relief of bone pains due, evidently to effect of irradiation.

SCHULLER-CHRISTIAN'S DISEASE

Reports of this affliction have appeared rather often in the literature in recent years. The typical picture presents bony defects in the long bones and skull, exophthalmos, and diabetes insipidus. The microscopic pathology shows giant-form cells laden with lipoid material. We saw but one case of this condition, and it was reported in detail by one of our associates, Dr. Teperson,²¹ in October, 1935.

The case was that of a Jewish girl, three and one-half years of age, who showed typical defects in the cranial bones, exophthalmos, and diabetes insipidus. X-ray therapy was first applied to the parathyroids without results and then administered directly to the bony lesions. X-ray therapy was given through four ports to the skull, 140 KV, 4 MA, 3 mm. aluminum filtration at a distance of 40 centimeters. A dose of 600 r was given to each area. The pelvis was treated with 180 KV, 4 MA, filtration 0.5 mm. copper plus 1 mm. aluminum at a distance of 40 centimeters, a dose of 400 r was administered. The results so far have shown marked improvement in all the symptoms. Definite signs of healing of bony defects are noticeable in the x-ray plates. In general, the child is much improved.

POLYCYTHEMIA

Five cases of polycythemia vera came under our observation. One case is cited here in detail.

K. H., colored woman, forty-five years old, was admitted in January, 1930, to Bellevue Hospital, complaining of fullness in the head, and flashes of light before the eyes. The symptoms began in 1928, two years before admission, with dizzy spells, lassitude, tinnitus, headache and flashes before the eyes. However, it was not until January, 1930, that she applied for relief, and was first treated with phenyl and hydrazine hydrochloride with some improvement in the condition. In November, 1930, she again came for relief of recurrence of the condition, and again was treated medically with improvement. The blood on admission showed R. B. C. 7,380,000 with 108.8 per cent hemoglobin.

In January, 1931, she was referred for irradiation. From January, 1931 to May, 1932, irradiation was administered over the long bones of the extremities at weekly intervals. The effect on the red blood cells was evident in frequent fluctuations between 8,000,000 to 4,000,000. From May, 1932, until March, 1933, irradiation was given to the ribs with more rapid reductions in the red cell count. A period of resistance then set in, with, however, the red cell count eventually diminishing. In October, 1934, she was again given 0.3 g phenylhydrazine hydrochloride at weekly intervals. The count diminished to three and a half million, and the patient's general status remained good.

Considering this case, we are of the opinion that phenylhydrazine hydrochloride was more effective in reducing the red cell count than x-ray therapy. However, at the time of treatment with x-ray, often with an elevated red cell level, we administered no treatment, because the patient was symptomless. We assumed that such an individual will tolerate, as normal, an elevated red cell level, analagous to the higher normal white cell status in leukemias. In three cases treated by intensive x-ray therapy over the long bones at the Cancer Institute marked general relief was attained. Nevertheless, in reviewing the mode of application of the irradiation, it is our opinion that irradiation should be given more intensively in this type of disease in order to secure more favorable results.

HODGKIN'S, LYMPHOSARCOMA AND LEUKEMIA

The extreme radiosensitivity of leukemias, Hodgkin's disease, and lymphosarcoma is a well-established fact. In 1903 the favorable effect of x-rays on leukemias was reported by Senn.²⁰ In 1902 Pusey¹⁶ announced noticeable amelioration of the disease in the treatment of Hodgkin's with x-ray therapy. Because of the definite embryonal character of its cell structure, it was early recognized that lymphosarcomas would respond readily to x-rays.

To employ the rapidity of response as a differential diagnostic aid will sometimes lead to false conclusions, since the range between Hodgkin's and lymphosarcoma is comparatively small. Generally, however, the latter condition is found the more sensitive.

In the therapy of leukemias, little distinction is made in the two types. The myeloid form is best treated through the splenic enlargement which is usually present, and the ribs. Although the long bones of the extremities are a source of myeloid cells, we have found less encouraging results from irradiation of these areas, apparently because of the greater thickness involved.

For the lymphatic type of leukemia, direct irradiation over the involved glands is the most feasible method of approach.

In 1934, Feuerstein⁹ reported upon the

treatment of leukemias on our service at Bellevue Hospital.

Notwithstanding any modification of irradiation used, the total leucocyte count will diminish. Whether daily or twice weekly treatments are given, whether low or high intensity is administered, or whether protracted high dosages or low dosages are given, the initial response will be favorable, often startling. That the optimum treatment is still to be discovered is evidenced by the fact that the life span of leukemia patients as a whole has been only slightly prolonged. In most instances our purpose is to make them comfortable and as free from the disease as possible.

We stress first, that a patient with a high leucocyte count should never be treated to the degree where the count is made to approach normal. It is apparent that they feel best, in the absence of active pathology, when the white count hovers between 15,000 and 30,000. The analogy with adult diabetes is quite close, since their sense of well-being is not at its height with a sugar-free urine.

Another point worthy of emphasis is the occurrence of mediastinal node involvement, which is evidently far more frequent than is generally supposed. Long before dyspnoea and substernal oppression are felt, such symptoms as dysphagia and epigastric distress may be experienced which are often to be explained by a slight widening in the mediastinal shadow. In our method of treatment, we administer irradiation over this area as early as possible, employing high voltage x-ray, and administered at such intervals as our clinical picture demands.

HODGKIN'S AND LYMPHOSARCOMA

Both diseases are similar in clinical behavior; and although many authors advocate the use of irradiation as an index of differential diagnosis, we have not found this means to be infallible. Either may respond very rapidly, or prove resistant from the start. The histological picture undoubtedly dictates the nature of the response in that the very cellular glands will melt easily as differentiated from the more fibrotic glands, which necessitate more intensive irradiation.

A fibrotic node in Hodgkin's may react at the same rate as an adult lymphocytic form of lymphosarcoma; or a cellular Hodgkin's node may disappear as readily as a reticular form of lymphosarcoma.

HODGKIN'S DISEASE

Although fibrosis is an inherent usual concomitant in a node involved with Hodgkin's disease, it may appear slight or pronounced in relation to the other cellular components. We recall one case where a supraclavicular node revealed histological evidence of fibrosis of almost an entire gland, before any irradiation was administered. Subsequent nodes which appeared were treated with very rapid regression, indicative of more cellular elements.

In lymphosarcoma, we find it feasible to divide the histology of the nodes into a reticular type, an intermediate type, and a lymphocytic type according to the analysis made by Ehrlich and Gerber⁷ in 1935. Very startling and dramatic responses are effected and expected in the reticular type, since non-differentiation is the dominant feature. The lymphocytic type, although still productive of rapid regression, is generally less rapid, because the cells are more differentiated and possess adult cellular characteristics.

Eliminating details of the usual mode of therapy, we advise a modification which we believe more rational, especially in recent years, based on our increased knowledge of Coutard's protracted method of fractional irradiation. As distinguished from resistant tumors wherein the tumor bed must bear the brunt of attack, these neoplasms must be given direct cancericidal dosages, which can be accomplished long before the skin and superficial structures begin to show effect. Often we have been discouraged by the slow response of these apparently sensitive tumors when low intensity irradiation was applied, but when more rapid treatments were administered, regression was hastened. Consequently, in the treatment of lymphosarcoma and Hodgkin's disease, we advocate rapid daily treatments, rather than low intensity irradiation at longer intervals.

In our opinion, based on our experience of several hundred cases, it is not the total dosage

that carries significance, but the *rapidity* of treatment. In our routine, we employ rays produced from 200 KV, filtered through 0.5 mm. copper, at a distance of 40 to 50 centimeters, with direct treatments over the clinically palpable lymph glands, spleen, and mediastinum and other areas usually involved even though they give no readily palpable or discernible evidence of involvement. Abdominal symptoms call for treatment over the retroperitoneal areas even though definite nodes are not manifest. Recently we have reported on our cases of Hodgkin's in children¹³ and in bones.¹⁹

LYMPHO-EPITHELIOMA

Only by detecting a difference in their response to irradiation were these tumors differentiated from the usual pathological tumors appearing in the oral cavity. Crowe and Baylor⁵ pointed out the distinguishing characteristics in 1923.

These tumors occur in younger males than do the ordinary squamous cell carcinoma; and appear as finely granular, velvety growths simulating a benign erosion. Whereas the primary tumor is small and often difficult of identification, early metastasis to the neighboring lymph glands is the rule. Generally, these cases exhibit a high degree of malignancy and an unusually rapid course, as emphasized by Quick and Cutler¹⁷ in 1927.

Before the advent of irradiation, these lesions were interpreted as typical epidermoid carcinomata, anaplastic or embryonal tumors, reticulum cell sarcoma, or lymphosarcoma; and to this day many pathologists employ the common terminology of transitional cell epithelioma. Histologically, as described by Ewing,⁸ the impression is one of total lack of differentiation, since the cells are devoid of squamous characters, and pearl formation is always absent. The cells are small, closely packed, with deeply staining nuclei and small amount of cytoplasm. The cell outline can barely be distinguished. The metastatic areas usually lose the traces of the parent structures, and a sarcomatous picture becomes evident.

Surgery is entirely contraindicated for these tumors, because they are so sensitive. The treatment is radiation therapy. The involved

lymph nodes will often melt rapidly with small doses of irradiation similar to the response of leukemia and lymphosarcoma. Modifications on treatment, however, may be required in individual cases. In one instance where biopsy from a naso-pharyngeal mass yielded the characteristic picture of lympho-epithelioma, and where small doses of x-rays at infrequent intervals were administered with only slight regression; but the mass and nodes regressed rapidly when the mode of treatment was changed and rapid, intensive therapy was given over a short period of time. It is necessary to strike these tumors with a heavy, intense cancericidal dose, as distinguished from the more resistant squamous epithelioma. The total dose required may still be no more than one skin erythema, but it is given intensively over a short period of time.

ENDOTHELIAL MYELOMA

Ewing's⁸ classic description, in 1921, of the bone tumor which bears his name, was the direct result of his observations on its different behavior to irradiation. Of all the malignant bone tumors, the endothelial myeloma is by far the most radiosensitive. Its rapid regression under the action of x-rays or radium is so striking and so closely approximates that of lymphosarcoma and Hodgkin's disease, the relationship cannot but be inferred.

In 1932 Desjardins⁶ stated, "Increasing experience with radiotherapy for bone tumors makes it seem more and more likely that, whenever such a tumor proves unusually sensitive, it is an endothelioma, regardless of any classification based on microscopic appearance." To date, it appears that this assumption has proven correct.

Unfortunately, therapy does not offer a cure for these tumors. They soon recur, and active bony lesions will appear in other locations. However, by means of irradiation, the differential diagnosis of bone tumors becomes relatively simple, and often dictates the next procedure to pursue.

As to its histogenesis, the diversity of opinions has not been altered, and we have no impression to express even as to its possible relationship with the reticulo-endothelial system.

MULTIPLE MYELOMA

From the therapeutic viewpoint, we cannot conceive of this variety of bone tumor being in the same category with Ewing's sarcoma. We have always found multiple myeloma quite resistant to irradiation. In one direction, however, therapy has been of value; namely, palliation of pain when the pathological process has invaded the periosteum.

The typical histological picture in multiple myeloma is found in the dominance of plasma cells. Ewing differentiates one form wherein the cells are larger than plasma cells, and have multilobed nuclei. One case in our series presented very typical roentgenographic pictures of multiple myeloma of the sternum, ribs, femora, and metacarpals, along with a tumor of the vasopharyngeal area. This, on biopsy, proved to be sarcoma. On careful review, the tumor had no suggestion of plasmoma, nor of the larger multilobed sarcoma cells. We had to interpret both conditions as incidental, but occurring simultaneously. This case proved resistant. However, in some instances the lesions have responded to x-ray therapy and resulted in prolonging more comfortable existence over a period of several years. Recurrence and increased skeletal metastasis are the rule; and, following irradiation, they gradually become resistant to all forms of therapy. History of trauma is most often suggested in this group of cases.

COMMENT

Based upon studies in irradiation and radiosensitivity, we feel that some aid in classification of the tumors in this series can be offered. We can never hope to reach that degree in the art of an assumed x-ray pathology, of stating that a tumor is of a particular type because its response is of a certain nature. Neither can we say here that these tumors arise from a parental reticulo-endothelial structure, or a more parental hematopoietic mesenchyme. We may, in time, offer proof, by means of therapy, that the cytoplasmic reticulum throughout the body, as in the spleen, lymph nodes, liver, bone marrow, and perivascular tissues, has the growth properties of embryonal mesenchyme. Under varying stimuli, cells belonging

to this reticulum may differentiate along fibroblastic, endothelial, or hematic lines (Klemperer¹⁴). The point of origin cannot dictate the reason for the radiosensitivity, but it leads us to group tumors accordingly.

With this thought dominant, we safely place leukemia, lymphosarcoma, Hodgkin's disease, lympho-epithelioma, and the endothelioma of bone in one group as representative of very sensitive tumors. Since the regression of xanthochromatoses, such as Gaucher's, Schüller-Christian's, and Niemann-Pick's disease is not as rapid, we place these in a second group. Obviously reservation must be made, because of the fact that experience with the tumors is

limited on account of their rarity. However, in the one case of Gaucher's disease, and the one of Schüller-Christian's disease observed, although exhibiting definite evidences of regression, the rate of decrease was much slower than in the first group.

In the arduous preparation of the details for this paper my colleague and associate, Dr. Sidney Rubinfeld, Assistant Visiting Radiation Therapist at Bellevue Hospital, gave unstintingly of his effort and time, for which my thanks are herewith tendered.

55 East 86th Street
New York City

BIBLIOGRAPHY

1. Alberts-Schonberg, H.: *Mun. Med. Wochenschr.* 43:1859, 1903.
2. Banta, M. B.: *Archives of Surgery.* 21:851, 1930.
3. Bergonie, J., and Tribondeau, L.: *C. R. D. La Soc d Biol.* 8 and 9, 1904.
4. Brill, N., and Mandelbaum: *Amer. Jour. Medical Sciences.* 1913:146, 878-880.
5. Crowe and Baylor: *Archives of Surgery.* 6:429, 1923.
6. Desjardins, A. U.: *Amer. Jour. Cancer.* 16: No. 5, 1121, September 1932.
7. Ehrlich, J. C., and Gerber, I. E.: *Amer. Jour. Cancer.* 24: No. 1, pp. 1, 1935.
8. Ewing, J.: *Neoplastic Diseases.* Page 875. Saunders & Company.
9. Feuerstein, B.: *Medical Record.* November 7, 1934.
10. Geschickter, C. F.: *Lipoid Tumors.* *Amer. Jour. Cancer.* 21: July 1934, 617.
11. Halberstadter, L.: *Berlin Klin. Wochenschr.* 42:64, 1905.
12. Heineke, H.: *Mun. Med. Wochenschr.* 50:2090, 1903.
13. Kaplan, I. I.: *Archives of Pediatrics.* May 1934, 325.
14. Klemperer, P.: *Emanuel Libman Anniversary Volumes Int. Press, N. Y., 1932, vol. 2, p. 655.*
15. Osler, W., and McCrae, T.: *Modern Medicine.* 2nd Edition. Volume IV. Page 962. Lea & Febiger.
16. Pusey, A.: *Jour. American Medical Association,* 4:12, 1902.
17. Quick, D., and Cutler, M.: *Surgery, Gynecology & Obstetrics,* 45:320, 1927.
18. Regaud, C.: *Bull. d L'Acad. d Med. Paris,* 90:375, 1923.
19. Rosh, R.: *Radiology.* 26:454, 1936.
20. Senn, N.: *Medical Record.* 44:281, 1903.
21. Teperson, H. I.: *Radiology.* Volume 25. No. 4, Page 440. October 1935.

MORBID PROCESSES OF THE CYTOPLASMIC RETICULUM

By WILLIAM ANTOPOL, M.D., Newark, N. J.

Pathologist, Newark Beth Israel Hospital, Newark, N. J.

A part of a symposium presented on June 4, 1936, before the Radiological Section of The Medical Society of New Jersey, at its 170th Annual Meeting, in Atlantic City.

I shall introduce this presentation under the title "Morbid Processes of the Cytoplasmic Reticulum" rather than "Diseases of the Reticulo-endothelial System"—the latter being too limiting and ambiguous a title, as you shall see from the further discussion. This group has been very ably reviewed by Klemperer in his paper on "The Relationship of the Reticulum to Diseases of the Hematopoietic System", and I shall therefore refer you to that work for more comprehensive discussion and bibliography.¹

EMBRYONAL DEVELOPMENT AND PATHOGENESIS

The key to the understanding of this group of inter-related diseases lies in the embry-

genesis of the individual cells which form the specific tumor, as well as the developmental relationship that these cells bear to one another. During fetal life, there are widespread, conspicuous depots of a syncytial or reticular tissue, the so-called mesenchyme which is derived from the mesoderm. This tissue is multipotent, and in its further functional and morphologic development can form the various types of blood cells, as well as histiocytes, endothelium, and fibroblasts.

In postnatal life, the mesenchymal tissue retains its reticular structure, and remains diffusely distributed. However, it becomes sparse and inconspicuous, and can barely be differentiated from its milieu. In some organs, the

spleen, lymph nodes, and bone marrow, it is less difficult of recognition. During this period of life, the tissue remains dormant and undergoes minimal changes. However, under pathologic stimuli, this inconspicuous system of reticular elements may proliferate, exercise the latent potentialities inherent in the embryonal reticulum, and progress along one or more of the developmental lines mentioned above, viz: hematic, macrophagic or histiocytic, endothelial, and fibroblastic, and form tumors composed of these elements.

The following table represents schematically the varied potentialities of the reticulum.

In this presentation we shall not enter into the controversy as to whether the tissues which have reached a more specialized stage can again dedifferentiate, and take on the potentialities of a more embryonal tissue.

The etiology of this group will not be discussed, except to repeat that due to some unknown agent, the reticular tissues of this dormant system may proliferate, assume varying degrees of aggressive and infiltrative tendencies, and at times invade the blood stream and circulate therein. The infiltrative factor places the specific instance in the broad classification of sarcomatosis, and the entry of the cells into

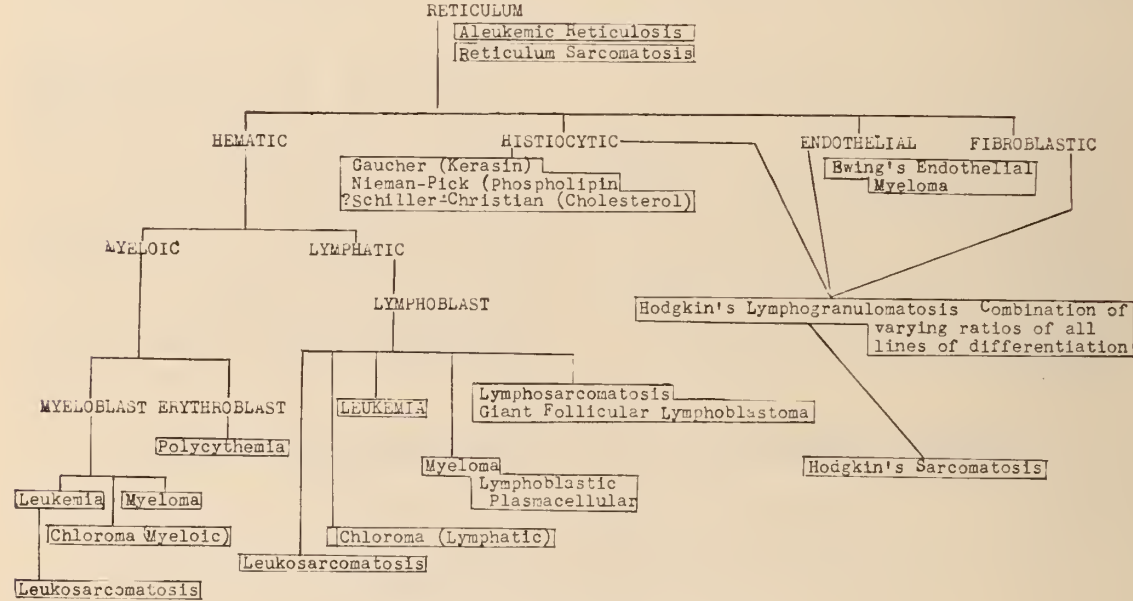


Table 1.—Developmental processes.

(Table 1.) From this plan one can readily see that from the same protoplasmic reticulum there may arise (1) the hematopoietic group which can form the various blood elements, (2) the histiocytic or macrophagic group which has the power of storage, (3) the endothelial-forming, and (4) the fibroblastic groups. Each of these groups in turn have further possible sub-lines of development, the most complex group being the hematopoietic division. In this division, the haemocytoblast can subsequently develop along myelopoietic lines, or lymphopoietic lines, and form either myeloic leucocytic and erythrocytic elements, or lymphatic cells, respectively.

the blood stream warrants the designation of leukemia.

It must also be stressed that the diseases under discussion are not static, but are progressive in their development; so that the histological pictures can vary during the complete course of evolution of the disease, and that multiple, apparently contradictory, pictures may be encountered not only in the different instances of the same disease process, but at different periods in the individual cases; the pattern at each stage in the evolution of the disease being determined by the extent of differentiative metamorphosis. Obviously, a neoplasm of reticulum retains its differentiative

potentialities; and therefore, a final diagnosis of the morbid entity cannot be made, and only a description may be applied at this stage because of the possibility of metamorphosis during its further evolution. With this in mind, the similar pictures frequently encountered in the different groups of this system of diseases, as well as the apparent inexplicable multiple and protean histologic pictures at different periods in individual cases become less obscure.

1. HEMATOPOIETIC GROUP

Let us first consider the cases of generalized lymphadenopathy, with enlargement of the spleen and liver, in which the histologic picture shows varying degrees of replacement of these structures by syncytial masses of cytoplasmic reticulum with large vesicular nuclei. Nodules of a similar tissue may also be present in any of the other viscera. The picture, therefore, is essentially that of a generalized proliferation of the reticulum. If the blood picture is normal, we may conclude that it is a case of generalized reticulosis or malignant reticulum proliferation. This would all be true, and the diagnosis would be quite simple if it were a necropsy conclusion, that is, at the end stage of the disease. However, if the patient is in comparatively good health, the diagnosis would not be final since we cannot preclude an intermediate stage of the disease with further differentiative potentialities. In this later group of cases, the only tangible fact is the progressive reticulum proliferation. We cannot definitely determine, except in a prophetic spirit, what the final form of the process will be, since there is no absolute evidence as to the type of lesion which will develop. At autopsy, at some future date, it would not be surprising to find either pure reticulosis or a tumor composed of any of the cell types into which this ancestral tissue might develop, for example lymphosarcomatosis.

It is apparent from the chart that during the course of lymphosarcomatosis, the neoplastic cells, as might well be expected, pass through an evolutionary cycle. This has been very clearly shown by Ehrlich and Gerber,² who pointed out the early presence of a synplasmatic type of tissue which later goes on to form the intermediate and reticular type, and

finally terminates in the classical large or small round cell lymphosarcomatosis. They show that in general the biopsy early in the disease may be of a less mature variety of cell than that which is found at postmortem examination. (Lymphoepithelioma will not be considered, since these cases invariably prove to be lymphosarcomatosis or transitional cell carcinoma.)

The cases of myeloid leukemia are not difficult of diagnosis when one has the enormous spleen and the positive blood picture. However, at times in the early stages of this disease, as in lymphosarcomatosis, it is apparent that here also there may be a reticulum proliferation; and if the blood picture is equivocal, difficulty might be encountered in arriving at a positive diagnosis. The histology of the biopsy specimen in these cases may be that of a very marked reticulum proliferation, and only in the further evolution of the disease may the immature hematic cells present themselves. The presence of immature hematic elements in the blood stream or in the fixed tissues is the key to the diagnosis in these cases.

In lymphatic leukemia, similar developmental possibilities are present. The lymph nodes are predominately involved, but there may be infiltration in the liver, in the bone marrow, and in the spleen. The involved nodes may appear as long chains which are usually discrete. The spleen at times becomes large, and there may also be involvement of the other viscera. The histologic picture in the visceral tissues also varies from basic reticulum to the specific hematic cell type, as is well exemplified in the case of Stasney and Downey,³ in which one lymph node showed a prominent proliferation of tissue which was not unlike reticular tissue, and another node removed one month later revealed infiltrations composed of immature lymphocytes.

When the leukemic infiltrations assume an aggressive character, we may apply the term *leukosarcomatosis*.

The placing of polycythemia in this schema has been a moot question. On examination of the organs, one sees a very pronounced reticulum hyperplasia, especially within the spleen. This, together with the work of Minot and

Buckman,⁴ who stress the leukemia-like characters of the disease and present one case of polycythemia with leukemia, and the recent work of Steinberg,⁵ of Rosenthal's Clinic, who presented two cases of "Panmyelosis in the Course of Polycythemia Vera", supports the contention that the unlimited proliferation of erythroblasts in polycythemia is analogous to the myeloblastic proliferation in leukemia.

2. ENDOTHELIAL GROUP

There has been considerable controversy as to the exact nature of the Ewing tumor, which, it appears from the current literature, has a variegated type of histologic picture. This, again, is better understood if we reexamine the chart and note that the reticulum may also develop into endothelium. Therefore, one is not unduly surprised to observe in Ewing's tumor a reticular type of sarcoma, as well as a fully matured type of tissue with endothelial-lined vascular channels which is accepted as the classical picture of this morbid entity.

3. STORAGE GROUP

We next come to the storage group of diseases in which the reticulum develops histiocytic or macrophagic potencies. In Gaucher's disease, the spleen is enormously enlarged, at times reaching gigantic proportions, and within the spleen as well as within the lymph nodes, liver, and bone marrow there are distended macrophages filled with kersin. At times iron is also present within these cells. Klemperer¹ notes that in this disease blood cells may also be formed from the conspicuously proliferated reticulum.

In Niemann-Pick's disease the morbid process is not unlike that of Gaucher's disease, except that phospholipins are stored rather than kersin.

The third entity in this subdivision, that of lipid granulomatosis, is a granulomatous lesion in which there is storage of cholesterol and its esters. It is still undecided whether the granulomatous lesion is the primary process and the storage properties secondary, or the reverse.

4. COMBINATION GROUP

In Hodgkin's disease, which also belongs to this complicated group, an early biopsy may also reveal pronounced reticulum cell proliferation. Here again, the immediate diagnosis of progressive reticulum cell proliferation can only be descriptive and tentative, as we have seen from the preceding discussion. To again examine the schematic chart—if a patient with the disease should die at this period, we could close the case with reticulum cell proliferation as the basis for the final diagnosis. However, should the patient be alive and in no danger of imminent death, it would be unreasonable to consider this as the fully developed final process. Later in the disease, or at necropsy, one finds a granulomatous tissue consisting of plasma cells, round cells, fibroblasts, and mature connective tissue as well as giant cells. In other words, we have a granulomatous lesion with most of the varied elements which can arise from the reticulum, and which form the classical granulomatous picture of Hodgkin's disease. The lymph nodes are usually discrete, and the visceral involvement nodular, but the disease may take on an aggressive character in which case it may be termed Hodgkin's sarcomatosis.

SUMMARY

From the above discussion, it is evident that the processes listed are akin to one another in that they arise from the identical earmarked reticular mesenchyme. Their destiny, however, depends upon the degree and direction of development of this basic reticulum, which is determined by the nature of the unknown stimulus. The histologic picture may vary at different stages, even of the same case, because of the progressive maturation of cells during the dynamic evolution of the disease.

BIBLIOGRAPHY

1. Klemperer, P.: Emanuel Libman Anniversary Volumes, 1932, Vol. II, p. 655.
2. Ehrlich, J. C., and Gerber, I. E.: *Am. J. of Cancer*, 1935, Vol. 24, p. 1.
3. Stasney, J., and Downey, H.: *Am. J. Path.*, 1935, Vol. II, p. 113.
4. Minot, G. R., and Buckman, T. E.: *Am. J. Med. Sc.*, 1923, Vol. 166, p. 469.
5. Steinberg, M. F.: Presentation before the Section of Medicine of the N. Y. Academy of Medicine, May 19, 1936.

THE BONE MARROW IN LEUKEMIA

By ASHER YAGUDA, M.D., Newark, N. J.

Read before the General Session of The Medical Society of New Jersey at its 170th Annual Meeting in Atlantic City on June 3, 1936.

It is not the intention of this paper to consider in detail the minute histologic and cytologic structure of the bone marrow in normal individuals or in those having leukemia, nor to discuss at length the various theories of the histogenesis of the several adult blood cells. It is rather the scope of this paper to point out certain practical considerations which may be of help in the differential diagnosis of those conditions presenting some of the clinical features of leukemia, but which hematologically do not present the clear-cut picture usually accepted as indicative of this condition.

With the increase in knowledge of the anatomy and physiology of the hematopoietic organs, and particularly of the bone marrow through the researches of Sabin¹ and others,² certain changes have occurred in the concepts of the so-called blood dyscrasias. While under physiologic conditions and in ordinary reactions of the bone marrow to stimuli for regeneration and maturation the blood picture mirrors the pattern of the bone marrow,³ under certain conditions still little understood, an arrested maturation may be accompanied by an inability of these immature cells to enter the circulation so that the blood picture not only does not reflect the true condition of the bone marrow, but is even misleading, giving the impression of a process entirely opposite to that which is actually present. Thus, not infrequently at autopsy or in biopsy sections identical bone marrow changes are seen in cases which hematologically do not appear to be related. It therefore becomes necessary in view of the above facts to reclassify diseases of the hematopoietic system, not on a basis of hematologic studies, but rather in the light of the underlying pathologic process taking place in the blood-forming organs. Particularly has this modern concept changed the interpretations of the leukemias which for many years have been considered as a disease in which the blood smear showed the pathogonomic picture of

a high leucocytosis and the presence of large numbers of cells in various stages of immaturity.

Although the importance of the bone marrow as an organ of hematopoiesis has long been recognized, nevertheless because of the difficulty of its approach for study and the conflicting interpretations placed upon marrow findings, very little attention has been paid until recently to the value of the study of this organ from a differential diagnostic standpoint. The bone marrow is in reality one of the largest organs in the body, in weight equivalent to about five per cent of the body weight. It is true that in the adult only a portion of this enormous organ is in a state of functional activity. Jaffe⁴ estimates that about half of the total marrow of the adult is functionally active, and has a volume equivalent to that of the liver.

After birth myelopoiesis, which in embryonal life also takes place in the liver, spleen, lymph nodes and other organs, is confined to the bone marrow, and in the adult normally takes place chiefly in the marrow of the vertebrae, ribs, and sternum. It is therefore important in the selection of bone marrow for histologic study to obtain material from a suitable site. This holds true with equal force for material obtained at autopsy or during life through biopsy. Without enumerating the various reasons for this selection, suffice it to say that the sternal bone marrow meets all of the requirements of suitability and accessibility for studies of this type.^{5, 6, 7}

ORIGIN OF BLOOD CELLS

In order to appreciate the significance of the pathologic pictures about to be presented, it may be well to discuss briefly the histogenesis of the cells normally found in the functioning marrow. Under conditions of health after birth, the granular leucocytes, the red blood corpuscles, and the blood platelets are formed exclusively in the bone marrow. For the pur-

pose of this paper the lymphocyte is considered as formed normally in the lymphoid structures of the body, and its appearance in the marrow is accepted as an indication of a pathologic alteration. The monocytes, considered by Ehrlich as transitional forms of the granular leucocytes, have been shown by Doan and Sabin⁸ to occur in the bone marrow in significant numbers only under pathologic conditions. The granulocytes, or polymorphonuclear leucocytes, develop by a process of maturation through cell division from the fixed reticular cells of the bone marrow, and pass through the intermediate stages of myeloblast, myelocyte, and metamyelocyte in the bone marrow, and are delivered to the blood stream after maturation of the metamyelocytes into young leucocytes. As has been shown by Ponder,⁹ these leucocytes further mature in the circulating blood by nuclear segmentation rather than cell division.

Erythrogenesis is also limited to the bone marrow after birth, the adult red blood cells developing through the intermediate stages of megaloblast, erythroblast, normoblast, and reticulocyte. Blood platelets arise in the bone marrow from the megakaryocyte. It is important to remember, however, that under certain pathologic conditions a reversion to an embryonal type of hematopoiesis may take place, and the spleen and liver particularly, and other organs occasionally may show evidence of marked myelopoiesis. The entire structure of the functioning bone marrow in man is in a relatively uniform state,—that is, the proportions of the different levels of maturation are relatively constant.

CELLS IN NORMAL BONE MARROW

Normal sternal marrow is pinkish to reddish-grey in color, and has a semi-fluid consistency. The marrow in the long bones is yellow in color, and has the appearance of a semi-fluid fat. Microscopically the yellow marrow is composed chiefly of fat cells enmeshed in a reticulum, with here and there an occasional reticulum cell.

Histologic study of the normally functioning sternal marrow shows islands of cellular tissue separated by fat. Upon microscopic examination of the cellular areas one is immediately

struck by the polymorphism of its cellular content. Differential cell counts performed on sections of sternal marrow obtained at autopsy from persons dying of conditions unrelated to, and having no influence on hematopoiesis, show a rather definite numerical relationship between the various types of cells within a narrow range.

DIFFERENTIAL CELL COUNT—NORMAL BONE MARROW

Myeloblasts and non-granular myelocytes	3	to 6	%
Granular myelocytes	25	to 40	%
Non-segmented granulocytes	25	to 35	%
Segmented granulocytes	5	to 10	%
Eosinophiles	1		%
Basophiles		0.3	%
Lymphocytes	1	to 2	%
Monocytes		2	%
Erythroblasts	4	to 6	%
Normoblasts	15	to 20	%
Megakaryocytes	0.3	to 0.5	%

The delivery of cells from the bone marrow to the peripheral circulation is based on rhythmic and orderly division and maturation. Shaw¹⁰ has shown that there is an average daily variation in the total number of granular leucocytes in the peripheral blood, due to tides of delivery of the cells to the circulation. Although the total count may vary up to 100 per cent in twenty-four hours, the percentage of cell types in the differential count is subject to but little variation. While the histogenesis of the granular leucocytes can be followed with some degree of accuracy, the factors which bring about orderly maturation and the mechanism of the release of blood cells from the bone marrow to the peripheral circulation are still a matter of conjecture and theory. It is probably because of disturbances in these factors that sometimes discrepancies are noted between the blood picture and the cellular pattern of the bone marrow.

BONE MARROW IN LEUKEMIA

With this brief review of the normally functioning bone marrow as a background, let us now examine the bone marrow of leukemia. We find that the process is not limited to the normally functioning foci, but is widespread and involves even the yellow marrow of the

long bones. Grossly, instead of the semi-fluid reddish-grey to brown sternal marrow and the equally moist fatty marrow of the long bones, depending upon the degree of hyperplasia, there is seen a marrow which has become a more or less homogeneous, gelatinous tissue filling the marrow cavity and capable of being cut into blocks. Its color varies with the acuteness and the type of leukemia, but as a rule is pinkish-grey to yellowish-grey, with areas of red where active erythropoiesis is taking place. The hyperplastic process in the bone marrow may sometimes be so extensive as to produce osteolytic, or osteosclerotic, bone changes visible by x-ray. This is especially true in childhood leukemia where some change was noted by x-ray in 70 per cent of the patients.¹¹ The most constant lesion was an area of rarefaction near the end of the bone adjacent to the epiphyseal line, together with elevation of the periosteum.¹² In the adult osteoporotic changes may be observed in a small percentage of cases, especially in the lymphatic type of leukemia.¹³

found in normal bone marrow are definitely disturbed, and suggest a marked derangement of the maturation mechanism. The differential cell counts of the marrow vary with the type and acuteness of the leukemia.

In chronic myeloid leukemia there is usually a diffuse hyperplasia of the leucopoietic tissue which is sometimes accompanied by an increase in the erythropoietic activity. In this type of leukemia the bone marrow may function with an almost normal mechanism and the only notable difference may be an increase in the total number of cells; or, as is usually the case, this is combined with a marked increase in the myelocytic level.

In acute myeloid leukemia, on the other hand, the marrow picture is more striking in its monotony of cellular composition. In one of the cases in this series over 90 per cent of the cells were myeloblasts or non-granular myelocytes. Here there is also a more marked disturbance of the erythropoietic tissue, which is crowded out by the rapidly proliferating myelo-

BONE MARROW PATTERNS IN LEUKEMIA

	Chronic Myeloid	Acute Myeloid	Chronic Lymphatic	Acute Lymphatic	Monocytic
Myeloblasts and non-granular myelocytes	5-15 %	50-90 %	2 %	1 %	3 %
Granular myelocytes	40-70 %	3-15 %	6 %	3 %	7 %
Non-segmented granulocytes	25-45 %	1-5 %	6 %	2 %	7 %
Segmented granulocytes	10-50 %	1-3 %	4 %	2 %	3 %
Eosinophiles	1-5 %	0-2 %	0	0	0
Basophiles	1 %	0	0	0	0
Lymphocytes	0	0	72 %	88 %	0
Monocytes	0	0	0	0	74 %
Erythroblasts	2-8 %	2-3 %	4 %	2 %	2 %
Normoblasts	8-20 %	3-6 %	6 %	4 %	4 %
Megakaryocytes	0.3-1.6 %	0.1 %	0.1 %	0.1 %	0.1 %

Histologically, one is immediately struck by two important deviations from the normal bone marrow picture: First, a marked increase in the number of cells in the bone marrow with a decrease in the fatty tissue; and second, a marked monotony of the cytologic picture. There is a proliferation of the leucoblastic cells which infiltrate the marrow and crowd out the normal myeloid tissue so that only here and there small islands of myelopoiesis can be found, surrounded by proliferating immature cells. This results in a marked disturbance of the normal ratio of nucleated red blood cells to the white blood cells. The maturation levels

blasts. The leucopenic forms of myeloid leukemia in this series showed the bone marrow picture seen in the acute myeloid leukemia.

In lymphatic leukemia the bone marrow shows a similar picture except that the cell patterns are those of the lymphocytic series. Whether this indicates a pathologic transfer of lymphopoiesis to the bone marrow, or is due to an infiltration of the bone marrow, is outside of the scope of this paper. The important point to be emphasized is that the bone marrow contains evidence of the leukemic process. Similarly, in monocytic leukemia the bone marrow shows a preponderance of these cells in the

differential cell count. Here again it must be remembered that the monocytes are derived from the reticulo-endothelial system, and occur naturally in the bone marrow as well as in the spleen, liver, and lymphoid tissues.

The bone marrow pattern in the various types leukemia was identical regardless of whether the hematologic picture showed a marked leucocytosis, leucopenia, or an entirely aleukemia picture. It is evident, therefore, that examination of the bone marrow structure should be an important factor in identifying the leukemic process.

While in the majority of the cases in this series the peripheral blood showed a marked increase in the number of white blood cells, nevertheless a substantial number of the cases (ten of forty-four cases) showed a leucopenic or aleukemic blood picture, and seven others showed a leucopenic period during observation, of which three were due to radiation therapy. Thus 38.5 per cent of the cases in this study showed a normal cell count or leucopenia at some time during their course.

DISTRIBUTION OF CASES

	Leucocytosis	Leucopenic	Aleukemic	Total
TTT				
Myeloid—				
Acute	11	6	2	19
Chronic	13			13
Lymphoid—				
Acute	3	1		4
Chronic	5		1	6
Monocytic	1			1
Erythro-leucoblastic	1			1
Total	34	7	3	44

Kracke¹⁴ has observed that this leucopenic or aleukemic phase of leukemia occurs more frequently than many of the other better known blood dyscrasias, and blames its failure of recognition on its unfortunate similarity, both clinically and hematologically, to numerous other blood dyscrasias such as aplastic anemia, pernicious anemia, agranulocytosis and thrombocytopenic purpura.

All of these conditions have in common anemia, leucopenia, and thrombocytopenia. The

presence of these findings in the peripheral blood suggests a widespread pathologic process, with destruction of the myeloid tissue of the marrow which, under physiologic conditions, maintains a normal balance of red blood corpuscles, white blood corpuscles, and platelets. It is evident that the destruction of this specific tissue may be accomplished by more than one mechanism. Toxic factors such as are seen in some of the streptococcal infections, chemical poisons as benzol and drugs of the amidopyrine group, and metastatic invasion of the bone marrow by carcinoma, have all been shown to be causes of bone marrow destruction.

The leukemic process has frequently been classed as a neoplastic disease. In leukemia there is a marked proliferation of the specific cells, with a crowding out of the myeloid tissue, causing a diminished formation of red blood cells and platelets; and where there is an associated disturbance of the white blood cell release, giving also a peripheral leucopenia. Dameshek¹⁵ feels that this triad of leucopenia, anemia, and thrombocytopenia is usually due to leukemia. It would appear logical therefore that examination of the involved tissue should be undertaken to bring to light the causative factor of this destructive process. Such examination upon material obtained either at autopsy or by sternal biopsy, or aspiration, have shown that a much larger percentage of these cases than heretofore suspected show the typical bone marrow findings of leukemia.

The majority of cases of leucopenic leukemia are of myeloid origin, although instances of lymphatic and monocytic leucopenic leukemia occur and have been reported in the literature.^{16, 17} The aleukemic leukemias are chiefly of lymphoid type, and comprise a group of much discussed conditions usually classified under the heading of lymphomas or lymphoblastomas and including such conditions as lymphosarcoma and Hodgkin's disease.¹⁸ Aleukemic leukemias of myeloid origin also occur, two cases occurring in the series reported here. There is a tendency to include such conditions as myeloma and chloroma¹⁹ as instances of aleukemia leukemia of myeloid origin.

DIAGNOSTIC PROBLEMS

Since the time allowed for this paper does not permit the detailed presentation of illustrative cases, I shall indicate those types which were the most frequent sources of diagnostic difficulty in this series.

The most common diagnostic problem has been the differential diagnosis of agranulocytosis, and leucopenic leukemia. Medical literature contains instances of patients on whom an original diagnosis of agranulocytosis was made, and who later developed the typical hematologic picture of leukemia,²⁰ or were shown at autopsy to be leukemic.²¹ Some of the cases of leucopenic leukemia have counts as low as 1000 white blood cells, with practically no granulocytes in the blood smear. The majority of the cells are mononuclear cells resembling large lymphocytes, and are frequently so classified. Because of the absence of granulocytes in the peripheral blood the patient is subject to infections and ulcerations of the mucous membranes so commonly seen in agranulocytosis, and is apt to be so clinically diagnosed. While Schultz,²² in his original description of the agranulocytic syndrome, included as one of the criteria for this diagnosis a bone marrow showing a depletion of the granulocytic cells, more recent investigators^{23, 24, 25} have described typical clinical instances of this condition in which they found a hyperplastic bone marrow. These authors explain this finding on the basis of a maturation arrest, or a degeneration of the myeloid cells before the stage of granulation, so that while the myeloblast and the early myelocytes develop up to a certain point, because of degenerative changes, they are then unable to form the more mature cells of the series which contain the characteristic granules. In the few instances of agranulocytosis whose bone marrow I have had the opportunity to examine, no case showed a hyperplastic marrow. I am, therefore, unable to form any personal opinion as to the nature of the hyperplastic process in the cases reported in the literature, but the question arises as to whether a proportion of these cases, if not all of them, may not be really leukemic in nature.

Another frequent diagnostic error is the in-

terpretation of the severe anemia and attendant leucopenia as a form of pernicious anemia. Two of the leucopenic cases in this series were referred for transfusion due to the severe anemia with a diagnosis of pernicious anemia. Careful examination of the blood smears by a competent hematologist is usually sufficient to show that the so-called large lymphocytes are in reality stem cells of myeloid origin, but even this does not always hold true. Bone marrow examination, however, readily differentiates these two conditions. The importance of this differential diagnosis can be seen when we consider that the prognosis of pernicious anemia under the present regime of treatment is practically 100 per cent favorable, and the prognosis of leukemia 100 per cent fatal.

Occasionally one encounters a patient presenting a blood picture of leucopenia, anemia, and thrombocytopenia together with an enlarged spleen and liver. One such case in this series was diagnosed as splenic anemia or Banti's disease. Autopsy, however, showed a panmyelosis with the bone marrow extremely hyperplastic and showing the characteristic picture of leukemia.

Purpuric hemorrhages are frequent in leukemia and may be associated with leucopenia and thrombocytopenia. In these cases the bone marrow biopsy may be an important point in deciding for or against splenectomy, which is indicated in thrombocytopenic purpura and is of no benefit in leukemia.

There is a group of cases in which leucopenia may be accompanied by the presence in the smear of lymphocytes of immature appearance, together with a clinical picture of glandular enlargement and slight temperature. While in many cases the diagnosis of acute infectious mononucleosis can easily be made, especially if the heterophile antibody reaction is positive in high dilutions, in some cases the question of lymphatic leukemia may creep in, and here again marrow study should solve the difficulty.

A type of case probably related to the leukemias is that formerly described as pseudo-leukemia infantum of Luzet, and now classified under the heading of erythroblastosis. While the predominating picture in many of

these cases is that of erythrogenic hyperactivity with a marked preponderance of erythroblasts in the bone marrow, instances are reported²⁶ in which the leucoblastic activity equals or exceeds the erythropoiesis. I²⁷ have reported the clinical and post-mortem findings of a child in whom a diagnosis of myeloid leukemia was made at the time of autopsy in 1925 and later restudy showed the typical findings of erythroblastosis. The relationship of this condition to leukemia is still little understood.

On the other hand, cases have been reported in which a blood picture indistinguishable from leukemia has been found in metastatic carcinoma of the bone marrow.²⁸ Leukemoid blood pictures have also been found in severe infections involving the bone marrow. Examination of the sternal marrow in these cases holds forth the promise of the true diagnosis.

BIOPSY

In all of these cases the true nature of the pathologic process was evident upon histologic examination of the bone marrow. It has been shown that bone marrow may be obtained for study during the life of the patient in a manner which does not subject the patient to any undue risk or discomfort. While sternal biopsy is the method of choice for the study of the bone marrow because it allows, not only a more

accurate differential cell count, but also a study of the relationship of the cells to each other and to the other structures of the bone marrow, nevertheless many hematologists feel that sternal puncture and aspiration with smears of the aspirated material are more advisable. They offset the acknowledged advantages of the biopsy method by pointing out that the aspiration method may be frequently repeated for study of the progress of the case, and that permission for this procedure is more readily obtainable than for biopsy. They also believe that for the purpose of diagnostic study the smear method gives sufficient information as to the cellular composition of the marrow. (See Dr. Kilduffe's discussion below.)

CONCLUSIONS

Because many cases clinically associated with hematologic pictures also found in other forms of blood dyscrasia have been shown to be actually leukemic by bone marrow study, and because bone marrow for study may be safely obtained during the life of the patient without undue discomfort or danger, it is recommended that this method of study be added to the armamentarium of the hematologist.

Definite bone marrow patterns have been demonstrated in the various forms of leukemia which differentiate them from other types of blood dyscrasia.

DISCUSSION

Dr. Robert A. Kilduffe, Atlantic City: While the importance of the bone marrow as a hematopoietic center has long been recognized, most of the information concerning its relation to blood formation has been developed from the study of autopsy specimens. It is only comparatively recently that attention has been focussed upon the study of the bone marrow during life; and in view of the present interest in such studies, it is of passing interest to recall that this procedure was first introduced by Ghedini as long ago as 1908, but has only become a matter of increasing interest and relatively extended use since the work of Seyforth in 1923.

Developments in the field of hematology have been both extensive and varied, and have resulted not only in the introduction of new hematological concepts but also in many modifications of others long held. As a consequence, we are confronted by new hematological diseases, and new concepts of the mechanism of others with which we have long thought ourselves familiar.

We now know that, important as are the cyto-

logical studies of the peripheral blood in the recognition of diseases of the blood, nevertheless the picture thus obtained is not always accurately indicative of the underlying abnormalities of the blood-forming organs. This, of course, should not really be astonishing, for it is readily apparent that the variations encountered in the peripheral blood picture depend not only upon the phenomena attendant upon growth and destruction, but also upon the varied factors governing the maturation and release of the blood cells from the hematopoietic centers. And, as many investigators have shown, the existence, nature, and degree of such influences upon such hematopoietic centers as the bone marrow may be far from obvious from a study of the circulating blood.

As Dr. Yaguda has said, diseases which hematologically have little in common, and indeed, may appear to be more or less diametrically opposed, nevertheless may present practically identical bone marrow pictures. Both pernicious anemia and primary hypochromic anemia, for example, are condi-

tions suggesting bone marrow hypoplasia, but nevertheless, as Damashek points out, in both diseases the bone marrow may be definitely hyperplastic.

On the other hand, a marked leukopenia in the circulating blood may be associated with a pyoid picture in bone marrow preparations.

Dr. Yaguda has already referred to these contradictory findings, and it is unnecessary to discuss their occurrence in any detail. They emphasize, however, that identical pathological processes may be accompanied by diversified peripheral blood pictures; and in view of this fact, and the further fact that identical blood pictures may be encountered in fundamentally different blood dyscrasias, the necessity for some study of what lies behind the blood picture becomes more and more apparent. For this purpose procedures enabling a study of the sternal bone marrow have been developed and are coming into use, especially in the investigation of the obscure and puzzling case.

Specimens from the sternal bone marrow may be secured by trephine and curettage, as described by Damashek, or by puncture and aspiration. Both have their advocates. The puncture technic permits of smear preparations only, while the trephine method enables the preparation also of sections from the bone plug removed by the trephine.

It must be emphasized that the procedure is not essentially a simple one to be applied in haphazard fashion. Occasional instances of obstinate hemorrhage have been reported following the trephine procedure, for example.

There is also some diversity of opinion concerning the relative value of trephine and aspiration specimens, some believing that smear preparations suffice, others that only from the study of sections can the true status of the hematopoietic tissue be obtained.

Incidentally, it may be said that considerable hematological experience is necessary before either type of preparation can be reliably interpreted.

Finally, as Custer has pointed out, the bone marrow is not only widely distributed but shows marked variability in different bones at different ages. For these reasons he suggests that: (1) Examinations of bone marrow from one locus may be inadequate; (2) the tibial and femoral shafts may be taken as representative of normally fatty marrow in the adult; and the ribs, sternum, and vertebrae as examples of normally cellular marrow in the adult, suggesting that hence under certain circumstances the tibia or femur as well as the sternum should be studied; (3) that sections must be of a character enabling accurate all identification; and (4) that smear preparations alone are less valuable than the examination of both smears and sections.

In any event, as Dr. Yaguda's preparations have well shown, it appears that future studies of the blood dyscrasias may well be fortified by studies of bone marrow preparations as well as studies of the peripheral blood; and that from such correlated observations there may develop an understanding of many blood dyscrasias which at present are but little understood, and are now regarded as of uncertain origin.

REFERENCES

1. Sabin, F. R.: The Bone Marrow. *Physiol. Rev.*, 8:191, 1928.
2. Doan, C. A., and Zerfas, L. G.: The Rhythmic Range of White Blood Cells in Human Pathological Leucopenic and Leucocytic States. *J. Exp. Med.*, 46:511, 1927.
3. Yaguda, Asher: Studies on Schilling Count in Appendicitis. *Am. J. Clin. Path.*, 1:39, 1931.
4. Jaffee, Richard H.: The Bone Marrow. Read at Annual Meeting of A. M. A., Kansas City, Mo., May 12, 1936.
5. Custer, R. P.: Studies on Structure and Function of Bone Marrow. *Am. J. M. Sc.*, 185:617, 1933.
6. Peabody, F. W.: The Pathology of the Bone Marrow in Pernicious Anemia. *Am. J. Path.*, 3:179, 1927.
7. Young, R. H., and Osgood, E. E.: Sternal Marrow Aspirated During Life: Cytology in Health and in Disease. *Arch. Int. Med.*, 55:186, 1935.
8. Doan, C. A., and Sabin, F. R.: Quoted by Doan, C. A., and Wiseman, B. K.: The Monocyte, Monocytosis and Monocytic Leukosis. *Ann. Int. Med.*, 8:383, 1934.
9. Ponder, E.: Studies on the Armet Count. *Quart. J. Exp. Phys.*, 16:227, 1926-27.
10. Shaw, A. F. B.: The Diurnal Tides of Leucocytes of Man. *Jour. Path. and Bact.*, 30:1, 1927.
11. Baty, J. M., and Vogt, E. C.: Bone Changes in Children in the Diagnosis of Leukemia. *Am. J. Roentg.*, 34:310, 1935.
12. Snelling, C. E., and Brown, A.: Bone Changes in Leukemia, Clinical and Roentgenological. *Arch. Dis. Childhood*, 9:315, 1934.
13. Craver, L. F., and Copeland, M. M.: Changes of Bones in Lymphatic Leukemia. *Arch. Surg.*, 30:639, 1935.
14. Kracke, Roy R., and Garver, H. E.: Hypocytic Leukemia. *Int. Clinics*, Vol. 4; Series 35:37, 1935.
15. Damashek, Wm.: Biopsy of Sternal Bone Marrow: Its Value in Studies of Diseases of the Blood-forming Organs. *Am. J. Med. Sc.*, 190:617, 1935.
16. Rosenthal, N., and Harris, W.: Leukemia; Its Diagnosis and Treatment. *J. A. M. A.*, 104:702, 1935.
17. Dean, C. A., and Wiseman, B. K.: The Monocyte, Monocytosis and Monocytic Leukosis: A Clinical and Pathological Study. *Ann. Int. Med.*, Vol. 8:383, 1934.
18. Callender, G. R.: Tumors and Tumor-like Conditions of the Lymphocyte, Myelocyte and Reticulum Cell. *Am. J. Path.*, 10:443, 1934.
19. Doub, H. P., and Hartman, F. W.: Lymphocytic, Myelocytic and Monocytic Neoplasms. *J. A. M. A.*, 105:942, 1935.
20. Flinn, L. B.: Acute Leukemia in a Child of Four Years with Severe Granulopenic Phase Preceding Remission. *Ann. Int. Med.*, 9:458, 1935.
21. Rothrock, H. A., Jr.: Differentiation of Leukemia from Agranulocytic Angina. *Am. J. Med. Sc.*, 184:689, 1932.
22. Schultz, W.: Über Eigenartige Halserkrankungen. *Deutsch. Med. Wchnsch.*, 48:1495, 1922.
23. Jaffee, R. H.: Bone Marrow in Agranulocytosis. *Arch. Path.*, 16:611, 1933.
24. Custer, R. P.: Bone Marrow in Agranulocytosis. *Am. J. Med. Sc.*, 189:507, 1935.
25. Fitzhugh, T., Jr., and Krumbhaar, E. B.: Myeloid Cell Hyperplasia of the Bone Marrow in Agranulocytic Angina. *Am. J. Med. Sc.*, 183:104, 1932.
26. Pinkerton, H.: Aleukemic Leukemia and Atypical Leukemoid Conditions. *Arch. Path.*, 7:567, 1929.
27. Yaguda, Asher: Erythroblastosis in the Newborn and in Early Childhood. *Am. J. Clin. Path.*, 5:266, 1935.
28. Piney, A.: Conversion of Chronic into Acute Leukemic Myelosis: Contribution to the Study of the Myeloblast and of the Nature of the Leukemic Process. *Brit. J. Radiol.*, 5:289, 1932.

88 Clinton Avenue, Newark

THE TWO-STAGE PRINCIPLE IN THYROID SURGERY

By MORRIS FELLMAN, M.D., Jersey City, N. J.

From the Monthly Staff Conference of the Jersey City Medical Center, December, 1935

The two-stage principle referred to here is briefly explained as the performance of a hemithyroidectomy on two different occasions, the interval between the two being six weeks. It is a type of surgical treatment advocated in cases of hyperthyroidism when it is felt that a single stage operation would affect the final outcome. At various clinics where this plan is a favored one, a noticeable mortality drop has been attributed to it.

The application of the stage operation is illustrated by two cases which have been selected because of the wide difference in ages and the striking clinical signs present. Both were treated by multiple-stage resections, and the satisfactory results justified the procedure.

Case 1. The first case is that of a girl eighteen years of age who had given a history of weight loss of thirty pounds, extreme nervousness, perspiration, palpitation of her heart, and excessive appetite. Upon examination she showed a diffusely enlarged thyroid gland, slight exophthalmos, heart rate of 120 and a basal metabolism rate of 100, all of which indicated a high degree of toxicity. The metabolic rate, because it was so high, was checked and rechecked.

There was noticeable improvement after eleven days' bed rest and iodine and sedatives. Then a right hemithyroidectomy was done and the patient was permitted to leave the hospital to return at the expiration of six weeks for the resection of the left lobe. When discharged, she was noticeably improved, the signs and symptoms disappearing almost completely, the heart rate dropping to 80 and the basal metabolism to plus 25. Upon her return, she had gained twenty pounds in weight and felt none of the other symptoms of her original admission. After her second stage she made an uneventful recovery and a check-up six months later showed a basal metabolism of plus 12, an added gain of weight of ten pounds and no abnormal symptoms.

Case 2. The second case is a woman sixty-five

years of age who gave a history of gradually increasing nervousness and shortness of breath for the last three years. Upon admission, she showed marked restlessness, tremor of her hands, an irregularly enlarged thyroid gland and auricular fibrillation. Her basal metabolism was plus 25; and she stated that, although her appetite had been good, she noticed a loss in weight but did not know how much. Because of her age and the apparent duration of the disease, a multiple stage operation was decided upon. After her first stage the fibrillation cleared up; and when her second stage had been completed, she was able to leave the hospital in the best health she has enjoyed in years.

Since the advent of iodine in the preoperative treatment of hyperthyroidism the number of stage operations has steadily diminished. However, there are certain criteria which now are advised in the consideration of the two-stage operation for the toxic cases. Among these are the duration of the disease, if present at least one and a half to two years or more; excessive weight loss; and the age of the patient, if fifty years old or over. Coupled with these facts is also the important observation of failure of response to bed rest, iodine, and sedatives. Here a decision to do a partial resection is especially indicated.

It is very important to impress upon the patient that, even though a striking improvement is noted after the first stage, the operation is not completed. It has been found that often the patient does not wish to undergo the second operation because he or she feels so much better. Great emphasis should be made as to the fact that the disease is only partially taken care of, and that the remaining tissue may cause the lighting up of symptoms that would be more severe than those originally complained of and less easily treated.

MATERNAL WELFARE—ARTICLE NUMBER ELEVEN

THE COMMON COLD VIEWED WITH RELATION TO PREGNANCY

By FREDERIC A. ALLING, M.D., Newark, N. J.

It is rather to be expected that the susceptible individual,—one without considerable natural immunity,—will acquire at least three colds a year,—the Fall cold in October or November, the Winter cold in January or February, and the Spring cold in April or May. The laity are not educated to the seriousness of colds with their economic loss to the United States each year of between 450 million and one billion dollars, and its severe complications of mastoiditis, sinusitis, bronchitis, and broncho-pneumonia. All these complications are dangerous in pregnancy, and that they should be studiously avoided is the purpose of these few remarks. Many pregnant women die every year from complications following a cold.

The following suggestions offered by the Board of Health apply to the pregnant woman as well as to anyone else: "Avoid careless coughers and sneezers; wash the hands thoroughly before meals; get plenty of fresh air, day and night; exercise in the open air every day; eat in moderation; wear clothing suitable to the weather; get plenty of sleep."

To the pregnant or postpartum mother no one should come in the rôle of a friend for a visit who has the slightest suspicion of a cold; and when a cold develops in the house in which the expectant mother is residing, the infected person should be either sent away or isolated. In the present steam-heated houses, certainly those who can afford it will be repaid by air-conditioning, humidifiers, or what any one can do cheaply, keep water in receptacles on the radiators so that the humidity of the room can be kept between 40 and 60 per cent. A dry air certainly means a dryness of the mucous membrane, which is conducive to infection. Avoid chilling of the body, worry, wet feet, exposure to infection, or getting tired.

As to treatment, drugs and suggestions have been unlimited, but the old saying, "An untreated cold lasts fourteen days, while a treated one can be cured in two weeks," does not now still hold true.

While vaccines are haphazard, and cod-liver oil or viosterol help only those who have a vitamin deficiency, and newspapers and radios are filled with useless suggestions, there are a few things that have been tried in large numbers of cases with more than fair results.

First for prevention: In addition to the giving of stock vaccines by hypodermic injection (this should be done, realizing that it may help some but is worthless in others), there is now on the market an oral vaccine for immunization prepared from the strains of upper respiratory organisms, such as pneumococci, hemophilus influenzae, streptococci and micrococcus catarrhalis. Clinically this has been proved to give a reduction of approximately 60 per cent in the incidence of colds; and such colds as are contracted by such vaccinated individuals are much less severe and of shorter duration as compared to those occurring in unvaccinated persons.

The one and only suggestion by the writer for the treatment of acute colds is that of codeine sulphate and papaverine hydro-chloride one-quarter grains of each in capsules. If with the onset of the earliest symptoms, as burning in the air passages, "running" of the nose and eyes, feeling of fullness in the head, these capsules are taken, most colds can be stopped within twelve hours. If taken later, all symptoms, general and local, are much alleviated. While the vaccine mentioned above can do no harm to either the pregnant or postpartum woman, it would seem to the writer that the large amount of codeine in the prescription offered in treatment might somewhat affect the milk secretion in the postpartum patient and cause unusual drowsiness on the part of the baby. With this patient, extra precautions in prevention should be insisted upon, and no one allowed near her or the baby who has the slightest sign of a cold. If this approach is necessary, a mask should be worn by the visitor. In any event, kissing should be definitely forbidden.

STATE SOCIETY ACTIVITIES

PRESIDENT'S ANNOUNCEMENT—NO. 6

WE, THE DOCTORS

By SPENCER T. SNEDECOR, M.D., Hackensack, N. J.

This series began with the July issue.

We are the medical servants of the people. As such, we have the serious and obvious responsibility and duty to provide the best in medical service that it is possible for the American public to procure.

As a matter of fact, that form of medical service which is best, or at least seems best to the people, whether or not it coincides with some of our individual preferences, must be accepted by us. If we are wise, we shall assume the leadership in our own field, and shall educate and guide the public into accepting those forms of medical service which have been proved to be best for them.

SOCIAL DEVELOPMENTS

The results of the recent election prove that the majority of people in this country are socially-minded and approve the principle that every individual shall have all of the essential aids to social happiness and protection. Therefore, we cannot doubt but that health and sickness will come in for serious consideration as soon as the old age and unemployment insurance plans are organized. Already the *National Social Security Board* has pronounced a study of *health insurance*. Possibly the Board in private has committed itself even further than a study, for we learn that it has now gained the support of *organized labor*. In addition, there is the urge that the indigent and the low-wage groups be given better medical service.

The over-crowded and inefficient hospital clinic, and the cheap service of the city physician or poor doctor as a modern method for delivering medical service to the poor is not satisfactory either to those who must accept it or to the underpaid or unremunerated physician who delivers it. Preventive health services are not yet sufficiently available or attractive to those in want or who can afford few luxuries. The public at large, representing the social consciousness of the people, are realizing these facts rather instinctively.

HEALTH INSURANCE

To this mass thought the term *health insurance* is being held forth as the answer to the

need. Against the present system of medical care to the poor the people at large have not protested; the profession in its constant willingness to render service, even under adverse conditions, has not rebelled; and the social groups who profess to study such wants have missed most of the essential and fundamental points about distributing the service.

This half-crystallized public desire, looking for better preventive health and medical service, is sadly in need of leadership—a leadership that will not camouflage the needs of the people under the present antiquated “poor laws”, nor render inefficient the delivery of medical service by forming a great bureaucracy of lay directors and investigators. We need wise leaders who will deliver personal, scientific medical service at a reasonable compensation.

The city physician, the over-crowded clinic, and the charity-burdened doctor has hitherto been the easiest and cheapest ways for political bodies to avoid paying reasonably for health and medical service. Under the guise of the label—health insurance—the public at large is seeking a way to gain better and more efficient medical care for these people, and there is also the vague and sincere hope that in some unexplainable manner the cost can in this way be reduced.

The science of modern medicine with its costly and elaborate diagnostic apparatus and treatment facilities can never be made cheap; neither can the hours of time spent by highly trained physicians in diagnosis and treatment. Certainly to set up an intermediary group of statisticians, directors and investigators of an insurance plan would only add to the eventual cost which must be faced.

THE MEDICAL PLAN

Last year The Medical Society of New Jersey formulated a health and medical service policy which should again be brought forth because we believe it would supply an adequate answer to the present need for better service at the lowest cost. This plan incorporated the fundamentals of our former *Emergency Re-*

SEASONABLE

PR

R AN EPHEDRINE JELLY

Prescription No. 1 Ephedrine Jelly N. F.

	Metric	Apoth.
Gelati Ephedrinae Sulfatis	30.0 Gm.	3 i
N. F. VI		

Sig: Use in each nostril as directed.

Note: Ephedrine Jelly contains:

Ephedrine Sulfate	1.00%
Methyl Salicylate	0.01%
Eucalyptol	0.10%
Oil of Dwarf Pine Needles	0.01%
in a water-soluble base	

R AN AROMATIC NASAL SPRAY

Prescription No. 2 Aromatic Spray N. F.

	Metric	Apoth.
Nebulae Aromatacae	30 cc.	3 i
N. F. VI		

Sig: Drop in nostrils as directed.

Note: Aromatic Spray contains:

Phenol	0.2%	Menthol	0.2%
Thymol	0.1%	Camphor	0.3%
Benzoic Acid	0.3%	Eucalyptol	0.2%
Oil Cinnamon	0.2%	Oil Clove	0.2%
Methyl Salicylate	0.5%	in Light Liquid Petrolatum	

Soothing inhalant to be used with a dropper, atomizer or nebulizer.

R A MENTHOL-CAMPHOR SPRAY

Prescription No. 3 Compound Menthol Spray N. F.

	Metric	Apoth.
Nebulae Mentholis Co.	30 cc.	3 i
N. F. VI		

Sig: Use as a nasal spray in atomizer.

Note: Compound Menthol Spray contains:

Menthol	1.0%	Camphor	1.0%
Methyl Salicylate	0.5%	Eucalyptol	0.2%
in Light Liquid Petrolatum			

Stimulating and soothing inhalant.

Selected by the Joint Committee of the Committee on Pharmacology of New Jersey and the Committee of the Jersey Pharmaceutical Association, proprietary, ethical combinations

FOR LOCAL TREATMENT

The prescriptions selected for an ephedrine nose drop, two oil application in various types of these formulas are taken from the nose drop formula has been especially Formulary (N. J. F.) product.

With the multitude of available in these six formulas, it becomes to discriminate between different and ointments; and it is practical ing pharmacist to stock all of various manufacturers.

After all, the essential medication ephedrine nose drop is the ephedrine a menthol camphor spray are the medicating agent in a mustard oil the essential medicating agent in of capsicum. Whether such agent names such as Musterole in the case in the case of capsicum ointment case of nose drops, or by some case of the word "Ephedrine" in the case or whether combinations of the official titles such as are used in the the left and right of this column, a prescriber.

Other things being equal, however, but also good economy, to preserve official titles.

PRESCRIPTIONS

Prescription No. 1 is a typical sulfate in a water soluble base with

Prescription No. 2 is a liquid camphor, eucalyptol, phenol, and thymol to form a soothing preparation or with a dropper.

In prescription No. 3 the menthol is stronger than in prescription No. 2 stimulating and soothing inhalant

Recently there has been development which is represented in prescription an aqueous nor an oily medium in application of ephedrine. In the case rounded by water, and the emulsion in the nasal secretions. This is a plain oil base which is miscible with nasal secretions. The emulsion type of adherence to mucous membrane action of the ephedrine.

Prescription No. 5 is a counter irritant base, with volatile oil of mustard and be warned not to touch their face with ointment.

Prescription No. 6 contains a counter irritant base. Here again the warning note

SAVE THESE PAGES

By cutting these pages along the 3 x 5 inches, for your index file, for reference whenever needed.

Committee on
CHESTER
MERWIN J.
SAMUEL I.
ALVIN E.
SIGURD W.

RESCRIPTIONS

Jour. Med. Soc. N. J., Dec., 1936.

on Professional Relations, consist-
l Problems of The Medical Society
Professional Relations of the New
meet the requirement for non-
seful drugs.

MENT OF "COLDS"

month include an ephedrine jelly,
ays, and two ointments for local
estion and "head colds". Five of
ew National Formulary, and the
ly worked out as a New Jersey

preparations of the type included
e and more difficult for physicians
nds of jellies, nose drops, sprays,
upossible for the average practic-
different combinations offered by

agent in an ephedrine jelly or an
the essential medicating agents in
nthol and camphor; the essential
ent is the volatile oil of mustard;
apsicum ointment is the oleoresin
are prescribed under proprietary
of mustard ointments; or Capsolin
or Ephedrol or Synephrin in the
name featuring the word or part
f the ephedrine sprays and jellies,
mentioned are prescribed by off-
eadings over the prescriptions on
not effect the end sought by the

, it is not only good ethical prac-
be combinations of drugs by their

TIONS

edrine jelly, conveying ephedrine
omatic oils.

rolatum spray in which menthol,
ol are combined with other aroma-
which can be used in an atomizer

ol and camphor are considerably
out the base is the same. It is a

l an emulsion type of nose drop.
4. It fits conditions where neither
icated as the vehicle for the local
sion the particles of oil are sur-
considered miscible with or soluble
o constitute an advantage over a
difficulty, and not soluble in the
f nose drop possesses the advan-
s, thus assuring a more prolonged

ritant and rubefacient, in a lard
active ingredient. Patients should
to the eyes after touching the

sin of capsicum in a petrolatum
ouch the eyes is important.

SCRIPTIONS

ack lines, you will have six cards,
these formulas for ready refer-

rmaceutical Problems
MER, M.D., Gibbstown, Chairman
MMEL, M.D., Merchantville
SH, M.D., Atlantic City
LMANN, M.D., Union City
NSEN, M.D., Passaic

R EPHEDRINE NOSE DROPS Prescription No. 4 Compound Ephedrine Emulsion, N. J. F.

	Metric	Apoth.
Emul. Ephedrinae Co.	30.0 cc.	3 i
N. J. F.		

Sig: Five drops in each nostril as directed.

Note: Emulsion of Ephedrine Co. contains:

Ephedrine Sulfate ...	1.00%	Sod. Benzoate	0.50%
Menthol	0.10%	Eucalyptol	0.25%
Camphor	0.10%	Liquid Petrolatum	
Chlorobutanol	0.50%	Acacia base	

Used to shrink inflamed and congested nasal mucous membranes.
Answers the purpose where an all-oil or an all-water vehicle is not desired.

Produces a prolonged action and spreads rapidly over mucous membranes, soothing and protecting them.

Miscible with nasal secretions.

Dropper should be washed well after each application.

R A MUSTARD OINTMENT Prescription No. 5 Ointment of Oil of Mustard N. F.

	Metric	Apoth.
Ung. Sinapis	30.0 Gm.	3 i
N. F. VI		

Sig: Bathe chest and apply ointment sparingly, rubbing in well.

Note: Oil of Mustard Ointment contains:

Volatile Oil of Mustard	2.0%
White Wax	15.0%
Lard	83.0%

Counterirritant and rubefacient.

R A CAPSICUM OINTMENT Prescription No. 6 Ointment of Capsicum N. F.

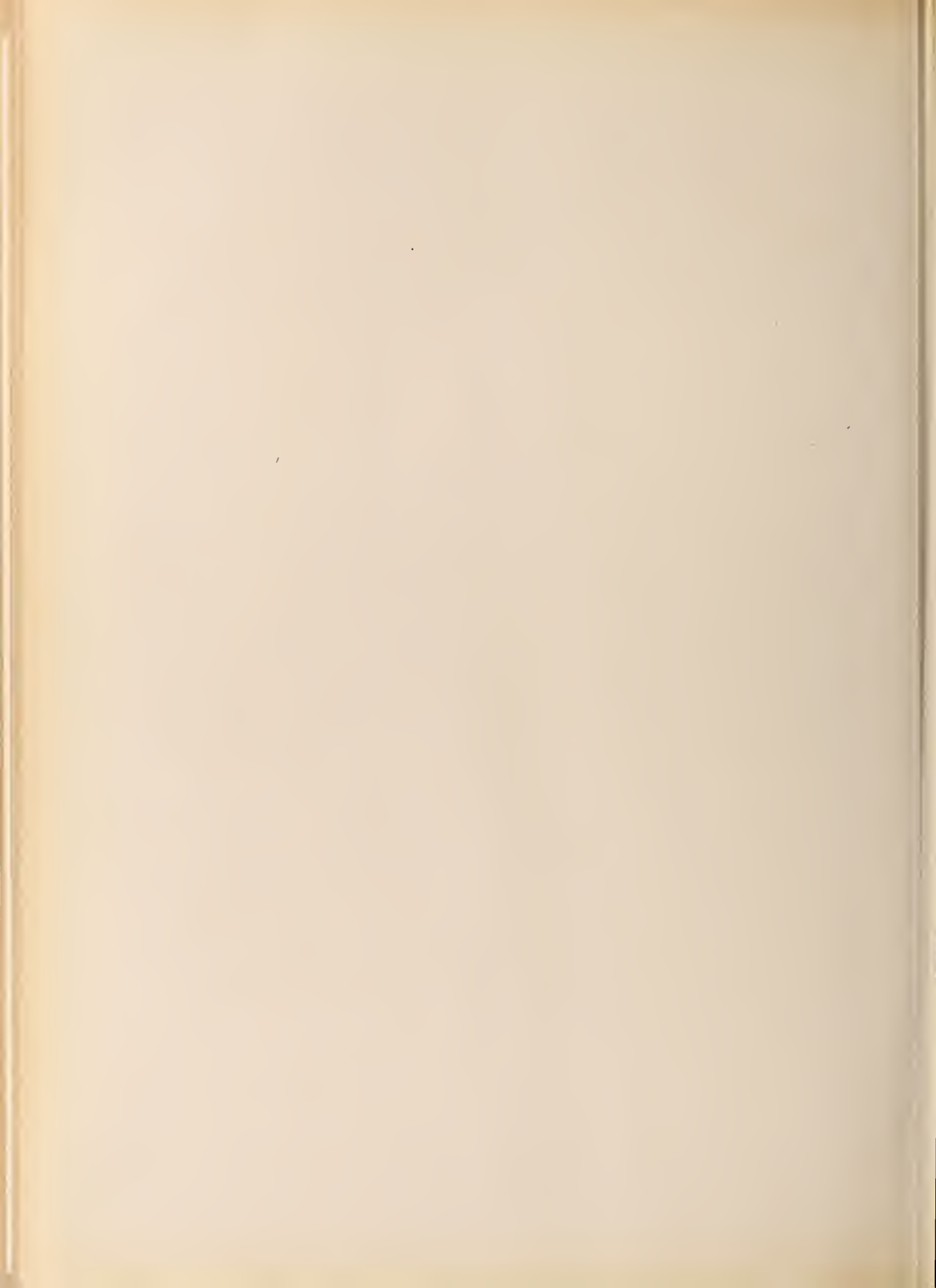
	Metric	Apoth.
Ung. Capsici	30.0 Gm.	3 i
N. F. VI		

Sig: Bathe forehead. Then apply a thin layer on retiring.

Note: Capsicum Ointment contains:

Oleoresin of Capsicum	5.0%
Paraffin	10.0%
Petrolatum	85.0%

Rubefacient and counterirritant.



lief System, in which the poor went to an individual physician of his choice rather than to a clinic, and the doctor was paid on a reduced fee basis. Clinics were to be reorganized and set up on the basis of proven indigency only.

For the low-wage group there would be provided hospital insurance with installment payments through Medical-Dental Service Bureaus according to their financial ability to pay.

These are the principles by which we physicians propose to render better health and medical service to those in need; and at the same time to keep the control of the methods in the hands of physicians.

Individually we must keep up our attainments in scientific medicine and deliver the best service that we can give in both the prevention and the cure of illness, with due thought and care to each individual patient.

Collectively we must organize ourselves, as did our forefathers who established the Constitution of the United States, "In order to form a more perfect union, establish justice, insure domestic tranquillity, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity".

We, the doctors, must lead.

WELFARE COMMITTEE

A meeting of the Welfare Committee of The Medical Society of New Jersey was held on Sunday, November 22nd, 1936, at 2:00 p. m. in the Stacy-Trent Hotel, Trenton, with Dr. Hilton S. Read, Chairman, presiding.

Those present were: Drs. Read, S. Alexander, Wilson, Lewis, Sharp, Dandois, Sewall, Levy, Areson, Fort, Zehnder, Cardwell, Bingham, Orton, Knight, Ulmer, Pyle, Coleman, Haggerty, Mann, Kler, Nichols, Clayton, Costello, Herbener, MacMillan, Ash, Green, Field, Weigel, Schlichter, Murphy, Varney, Mitchell, Snedecor, Morrison, Fischelis, McGuire, Crowe, Carrington, Hawkes, Sommer, Overton, Burritt, Urbanski, Walker, Fithian, Mr. MacDonald, and Dr. Wilkes, Secretary.

PURE FOOD AND DRUG LAW

Mr. H. W. Ambruster described the present status of the Pure Food and Drug Law.

The following motion was adopted: "The Welfare Committee urges the Board of Trustees to reaffirm the stand of The Medical Society of New Jersey in the opposition to the provisions contained in the amended U. S. Senate Bill 5, and to have a suitable amendment to this bill prepared and submitted to the A. M. A."

PUBLIC HEALTH

Dr. Stanley Nichols, Chairman of the Subcommittee on Public Health, reported on the progress that is being made in developing the "Public Health Manual" for the purpose of instructing family doctors in the preventive procedures which they are to adopt in their private practice.

CANCER

Dr. H. B. Orton, Chairman of the Advisory Committee on Cancer Control, reported that the committee had five objectives:

1. Cancer clinics,—diagnostic and therapeutic,—to be organized in hospitals.

2. Cancer to be a subject on the program of every county society at least once a year.

3. To establish cancer sub-committees in the county societies.

4. To develop hospitals for indigent cancer patients.

5. A Speakers' Bureau available for giving popular talks on cancer.

Each of the seven members of the Advisory Committee on Cancer has been assigned to a number of counties for the purpose of promoting these five objects in his district.

VENEREAL DISEASE

Dr. George N. J. Sommer read the report of the Advisory Committee on Venereal Disease Control, outlining the following procedures:

1. A sub-committee on venereal disease control in every county society.

2. Provision for treating indigents and those in the low-wage group by either—

a. Clinics.

b. The private offices of doctors aided by State subsidies.

3. Extended facilities for darkfield examinations.

4. Extension of local facilities for education and case-finding.

5. Standard drugs to be supplied to physicians.

CRIPPLED CHILDREN

Dr. Weigel, Chairman of the Advisory Committee on Crippled Children, described the plan of the committee, including:

1. Provision for establishing clinics and hospitals for diagnosis and treatment.

2. Standard qualifications for operating surgeons.

3. Standard qualifications for visiting nurses.
4. A study of cerebral birth palsies.

MATERNAL WELFARE

Dr. A. W. Bingham, Chairman of the Committee on Maternal Welfare, outlined the following objectives for the committee:

1. Adequate provision for prenatal care—
 - a. By physicians in their offices.
 - b. In prenatal centers to be established where needed.
2. More hospitals with isolated maternity departments.
3. More open hospitals where general practitioners may bring their patients subject to supervision, and with rules for consultation in abnormal conditions.
4. Regular conferences of maternal welfare groups with all physicians interested in obstetrics.
5. Investigation of every maternal death in each district,—not for criticism, but in search of knowledge to prevent another.
6. A field physician for every district.
7. Free nursing in delivery service for the low-wage group.
8. Free consultation for the low-wage group.
9. Free consultation for midwives.
10. Lecture courses.
11. Arrangements for short refresher courses in obstetrics and maternal welfare.
12. A maternal welfare article printed each month in *The Journal of The Medical Society of New Jersey*.

BABY KEEP-WELL STATIONS

Dr. Stanley Nichols reported on the appointment of advisory physicians in "Baby Keep-

Well Stations" to be established under the Social Security Act, stating that under an agreement between The Medical Society of New Jersey and the State Department of Health, applicants for the medical positions will be rated according to their post-graduate pediatric courses. The State Department of Health is ready to provide scholarships for those physicians who have not had sufficient training and yet have been nominated by their county medical societies.

On motion, the reports of the Advisory Committees in Public Health were approved.

THE MIDDLESEX COUNTY PLAN

Dr. J. J. Mann, President of the Middlesex County Medical Society, described the county-wide plan of continuing to care for the indigent sick in the doctors' offices, and the county paying the bills. Dr. Mann said that Middlesex County proposed to apply the same methods in supervising the health of babies, the plan being that mothers shall bring their babies to the offices of their family doctors. This plan was approved by the Welfare Committee.

PUBLIC RELATIONS CHAIRMAN

Dr. Hilton S. Read announced that he wished to be relieved of the burden of the chairmanship of the Public Relations Committee, and that Dr. J. H. Kler, of Middlesex County, was willing to accept the chairmanship. On motion, the appointment was approved.

THE PUBLIC HEALTH HOUR

Dr. Stanley Nichols presented the recommendations of a committee of the Health Officers' Association on the Public Health Hour. (See page 721.)

COURSE IN OBSTETRICS

The State Committee on Maternal Welfare has arranged with the Margaret Hague Maternity Hospital, Jersey City, for short refresher courses in obstetrics.

The length of the courses will vary from one to four weeks. While attending this course a physician will have the fullest opportunity for observation of all cases handled in all departments of the hospital. The physicians may attend all lectures, conferences, laboratory exercises and demonstrations.

There will be no charge for the first week, and only a nominal charge for subsequent

weeks. These courses have nothing to do with those given in this hospital in connection with Columbia University, but are special courses arranged for the physicians of New Jersey who are recommended by the State Committee on Maternal Welfare. No certificate of attendance will be given.

As only a few can be accepted at one time, it is advisable to apply early, giving first, second, and third choices of time. Applications should be made to the chairman, Arthur W. Bingham, M.D., 144 S. Harrison Street, East Orange, N. J.

SCIENTIFIC EXHIBITS AT THE ANNUAL MEETING, 1936

ARTICLE NUMBER ONE

By ASHER YAGUDA, M.D., Newark, N. J.
Chairman, Committee on Scientific Exhibits

Starting with the 1936 Annual Meeting of The Medical Society of New Jersey, the Scientific Exhibits were given a more important part in the program of the annual meeting than heretofore.

In order that these exhibits and the lessons they teach may be brought before the entire membership of The Medical Society of New Jersey, the Committee on Publications has agreed to publish each month in The Journal



Photograph Number 1.—General view of the exhibits, showing the permanent booths.

Believing that properly selected exhibits are of great educational value in bringing to the busy practitioner in outline form the recent developments in the various branches of medicine, the Committee on Scientific Exhibits is endeavoring to bring to the annual meeting each year exhibitors who have during the preceding few years contributed materially to the advancement of medicine.

The Board of Trustees has realized the importance of this part of the annual meeting and has coöperated with the committee so that it was possible in 1936 to construct a new and permanent set-up for the use of the Scientific Exhibits. (See photograph No. 1.)

photographs of some of the exhibits of the preceding year, together with a brief statement of the nature of the exhibit. In this way, it is hoped to bring to those members of the State Society who were unfortunately unable to be present at the annual meeting some of the educational benefits of the exhibits and to inspire them to attend the succeeding annual meetings and spend some time at these exhibits.

THE 1937 EXHIBITS

Since all the exhibits at the Annual Meeting on April 27 will be on the Lounge Floor of Haddon Hall, they will be easily accessible to visitors. Demonstrators will be present to explain the exhibits.



Photograph Number 2.—Fresh autopsy specimens.

PHOTOGRAPH NO. 2

One of the innovations of the 1936 Scientific Exhibits was the establishment of the *fresh pathology exhibit*. Fresh autopsy material, obtained through the coöperation of Drs. Custer and Krumbhaar, of Philadelphia, were

demonstrated by our own pathologists daily. Much interest was evidenced in this exhibit and it will be continued during the succeeding years. A wide variety of pathologic material will be demonstrated and an opportunity given to the physicians to renew their knowledge of pathologic lesions.



Photograph Number 3.—Cineplastic amputation, Dr. Henry H. Kessler, Newark, N. J.

This exhibit demonstrates the validity of utilizing muscles that remain in the amputated stump to activate the mechanism of the artificial arm.

Heretofore artificial arm mechanisms have been activated by cords and pulleys, attached to the shoulder of the opposite arm. By cineplastic procedure, the same muscles which for-

merly opened and closed the fingers are again used in the same acts of prehension.

This principle was first proposed by Vanghetti more than thirty years ago. It was developed and improved by Putti and Sauerbruch.

This exhibit, by means of photo and moving-pictures, plaster models, as well as live dem-

onstrations of the cineplastic prosthesis, showed the distinct advantage in the rehabilitation of arm amputation. Through the natural control opened by this procedure, the individual may utilize the assistance of the amputated arm in

pometer with which any technician can measure the results of any laboratory method.

Chart I explains the simple *reduction rate sugar method*. This not only detects and measures but also indicates the nature of urinary



Photograph Number 4.—The Differential Diagnosis of Urinary Sugars. Dr. William G. Exton, Director of the Prudential Insurance Company Longevity Service.

the performance of his daily tasks. By increasing his efficiency, his confidence is restored, while his ability to compete with others is definitely improved. He is thus equipped to partake of a full life without asking for any special consideration because of his disability.

Dr. Exton's exhibits showed the improved diagnostic methods for differentiating between diabetes and the many other conditions having reducing urines which are so often mistaken for diabetes. There were three wall charts, and demonstrations of the extraordinary precision, speed, and ease of the *Universal electro sco-*

reducing substances. All of these look exactly alike when tested by the usual methods.

Chart II shows statistics of 1000 reducing urines, of which 800 had one per cent or less reducing substances, usually called sugar, but only half came from diabetes. The only reducing substance involved in diabetes is glucose.

Chart III explains the *one hour, two dose test* for differentiating between diabetes and other glucose cases.

These new methods enable a physician to avoid mistakes in diagnosis which were hitherto unavoidable.

MEETING OF THE SUB-COMMITTEE ON PUBLIC HEALTH OF THE WELFARE COMMITTEE

The Sub-Committee on Public Health of the Welfare Committee met at the Academy of Medicine, Newark, on November 4th, 1935, following a meeting of Dr. Nichols and the representatives of the Health Officers Association of New Jersey. The meeting opened at 3:25 p. m., Dr. Nichols presiding. Those present were: Drs. Nichols, Teimer, Levy, Ireland, Knight, Potter, Thalheimer, Overton, Wilkes, and Mr. MacDonald.

CHILD WELFARE

Dr. Julius Levy, reporting on child hygiene and maternal health projects, emphasized the following points:

Requesting that each Advisory Committee chairman formally invite the Public Health liaison member to the committee meetings, and to notify him of the time and place of such meetings.

Progress in getting physicians appointed to Baby-Keep-Well Stations and the Pre-Natal Clinics where the County Societies have approved such clinics. He stated that under the Social Security Act program, lectures had been arranged for the Maternal and Child Health fields to be given by physicians selected from among the leaders in these specialized fields in New Jersey.

Reminding the committee that subsidies are available for training selected physicians in the conduct of the stations and clinics. For these, there has not been, as yet, a great demand.

Pointing out that nursing service in families unable to provide this service was available to physicians upon request; and that this service is being increasingly used by the doctors.

Reporting a proposed list of designated physicians who might be called upon by midwives; and that such a list was to be recommended by the County Medical Societies.

MATERNAL WELFARE

Dr. Stanley Nichols, Chairman of the Sub-Committee on Public Health, spoke on the following developments:

Twelve motion pictures on obstetric procedures and thirteen on child health procedures are available without cost on application to Mead Johnson Company, Evansville, Indiana.

Sixteen field physicians are now working under Dr. Bingham's committee endeavoring to raise the level of obstetrical practice among the physicians in New Jersey. This is not

relief but improvement of *service*. It is planned at a later time to expand the scope of function and responsibility of these field physicians, and have them also instruct in other fields of service besides obstetrics.

An essential qualification for the field physicians is that they should first have proper professional attitude, knowledge, and experience to win the respect and coöperation of the physicians. They should have personality and persistency, and their integrity should be above question. It is believed that they will carry to a successful conclusion not only the work of the Maternal Welfare Committee, but also the closely allied work of the Child Health Committee.

Dr. Nichols spoke of the great help of the editorial office in the preparation of the manual for preventive medical practice, which will provide the essentials in this field to be observed and used by the general practitioner.

CERTIFICATE OF IMMUNIZATION

Dr. Thalheimer reported that immunization against diphtheria and smallpox is now obligatory for entrance into the Philadelphia Public Schools. He suggested that this might be achieved in New Jersey through proper legislation; and that a certificate acceptable for school entrance might be provided to each member of the Medical Society who, when the child is properly immunized and vaccinated, might so certify to the school authorities on the entrance of the child in school.

There was general discussion on the advisability and practicality of seeking legislation making vaccination and immunization compulsory before entrance in school. This raised the question of the coöperation of doctors in providing *records* to official agencies.

Mr. MacDonald, of the State Department of Health, stated that in his experience under the free biologicals act, the reports were very poor. The physicians present admitted that this was one of the difficulties in the efforts of the leaders of organized medicine. There seems to be a lack of appreciation of the importance of adequate records to *show the proper use of public funds* for the purposes for which they were provided.

Dr. Thalheimer suggested a form of certificate to be issued by The Medical Society of New Jersey to be hung in each doctor's office stating what the State Society had asked the doctor to do, so that the patients might feel

that the doctor was trying to render a service to them, rather than to merely increase his financial income.

CRIPPLED CHILDREN

Dr. Nichols discussed the Crippled Children's Advisory Committee report; and certain changes were made, particularly in paragraphs 3 and 9. Dr. Nichols is to take up the question of these changes with Dr. Weigel, Chairman of the Advisory Committee. It is believed that it is necessary to distinguish between the principles to guide the program for crippled children work under the Social Security Act and the professional guidance and advice of Dr. Weigel's Advisory Committee.

The Cancer Control program submitted by Dr. Orton was unanimously approved.

The Mental Hygiene program was discussed, but no formal action was taken on it.

The suggestion was made that the Public Relations Committee should urge the members of the Medical Society to attend the New Jersey Conference on Social Work (Jour., Nov., p. 654).

The proposed New Jersey School Physicians' Association was under discussion but no final decision was reached as to what would be the best procedure.

The meeting adjourned at 5:30 p. m.

LEROY A. WILKES, M.D.,
Secretary.

HEALTH HOUR PLAN

RECOMMENDATIONS OF THE NEW JERSEY HEALTH OFFICERS' ASSOCIATION

After careful consideration of all phases of the Health Hour program inaugurated by the State and County Medical Societies about two years ago, your committee adheres to the primary principle so strongly urged by the State Committee for the Prevention of Diphtheria in 1928.

PERSUASIVE EDUCATION OF PARENTS

1. The ideal toward which both health departments and the medical profession should strive is the protection of as large a percentage of preschool children as is practicable against diphtheria as well as smallpox, by each physician early immunizing the children in his own practice at his regular fees or with such adjustments as may be arranged between parent and doctor. To further this end, it is recommended:

a. That those physicians who are willing, and whose clients will receive the suggestion in the spirit in which it is made, should call this matter to the attention of parents of children either verbally or by written communication or both, at birth and frequently thereafter, to the end that such child be vaccinated before six months and immunized at nine months.

b. That, since the health departments can more disinterestedly carry on this kind of persuasive education, it is recommended that they too bring the matter forcibly to the attention of the parents of all newborn children, urging frequently during their preschool life by a series of letters and by nurse visits and other methods that they go to the family physician for these preventive treatments. Where machinery and funds are not available for this educational program by local departments, it

is suggested that it be done by the State Health Department.

c. That, as a further means of advancing this part of the program, it is recommended that the State Health Department, through local boards of health or otherwise, provide free toxoid, in exchange for which physicians shall agree to report the names and addresses of those children upon whom the product is used.

SPECIFIC PLANS

2. It is obvious, from a questionnaire study made for your committee, that under the Health Hour plan many immunizations are being performed; and that in some localities more protection is being had than was experienced before this plan was inaugurated. It is, therefore, recommended:

a. That the Public Health Hour plan be continued under present arrangements as a supplement to paragraph 1, in order that those persons who can and will pay the modest sum of \$1.00 for each injection or vaccination, but cannot or will not pay their physician's regular fee for individual appointment service, may be thus cared for.

b. That some method be devised to revise the list of participating physicians so that only those who are now willing to participate on this cut fee arrangement may be included. Experience has shown that many who have signed the agreement are not willing to continue to carry the free load of strange children which has come to them; nor in the judgment of your committee should they be expected to do so.

c. That, where local sentiment favors it and the municipality is willing to pay the cost, some plan of remuneration to physicians for this class of patients be effected.

CONDITIONS FOR FREE IMMUNIZATIONS

3. Two years' experience with the combination of efforts outlined in paragraphs 1 and 2, together with the questionnaire study referred to above, indicates that, after all such immunizations are accounted for, there remains a considerable number of susceptible children who have not been protected under either method. To protect this residual group, which may be considered a potential danger in many communities where immunizations have not reached the point where epidemics of this disease are unlikely, there appears to your committee to be no practicable solution except for health departments to again offer *free immunizations* with materials purchased by the State or local governments. It must now be conceded that such clinics, as a means of community protection after all other efforts have failed, are a decided safeguard to the entire program. It is, therefore, recommended:

a. That, where such clinics are held, every effort first be made to protect the children in regular or Public Health Hour practice and to strive to limit the clinic load to those on relief, in low income groups, and those referred by local physicians.

b. That physicians performing these immunizations in public clinics be remunerated for such services at not less than \$5.00 per hour with a minimum fee of \$5.00 per clinic.

c. That no effort be made to displace physicians already in the employ of health departments under civil service or other employment agreements.

SMALLPOX

4. The committee further recommends that, with reference to smallpox vaccination, the principles set forth above shall apply. Even though Section 29 of the State Sanitary Code does require boards of health to make public offer of free vaccination, before this is done every suitable effort should be made to secure such protection in regular or Public Health Hour practice through joint effort of the medical profession and the health departments. With the present status of this disease in New Jersey, it is felt that these three efforts should hold smallpox in abeyance, and that but few will remain for protection by the school authorities under authorization of the State law. In times of emergency, public clinics may be necessary for quick and effective control, in addition to the organized coöperation of the medical profession.

COMMITTEE ON HOSPITALS AND MEDICAL EDUCATION

A meeting of the Committee on Hospitals and Medical Education was held on Sunday, November 29th, 1936, at 2:15 p. m. in the Executive Offices, Trenton. The Chairman, Dr. Satchwell, presided. Those present were: Drs. Satchwell, S. Hawkes, Renner, Murray, Bentley, Wilkes, and Professor Light of Rutgers University.

By agreement with the Sub-Committee on Medical Practice of the Welfare Committee, the portion of the work relating to hospitals was determined to be an activity relating to *medical practice*, and it was decided that Dr. Lewis' committee would carry that portion of the work. This committee is concerned only with the activities relating to Medical Education.

The Committee on Medical Education has divided its program into three parts:

1. Regular Post-Graduate Education in co-operation with Rutgers University.
2. Public Health Education under Social Security Act Program.
3. Collateral Activities under County Medical Societies.

1. POST-GRADUATE EDUCATION

For the past six years, post-graduate education has been the equivalent of fourth year

medical college teaching given in sets of six lectures at eleven centers in the State. It has been given in coöperation with the Extension Division of Rutgers University, and has been *paid* education. Seven years ago the subscription fee was \$30.00 per course. It was gradually lowered until two years ago it was \$10.00 per course, and one year ago it was \$5.00 per course. Previous to one year ago the subscription fee was definitely set by the State Board of Regents, and no variation on the part of County Societies was allowed. Last year the plan was to hold the sponsoring County Society liable for a total of \$250.00 for the course of six lectures, but it was allowed the privilege of charging an individual subscription of any amount it desired.

One week ago Dr. Satchwell held a conference with Mr. Norman Miller, head of Rutgers Extension Division, and Professor Light of the same division; and it was decided this year to follow the same plan,—namely, to offer courses in the various centers, and to ask the County Society members to subscribe a total of \$250.00, the fee to each individual member to be decided upon by each respective County Society committee.

This year, as in former years, this plan was submitted to the State Board of Regents for

approval, these courses being definitely a part of the adult education of the State University. This approval was obtained.

It is to be noted that education under the auspices of Rutgers must be charged for, since the university does not dispense free education.

Dr. Renner moved that the plan outlined above be accepted by this committee as the plan for the coming year in Post-Graduate Education. Seconded by Dr. Bentley. Unanimously carried.

It is repeated here that this Post-Graduate Education given by Rutgers is not free. All other activities of an educational nature given free by this committee have no contact with Rutgers. The activities of this committee have not been limited to post-graduate paid teaching, but each year have consisted of other activities given free.

In the past, the Extension Division of Rutgers has taken care of all matters of organization, printing, and mailing, and the bills are paid by them from the money received from each County Society. It has been our experience each year that there have been small deficits which have been made up by Rutgers. This committee has worked through the college office in setting up these courses.

2. PUBLIC HEALTH EDUCATION

This will consist of lectures given at the same eleven centers as used for post-graduate education, and will be chiefly on preventive medicine or public health subjects. The lectures can be divided into:

- a. Maternal Welfare.
- b. Child Health.
- c. Venereal Disease Control.
- d. Tuberculosis Prevention.

a. It is the sense of this committee that the lecture plan, in-so-far as it relates to Maternal Welfare, has been completed for the current year (up to July).

b. It is the sense of this committee that our educational activities under this heading shall be devoted chiefly to that portion of the plan relating to Child Health. This activity will not preclude the giving of the regular post-graduate courses in those centers desiring them.

c and d. It is the sense of this committee that as many lectures as possible on Venereal Disease and Tuberculosis should be included without interfering with the Child Health program.

Regarding the plan for the Child Health lectures, the procedure shall be as follows:

The Sub-Committee on Preventive Procedures and Child Health, of which Dr. Murray is chairman, is under Dr. Nichols' Committee on Public Health. This committee will prepare and furnish Dr. Satchwell's Committee on Post-Graduate Education a suggested curriculum, in conformity with which the lectures shall be patterned.

The committee under Dr. Murray shall also secure lectures requested by the Committee on Post-Graduate Education.

The responsibility for all *expenses* of operation of these courses shall be covered by the Sub-Committee on Public Health. These finances are obtained from funds available under the Social Security Act, and are dispensed through the State Department of Health, which is operating in coöperation with The Medical Society of New Jersey in a program designed and sponsored by both groups.

The actual machinery of organization and operation of these courses will be operated by the Committee on Medical Education through the Executive Offices of The Medical Society of New Jersey in Trenton.

Dr. Murray, as Chairman of the Sub-Committee on Preventive Procedures, and this Committee on Medical Education, agree that we shall use local men as lecturers wherever possible, keeping in mind continually the benefit available in selecting those who have proven themselves to be good teachers.

The committee feels that, in its own experience, the greatest benefit is obtained from the teaching by men, local or otherwise, who have had teaching experience.

Dr. Renner moved that this committee adopt the policies to guide Public Health Education as stated above. Dr. Hawkes seconded the motion and it was unanimously adopted.

3. COLLATERAL ACTIVITIES

It has always been the policy of this committee to aid in the programs of those County Medical Societies which have showed initiative and activity in post-graduate education.

Regarding the requested approval of the Course on Theoretical and Clinical Pathology, it is the feeling of this committee that Dr. Satchwell should see the Dean of Rutgers personally, and state verbally the attitude of this committee.

The meeting adjourned upon motion at 4:00 p. m.

LEROY A. WILKES, M.D.,

Secretary.

THE NEW JERSEY TUBERCULOSIS LEAGUE

The New Jersey Tuberculosis League held its thirtieth anniversary meeting in the New Jersey State Normal School in Newark, on October 22 and 23, 1936. Its proceedings are of interest to practicing physicians, because its influence had secured the adoption and installation of the physicians' anti-tuberculosis plans by non-medical organizations,—social, civic, and official. The result of the combined efforts of the organizations has been the reduction of the death rate to one-quarter of that in 1906. The actual death rates per 100,000 of population were 186 in 1906 and 49.9 in 1935.

Notwithstanding the great progress in the anti-tuberculosis campaign, the disease caused 2143 deaths of New Jersey citizens in 1935; and was the principal cause of death among people under 45 years of age.

The work of the League is financed through the sale of Christmas seals, the income being about \$200,000 last year, or about two-thirds of the peak receipts in 1929. The special field of the League is that of popular publicity and education for two purposes:

1. To inform the people as *individuals* regarding the nature of tuberculosis.
2. To secure the *collective* action of the people in anti-tuberculosis work, ranging from visits by nurses to patients in their homes, to the erection and maintenance of State sanatoria.

DEFINING FIELDS OF ACTIVITY

Dr. Spencer T. Snedecor, President of The Medical Society of New Jersey, gave a brief

address, in which he emphasized the need that each organization engaged in anti-tuberculosis work should agree with the other agencies regarding the scope of its activities; and then should stick to its own field. Most disagreements arise from an overlapping of activities,—the League intruding upon the medical field; and the doctors upon that of administration and finance. But great progress in coördination is being made in all lines of the attack on tuberculosis.

HISTORICAL PAGEANT

An interesting feature of the evening program on October 22nd, was a pageant by the students of the Dramatic Department of the State Normal School. The subject was "Historic Episodes in the Development of Organized Work Against Tuberculosis". The first episode showed Dr. E. W. Trudeau, founder of the first sanatorium, with two factory girls who were the first patients. Other episodes included the first board meeting of the League, the first Christmas seal sale showing Gibson Girl costumes, and closing with a group of white-robed nurses and doctors in a modern hospital.

Dr. Charles I. Silk, of Perth Amboy, was elected President of the League. Dr. Silk has taken a special interest in anti-tuberculosis work for many years, especially in Middlesex County.

THE NEW JERSEY HEALTH AND SANITARY ASSOCIATION

The sixty-second annual meeting of the New Jersey Health and Sanitary Association was held in the Hotel Woodrow Wilson, New Brunswick, on November 20-21, 1936. The Medical Society of New Jersey was officially represented by Drs. Snedecor, Morrison, Nafey, Kler, Levy, Wilkes, and Overton.

The New Jersey Health and Sanitary Association was one of the first of its kind in the United States, and from the outset its activities have been guided by the medical profession. A past president of the State Medical Society, Dr. Ezra M. Hunt, of Metuchen, was the first chairman of its Executive Committee. Among its first thirty-six presidents, seventeen were physicians, twelve were civil engineers, and seven were college professors.

Throughout these years the society has de-

pended on *The Medical Society of New Jersey* for technical guidance; and this in large measure explains its success. It will do all that the professions desire if it is given proper support. Its diversified membership and its freedom from official bonds enable it to bridge the gap between the professions and the public. It is a coördinating body in matters of public health and welfare throughout the State.

Attractive exhibits arranged by The Medical Society of New Jersey, Middlesex County Medical Society, the Department of Institutions and Agencies, Reed's Book Store of New Brunswick, the New Jersey Tuberculosis League, the State Department of Health, and the New Jersey League of Women Voters, added much to the completeness of the meeting.

MORNING PROGRAM

The program began on Friday morning with the choice of a trip through either the plant of Johnson and Johnson, makers of surgical supplies, or the Biological Laboratories of E. R. Squibb & Sons. The attendance on both of these trips was unexpectedly large.

AFTERNOON SESSIONS

On Friday afternoon, there were three sessions going on simultaneously.

An industrial hygiene session under the direction of Dr. L. D. Bristol, of the American Telephone and Telegraph Company, who discussed occupational diseases, accidents and hygiene.

A communicable disease session under the direction of Mr. William H. MacDonald, Chief, Bureau of Health Administration, New Jersey State Department of Health, discussed scarlet fever, whooping cough, and septic sore throat, with special reference to serum treatments and immunizations.

A child welfare session under the direction of Dr. Julius Levy, Chief, Bureau of Maternal and Child Health, New Jersey State Department of Health, discussed the negro child mortality in New Jersey and behavior problems in children.

EVENING SESSIONS

A general evening session was conducted by Dr. J. G. Lipman, President of the Association, who outlined its objectives.

Dr. C. F. Geschickter, Johns Hopkins University, gave a popular lantern slide talk on cancer.

Addresses on the aims and accomplishments of the various health organizations of the State were made as follows:

The Medical Society of New Jersey, S. T. Snedecor, M.D., President.

New Jersey State Dental Society, J. M. Wisan, D.D.S.

New Jersey State Organization for Pub-

lic Health Nursing, Miss Hettie Seifert, R.N., President.

New Jersey Tuberculosis League, J. B. Morrison, M.D., President.

New Jersey Congress of Parents and Teachers, Mrs. Walter L. Bowen, President.

New Jersey Conference of Social Work, David Fales, Ph.D., Vice-President.

Dr. Henry H. Vaughan, Dr. P.H., Commissioner of Health of Detroit, Michigan, summarized the preceding addresses and outlined Detroit's public health service, in which the doctor's office is the center of all public health activities, with the city paying the doctor for immunizations and other public health services.

Dr. Valeria Parker, of East Orange, demonstrated a new lecture film on syphilis, made by the American Social Hygiene Association. This film is available for health meetings on application to Dr. Parker.

ANNUAL MEETING

The annual meeting of the association was held on Saturday morning. The work of local councils of the association was described, and the desirability of forming sections of the association was discussed.

Officers were elected as follows:

President, Dr. Jacob Lipman, Director, State Agricultural Experiment Station.
First Vice-President, Mr. William MacDonald, State Department of Health.

Second Vice-President, Dr. Joseph R. Morrow, Director, Bergen County Sanatorium.

Third Vice-President, Dr. L. D. Bristol, Health Director, American Telephone and Telegraph Co.

This distribution of officers assures close cooperation with the medical profession, and represents an important ally of the Public Relations Committee of The Medical Society of New Jersey.

THREE BALTIMORE MEETINGS

During the week beginning Monday, November 9th, three important meetings were held in Baltimore. Regions I and II of the American Academy of Pediatrics met first, and on the following day the Southern Medical Association and the Southern Branch of the American Public Health Association met, and all three continued their separate sessions. These meetings were attended by Dr. LeRoy A. Wilkes, Executive Officer, representing The Medical Society of New Jersey, in conformity

to the custom that the Society shall be represented in all meetings of closely allied organizations, so far as possible.

New Jersey pediatricians to the number of 17 attended the meeting of the American Academy of Pediatrics and 43 physicians from New Jersey attended the meeting of the Southern Medical Association. More than 5000 persons were present at these meetings.

The scientific exhibits and meetings and the

technical exhibits were excellent and well arranged.

The meeting schedule was promptly dispatched, and yet there was little evidence of undue haste.

The social functions were well attended; and evidence of returning prosperity having at last reached the physicians was manifested in the enrollment, which was the largest ever recorded for the Southern Medical Association.

The Baltimore doctors were marvelous hosts and the clinics arranged were a treat for the visiting physicians from other parts.

The faculties of the medical departments of Johns Hopkins and Maryland universities were triumphant in their energy both to instruct and also to entertain their visiting colleagues.

The doctors' wives were gracious and provided the charm which marked the social events.

Baltimore may well be proud of her facilities and her abilities in the field of medical service.

The American Academy of Pediatrics held its annual meeting in Baltimore on November 16th and 17th, 1936. Dr. Clifford G. Grulee, of Evanston, Ill., Secretary, and Dr. Fred B. Smith, of Baltimore, Chairman of the Local Committee on Arrangements, reported that the following members from New Jersey were present: Stanley Nichols, Asbury Park; Walter B. Stewart, Atlantic City; E. Harrison Nickman, Atlantic City; Maurice L. Ripps, Elizabeth; Bernard Fein, Newark; A. S. Finkelstein, Newark; Louis E. Goldberg, Newark; A. Heyman, Newark; H. A. Murray, Newark; F. B. Rothstein, Newark; Harry B. Silver, Newark; J. S. Uhr, New Brunswick; Irving Okin, Passaic; Hyman P. Fine, Perth Amboy; William London, Perth Amboy; Frederick W. Lathrop, Plainfield; LeRoy A. Wilkes, Trenton.

The Southern Medical Association held its annual meeting in Baltimore November 18-20, and was attended by thirty-one members of

The Medical Society of New Jersey as follows: Clarence L. Andrews, Atlantic City; Harmon H. Ashley, Princeton; Nicholas M. Alter, Jersey City; H. Sheridan Baketel, Jersey City; Sidney Cohen, Newark; S. A. Cosgrove, Jersey City; Charles Englander, Newark; Lester M. Goldman, Newark; Charles J. M. Hofer, Metuchen; William Robb Hofer, Metuchen; William H. Huber, Newark; Edward R. Hunter, Delanco; Granville L. Jones, Marlboro; Robert A. Kilduffe, Margate; E. W. Lane, Bloomsbury; Julius Levy, Newark; James W. Marquis, Newark; William F. Matthews, Montclair; Harrold A. Murray, Newark; Leslie E. Myatt, Bridgeton; Maurice Nataro, Newark; James S. Plant, Newark; Benjamin P. Potter, Jersey City; Maurice Ripps, Elizabeth; J. M. Silverstein, Millburn; Alfred Stahl, Newark; Walter B. Stewart, Atlantic City; Simon F. Wade, Elizabeth; LeRoy A. Wilkes, Trenton; Asher Yaguda, Newark; Irene J. Zalewska, Passaic.

Also by the following five non-members: Benjamin B. Bardfeld, Vineland; Thomas B. Christian, Greystone Park; George H. Lussier, Marlboro; Samuel J. Penchansky, Bayonne; James B. Pettis, Marlboro.

Also by the following internes: Milton Abarbanel, Jersey City; Walter P. Campbell, Edgewater; John S. O'Toole, Newark; Leslie A. Stauber, Port Norris; Genevieve Tirrell, Bound Brook.

Also by the following non-licensed practitioners: E. I. Cornbrooks, Jr., Collingswood; Henry O. Witten, Lyons (Army Hospital).

New Jersey Registration:

Members N. J. Society	31
Non-members N. J. S.	5
Internes	5
Not licensed in N. J.	2
	<hr/> 43

The association draws its membership from all the Southeastern section of the United States, and is one of the largest medical societies in the country. The total attendance was about 5000.

A. M. A. CONFERENCE OF STATE SECRETARIES AND EDITORS

The annual Conference of the Secretaries and Editors of the State Medical Societies, under the auspices and at the expense of the American Medical Association, was held in the A. M. A. building in Chicago on November 16 and 17, 1936, and was attended by Drs. J. B.

Morrison, Secretary, and Frank Overton, Editor, of The Medical Society of New Jersey. Over one hundred representatives from every part of the United States were present.

These annual conferences are of great value, not only for the knowledge gained, but also

for the inspiration which comes from wide acquaintanceships and exchange of ideas. They also enable the Secretaries and Editors to see the great number of activities of the A. M. A. in actual operation, and to appreciate the wide extent of the services which the A. M. A. is prepared to render to the State Societies and to individual inquirers.

When one greets those who have attended the conferences year after year, he appreciates the solid foundation on which the organizations of physicians rests, and the conservatism of the profession in maintaining the ancient landmarks of medical practice.

Still more striking is the number of new men who are taking up the burdens of organized medicine, and are carrying them on to broader fields of influence as they develop new plans to meet the evolution of social customs and methods.

Then, too, one must actually see the various departments of the American Medical Association in operation to appreciate the great number and variety of services which the national organization provides for the members at a cost of seven dollars per Fellow.

The conference was in session from ten o'clock on Monday morning until Tuesday noon. This was possible because of the hospitality of the A. M. A. in providing both dinner and supper to the delegates on Monday.

THE FORMAL PROGRAM

The conference was opened by Dr. Rock Sleyster, of Wauwatosa, Wisconsin, Chairman of the Board of Trustees of the A. M. A. Dr. Sleyster outlined the history and development of the A. M. A. from 1883, when the Journal was started by Dr. N. S. Davis, a founder of the A. M. A., who used his own office as his editorial sanctum, to the present nine-story building owned and fully occupied by the association.

Following the custom of previous years, the conference was in the hands of the delegates, who elected their own presiding officer—Dr. Earl Whedon, of Sheridan, Wyoming, who wielded his inseparable six-shooter as his gavel, and who proved himself to be both a pacifist and kindly leader.

Dr. Charles Gordon Heyd, of New York, President of the A. M. A., gave the first address, outlining the development of modern medical services in two eras:

First, that from 1900, when the causes of devastating diseases such as malaria, typhoid fever, and hookworm, were discovered by physicians, and the methods of their control by

mass action of government authorities were developed.

The second era is just opening up, and will consist in the suppression of cardiac disease, cancer, pneumonia, and similar forms of sickness as the result of the *individual* efforts of practicing physicians.

Dr. Heyd closed with a reference to the great clock in the tower of the Cathedral at Strassburg, with its dials indicating the time, and the succession of day and night and the seasons, all determined and controlled by one pendulum in the basement, as the most essential unit of the mechanism. "Each practicing physician", he said, "constitutes the unit which energizes the whole system of medical service in this entire nation."

BASIC SCIENCE LAWS

The second speaker was Mr. J. W. Holloway, of the Bureau of Legal Medicine of the A. M. A., who described the *Basic Science Laws* as an attempt to compel applicants for medical licenses to conform to uniform standards, instead of adapting the requirements to the applicant, as is sought by chiropractors and other cultists. The object of the Basic Science Law is to require a single standard of knowledge for every applicant for a license to practice any form of healing. The basic sciences in which proficiency is required include anatomy, physiology, chemistry, pathology, and the fundamentals of the practice of scientific medicine. Mr. Holloway discussed the results of the operation of basic science laws in Arizona, Michigan, Minnesota, Texas, and Washington, and the opinions of the courts in upholding its constitutionality.

THE MICHIGAN FILTER SYSTEM

The "Filter System", which was proposed and put into operation by the Medical Society of Michigan, was described by Dr. L. Fernald Foster, Secretary of the society. The feature of this system was an agreement of the medical societies with welfare officials by which the admission of patients of low incomes, especially crippled children, to free hospitals should be made by two successive steps:

First, a local board of welfare officials determine the financial status of the applicants, and classified them into three groups:

1. Those able to pay in full for the services received.
2. Those of low incomes who would agree to pay something in installments.
3. Those unable to pay anything.

Second, each county medical society sets up a medical board which determines the neces-

sity of an operation, and other hospital care, and recommends the admission of the patient.

The results of the system have been:

1. Protection of the patients against cultists and quacks who make impossible promises of cures and at exorbitant rates.
2. The recognition of physicians as an essential part of the State welfare system.
3. The promotion of both efficiency and economy in the care of the needy patients.

THE PUBLIC HEALTH LEAGUE OF CALIFORNIA

Dr. Glenn Meyers, of Los Angeles, described the state-wide Public Health League of California and its operation. The membership of the League consists of physicians, dentists, nurses, and hospitals, with dues at five dollars.

A major object of the League is to influence medical legislation, its activities being *political*, but *non-partisan*.

The League begins to exert its influence *before* the elections of legislators are held. It ascertains the attitude of the nominees, choosing those whom it will support, and those whom it will oppose.

It also maintains close contacts with the legislators throughout the sessions of the Legislature. An essential feature of the system is the appointment of "key men" similar to those in New Jersey.

It also has a system of organizing the members by tens, hundreds, thousands, and counties, each with a head responsible for securing action by each member.

There was considerable discussion of the feature of including other groups on equal footing with the doctors. It was the general opinion that physicians should be the leaders in medical legislation, but should welcome the assistance of all other groups, as in New Jersey.

COMMENTS ON STATE SOCIETIES

Dr. J. H. J. Upham, President-Elect of the A. M. A., gave an informal address on his observations of the annual meetings of the State Societies. A specific suggestion was that the State Societies should make up their list of speakers from their own members.

THE SOCIAL SECURITY ACT

Dr. Thomas Parran, Surgeon General, United States Public Health Service, gave an excellent description of the methods of giving assistance to the several states under the Federal Social Security Act, especially in syphilis, chronic rheumatism, and other neglected con-

ditions. Dr. Parran specifically stated his opposition to health insurance, and outlined standard procedures such as those adopted in New Jersey. He especially invited the State Medical Societies to develop systems of service adapted to their own conditions.

The impression which Dr. Parran left was entirely favorable. He especially requested that State Societies make reports of their progress under the Social Security Act, before Christmas.

THE CHILDREN'S BUREAU

Miss Katherine Lenroot, Chief, Children's Bureau, United States Department of Labor, outlined the program of the Bureau in regard to services in Maternal and Child Welfare, and stated the attitude of the Department that family physicians should be assured of pay for their services under the Bureau.

WEEKLY BULLETIN OF THE A. M. A.

Dr. Olin West described the plans of the A. M. A. to issue the Bulletin weekly as a supplement to The Journal, in order to carry news regarding public relations and medical economics,—features which are now lacking in the Journal.

LABELS AND TEXTS ON LANTERN SLIDES

Dr. Richard M. Hewitt, former Assistant Editor of the A. M. A. Journal and now Editor at the Mayo Clinic, Rochester, Minnesota, discussed the principles on which the legibility of the printing on lantern slides depends. In order that a slide may be easily read, its letters must be large in size, and its lines, open-spaced. The average medical lecturer puts about four times too many words on a slide. Dr. Hewitt showed samples of lantern slide reading-matter written in various sizes and types, and density of lines. He also discussed tables and graphs, and gave illustrations of common faults in their making.

(We appreciated Dr. Hewitt's demonstration, for it confirmed our own opinion and practice in every respect.—*Editor's Note*.)

INSURANCE AGAINST MALPRACTICE

There was a lengthy discussion on malpractice insurance, led by Mr. Thomas V. McDavitt, of the A. M. A. Bureau of Legal Medical Medicine and Legislation.

The delegates by a divided vote approved a resolution offered by Dr. Morrison, that county medical societies should adopt a provision in their constitutions that a doctor convicted of violating the Federal Narcotic Law should automatically forfeit his membership.

DINNER SESSION

A dinner session of the conference was held in the Palmer House immediately after the close of the Monday afternoon meeting. This session was entirely informal and was conducted by Dr. Holman Taylor, Secretary and Editor of the State Medical Association of Texas, who had presided at the first dinner conference, which was instituted last year, and whose popularity and value was attested by the presence of practically every delegate.

Dr. Taylor had written to every Secretary and Editor asking for suggestions regarding topics to be discussed; and on the basis of the replies, he distributed a list of the following subjects:

1. Is it good policy to accept beer, wine, and whiskey advertisements?
2. How to get subscribers to read our publications.
3. Ways and means of securing advertising contracts other than those furnished by the Coöperative Medical Advertising Bureau.
4. Contracts for printing.
5. Shall the Editor assume a position of leadership in the profession of his state?
6. Character, scope, and objectives of editorials.
7. Are we overdoing the play on medical economics?
8. The best position for the index.
9. The American Medical Editors and Authors Association.

Each subject was taken up in order, and under the skillful and courageous leadership of Dr. Taylor the speakers were limited to giving their views without argument. Wide differences of opinion were expressed, most of which are in evidence in the Journals of the several state societies. So far as practical points were concerned, the dinner discussion was the most useful feature of the conference.

The points brought out will be subjects of editorial comment in the New Jersey Journal.

PUBLICATIONS

The Editor of the New Jersey Journal spent some time securing current information regarding the literature available for distribution by the A. M. A. Three services are offered:

1. A packet library which is designed to aid doctors to prepare addresses on *scientific* subjects to be given before medical societies. The

material for the packets consists principally of leaves taken from the medical journals used in preparing the *Index Medicus*. A Fellow writing for material for a scientific address will be supplied with a packet of articles on the subject. The packet may be retained for a week only, and then must be returned. The only charge for the service is that for return postage on the packet.

2. Booklets on Medical Relations, and Economics, will be sold to Fellows, at prices varying from ten cents to a dollar for each.

(On request of the Editor, a complete set of the publications has been sent to the Executive Offices in Trenton; together with catalogues giving their several prices. Information regarding the booklets may be obtained from the Executive Offices in Trenton.—Editor's Note.)

3. Material for popular addresses to lay audiences will be supplied free to representatives of the medical societies of the States and the Counties. This department has on file mimeographed copies of all the radio addresses given by the A. M. A., and most of those given by local societies, all of which are available for distribution.

This service is of great value to committees on Public Relations in their assignment of speakers over the radio, and to lay audiences.

The department particularly requested the coöperation of the Editor in securing copies of all health addresses given in New Jersey either over the radio, or to lay audiences.

CONCLUSIONS

It is the opinion of the Editor that the A. M. A. Conference of State Secretaries and Editors is of the greatest possible value especially along the following lines:

1. Affording opportunities for meeting the active workers from all over the United States, and talking over their common problems in a personal way.

2. Becoming acquainted with the leaders in the several departments of the A. M. A., and ascertaining the facilities which they have for giving personal service to the officers, committeemen, and members of the medical societies of the states and counties.

3. Developing a spirit of fellowship and understanding with those connected with the great national organization of practicing physicians.

DEATHS OF PHYSICIANS DURING THE PAST YEAR

For two years each issue of The Journal has printed the names of New Jersey physicians dying, using the lists supplied by the State Department of Health. These lists are for the second month previous to that of The Journal, for two reasons:

1. Local registrars do not send their certificates of death to the Department until several days after the end of the month.

2. The State Department checks the list for the residences of the deceased, and so excludes residents of other states from the Journal's list.

There is a slight inaccuracy in the list in that New Jersey physicians dying outside of the State are also included; and sometimes there is a delay of several months before the names are filed in New Jersey.

The following statistics will be interesting to the readers of The Journal:

Number of New Jersey physicians dying between November 1, 1935, and October 31, 1936, 111.

Average age at death, 63.8 years.

Youngest physicians:

- One at 30, from brain tumor,—glioma.
- One at 34, from tuberculosis.
- One at 37, a suicide.

Oldest physicians:

Charles H. Shivers, of Atlantic City, father of Dr. Charles H. deT. Shivers, Chairman of the State Committee on Venereal Disease Con-

trol. Dr. Shivers died on June 28, 1936, aged eighty-eight years. He had been in good health and was in the active practice of medicine until the first week in May, when his femur was fractured. He was the oldest practicing physician in New Jersey. He graduated from Jefferson Medical College in 1872, and practiced in Haddonfield for thirty years. He then removed to Atlantic City in 1902 because of ill health, but he practiced there for thirty-two years. When he died he was still a member of the Atlantic County Medical Society. His obituary appears in the July, 1936, Journal, page 435.

Dr. Shivers' record for length of active practice is unequalled, so far as is indicated by the available records. This Journal will print the notices of any physicians showing similar records.

Dr. William Bock, of Westfield, is recorded as having died on August 21, 1936, aged ninety years, but his record is not available.

Dr. John Dalrymple, of Hackettstown, died on May 1, 1936, aged ninety-one years, but The Journal has no record of his medical service.

Dr. Shivers headed the list which was published in The Journal of February, 1936, containing the names of members of The Medical Society of New Jersey who graduated fifty or more years ago. Dr. Edward J. Ill and Dr. John M. Summerill, of Pennsgrove, now head the list, both having received their medical degrees in 1875.

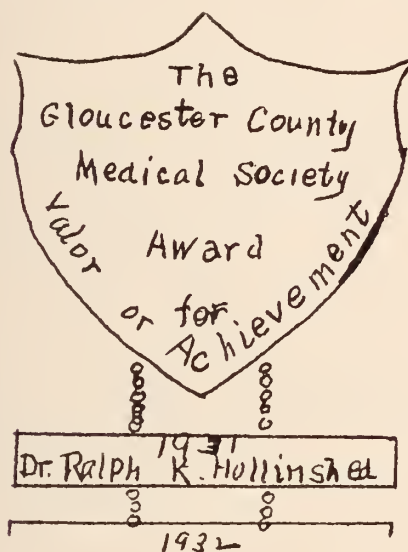
LIST OF PHYSICIANS DYING IN NEW JERSEY IN OCTOBER, 1936

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Martin L. Boyd	55	Oct. 3	Middle Twp. Cape May Co.	Same	Tuberculosis.
Albert N. Jacob	72	Oct. 27	Sparta, Sussex Co.	Same	Coronary embolism.
Robert B. Ludy	66	Oct. 2	Atlantic City	Same	Cerebral hemorrhage.
Fred A. Pringle	48	Oct. 11	Montclair	Same	Coronary thrombosis.
Alvah A. Swayze	67	Oct. 17	Hackensack	Same	Parkinson's disease.

CONTACTS AND COMMENTS, No. 2

Amplifying the report of the October fifteenth meeting of the Gloucester County Society on page 668, of the October Journal, the following item has been received:

The Society's medal "for Valor or Achievement" is a friendly appreciation of the qualities which endear the recipient to his fellows. It is awarded each year, and the name of the honored member is added as a pendant to the medal. He keeps the token for a year and then passes it on to the next donee. The list of those receiving the souvenir is as follows:



1931—Dr. Ralph K. Hollinshed, for his courage and gallantry in trouncing a ruffian for accosting and insulting a lady on a street in Westville.

1932—Dr. Baxter A. Livengood, for his indomitable courage in getting married in this bleak year.

1933—Dr. Henry L. Sinexon, for his superb valor and resistance in *not* getting married.

1934—Dr. Henry B. Diverty, for his good fortune and rich experience in having traveled more extensively, both at home and abroad, than any other member of the Society.

1935—Dr. William W. Pedrick, for displaying unusual courage and calmness in a sleighing accident in February of this year.

1936—Dr. J. Harris Underwood, for his splendid record of being the professional attendant at more maternity cases than any other member of the Society.

The radio "Health Drama", "Your Health", is broadcast by the American Medical Association through the National Broadcasting Company every Tuesday at 5 o'clock E. S. T. This is a continuation of a service that was given every week last year through the courtesy of the Broadcasting Company. Physicians will do an excellent service to their families by calling attention to this scientific radio feature.

The subject of "Personals" in State Journals was discussed with some heat at the supper meeting of the A. M. A. Conference of Secretaries and Editors. Some Editors considered their personals to be among the most popular features of their Journals, while others considered any personals at all to be beneath the dignity of a State Medical Society.

The Publication Committee of The Medical Society of New Jersey takes a middle attitude, and will consider items regarding the personal services of any member to be worthy of notice in The Journal.

We are now in the midst of the popular Christmas Seal sale campaign for the support of the anti-tuberculosis campaign in New Jersey and throughout the nation. It is Christmas Seal money that has been a major support of the campaigns for health laws, and the establishment of sanatoria and preventoria, and has aroused a popular demand for health measures for the benefit of children of all classes. The New Jersey Tuberculosis League, Inc., whose annual meeting in Newark on October 22 and 23 is described on page 724, is the center of anti-tuberculosis work in the State; and its influence on public opinion is an example of the opportunities before the Committee on Public Relations of The Medical Society of New Jersey.

A Health Championship Contest at the International Livestock and Grain Show in Chicago is described in the *New York Herald Tribune* of December 2nd. The judges narrowed their choice first to forty boys and girls, and then chose three boys and three girls whose scores were equally perfect, and gave each a blue ribbon. The health formulas of the contestants consisted of "A balanced diet, plenty of milk and water, eight hours' sleep in a well-ventilated room, hard play and work, and plenty of sunshine,"—all of which is commonplace health advice to be found in any popular health magazine. One may expect that next year these champions will be pictured in a modern series of school books on health. However, the later editions of the books will not feature the after-life of these boys and girls, for their fate may well be that of the prize baby at a New York show a few years ago who died from the effects of too much coddling by its proud parents.

To distribute medical services to the people for fifty years is an honor of which any physician may well be proud. It is to be regretted that information,—complete and accurate,—is not available regarding those longest in medical practice. The list of deceased physicians of New Jersey published each month in the *Journal* frequently contains the names of those who were prominent a decade or two ago, but who are forgotten because of their retirement from active practice, or their removal to the homes of their children.

The deans of the medical practitioners today are Dr. Edward J. Ill, of Newark, and Dr. John M. Summerill, of Pennsgrove, as noted on page . . . of this *Journal*. Information is also desired regarding living physicians who graduated at earlier dates, but who have retired from practice. Those too deserve recognition by their colleagues. Any information regarding these retired practitioners will be perpetuated in the pages of the *Journal*, if the information is sent to the Editor.

If you don't see it in *The Journal*, don't blame the Editor. It is up to the reporters of the county societies to send items to *The Journal*, especially accounts of unusual meetings.

It is becoming quite the custom of county societies to honor their past presidents with a jewel or other evidence of appreciation. These events are usually carefully planned, but one item is usually forgotten—no provision is made to secure a photograph of the recipients as they

appeared in the meeting at which they were honored. A part of the arrangements should be the presence of a photographer who will take a picture of the honored members, with a portable floodlight, at a small price. The *Journal* will reproduce the picture in its next issue, as was done with the group photograph of the Past Presidents of the State Society, which was reproduced on page 364 of *The Journal* of June, 1936.

The county medical societies are showing an increasing interest in their histories, and the identification of the former leaders. New Jersey has a surprising number of families in whom the practice of medicine is an heirloom, as was the VanderVeers of Somerset County, two of whom were Presidents of the State Society. Their names appear again and again in the earlier records up to fifty years ago, but unfortunately Henry was a common given name in the family, and to identify the particular Henry VanderVeer to which a record refers is now almost impossible.

We recall one family Bible in which a family name was perpetuated in succeeding generations, but the patriarch who recorded the deaths wrote, "A. B., who was born on ———, died on ———." A similar identification is the record of the acts of a medical leader will be a great help in perpetuating his identity.

The Bulletins of the County Societies are demonstrating their increasing field of usefulness. They are carefully preserved in the Executive Offices, for they reveal the reactions of the members to the projects authorized and described in the *State Journal*. The bulletins also carry information to the members who find it impossible to attend the meetings of their County Societies,—yes, furthermore, they well inform the absent members of the practical activities of their County Societies, and stimulate them to attend and obtain their benefits at first hand.

So far as we are able to determine, the Camden County Medical Society was the first in the field, having been established about a quarter of a century ago, although this year's bulletin is headed "Volume 8".

The *Journal* will print historical data regarding the county bulletins if the information is sent to the editorial offices.

Last month The Journal began the practice of quoting interesting items from the Bulletins of the County Societies, and hopes they will continue to justify their publication in each issue of The Journal.

Hudson County.—The December Bulletin of the Hudson County Medical Society is issued in a condensed form, and gives summaries of important actions instead of reproducing the debates through which the conclusions were reached.

The Bulletin gives the following excellent summary of the duties of the Medical Advisory Committee of the Visiting Nurse Service:

1. Responsibility for recommending the policies of the Red Cross Visiting Nurse Service.
2. Authorizing standing orders.
3. Advising the Nursing Service on all medical questions.
4. Interpreting the work of the Nursing Service to the Medical Profession.

Announcement.—"The attention of the members of the Society is again directed to the tuberculin Mantoux testing course offered by the Staff of the Hudson County Tuberculosis Clinics.

"Any member interested in qualifying for future mass surveys in our schools or other institutions is cordially invited again to take this course, and requested to communicate with the clinic in his own section of the county.

"These are as follows:

"292 Grove Street, Jersey City—Bergen 4-1099

"Medical Center, Jersey City—Bergen 3-7000

"Bayonne Hospital, Bayonne—Bayonne 3-6300

"Christ Hospital, Jersey City—Journal Sq. 2-1220

"209 Clinton Street, Hoboken—Hoboken 3-1309

"West Hudson Clinic, 41 Kearny Avenue, Kearny—Kearny 2-0870

"North Hudson Clinic, 781 Park Avenue, Union City—Union 7-2428."

Camden County.—The December Bulletin of the Camden County Medical Society contains a two-page list of the officers and committeemen of the Society. Omitting those who serve in more than one capacity, we counted seventy-one names, or 45 per cent of the membership reported on the last official list,—a most excellent record of activity of the members.

Writing of the Federal Social Security plans, the Bulletin says:

"The local county society should be the administering unit in dispensing medical care under any Health Insurance Plan. Would it not be well for our organization to formulate a definite plan to administer medical care? The Central Medical and Dental Clearing Bureau, as established in Newark and Washington, D. C., seems the logical answer."

Essex County.—The November Bulletin carries a list of officers and committeemen covering three pages of names, arranged in double column. We counted the names,—378 of them,—but we made no attempt to count the duplications, and will leave that for the Secretary, Dr. Pinneo, to do. We believe, however, that at least 40 per cent of the active membership of 778 are enrolled in some active capacity.

Atlantic County.—The November Bulletin of the Atlantic County Medical Society also contains a list of the officers and committeemen of the Society, in which sixty-five individual members are listed, or 58 per cent of the members on the Official List,—surely an active society.

Middlesex County.—The November Bulletin carries the following report of the excellent work done by the Public Relations Committee, of which Dr. Klein is Chairman:

"Articles have appeared weekly in nine county newspapers.

"Twenty speakers were procured for parent-teacher associations up to the date of the last meeting.

"There will be a combined meeting of the Parent-Teacher Associations in the vicinity of Perth Amboy at the Perth Amboy High School on Tuesday, November 24th, at 8:00 p.m. Dr. George F. Leonard will speak on immunization against diphtheria, rabies, and whooping cough. The profession is also invited."

The Bulletin also gives a list of thirteen local speakers who addressed Parent-Teacher Associations since October 8th. It also gives the excellent record of the Society in regard to the Public Health Hour.

Bergen County.—The November Bulletin is full of live information, including the programs of the regular meetings of the Society from December to June, and plans for a popular public health meeting. It also has a four-page report of the meeting of the Executive Committee.

The County Society settled a perplexing question generously, as shown in the following quotation from the Bulletin:

"A letter was received from the widow of one of our members asking the Society to consider if there were any refunds due her. A discussion brought out the fact that this physician had died only a couple of months after the first of the year and, though the State dues of \$13 had been paid for him, considering the circumstances a resolution was passed ordering the Treasurer to refund \$20 to the widow."

COUNTY SOCIETY REPORTS

COUNTY SOCIETY COMING MEETINGS

DECEMBER

1 Hudson	10 Passaic
1 Camden	10 Somerset
8 Bergen	11 Atlantic
8 Cumberland	11 Salem
9 Mercer	16 Middlesex
9 Ocean	17 Gloucester
9 Union	17 Morris
10 Burlington	23 Monmouth
10 Essex	

JANUARY, 1937

5 Camden	14 Passaic
5 Hudson	19 Warren
8 Atlantic	20 Middlesex
12 Bergen	21 Gloucester
13 Mercer	26 Hunterdon
13 Ocean	27 Monmouth
14 Burlington	Sussex (At call
14 Essex	of President)

ATLANTIC COUNTY

Robert A. Kilduffe, M.D., Reporter

The regular monthly meeting of the *Atlantic County Medical Society* was held November 13th, 1936, at the Ambassador Hotel, Dr. S. L. Salasin presiding, with sixty-five members and guests present.

VISIT OF PRESIDENT'S CABINET

Dr. S. T. Snedecor, President of The Medical Society of New Jersey, gave an interesting and interpretative discourse on the program of the Society during his term of office. Lantern slides carrying the outline of the program were shown.

Dr. H. S. Read emphasized several objectives of Dr. Snedecor's program, especially the need for proper presentation of medical philosophy, and the modernization of the cost of medical care.

Dr. C. B. Kaighn called attention to the Annual Meeting of the State Medical Society in April, and requested coöperation of the members in making it the most successful and helpful convention ever held.

MATERNITY HOME

Application for a maternity home for two patients by Mrs. Harfey in Pleasantville was referred to Dr. J. C. Brown, Chairman of the Maternal Welfare Committee, for action.

Applications for membership from Dr. J. Hurlong Scott and Dr. W. Paxon Chalfonte were referred to the Board of Censors.

P.-T. A.'S IN EDUCATION

Dr. E. L. Shore called the attention of the society to a program of medical care being carried on in the schools through the Parent-Teachers organizations. This was referred to the Public Relations Committee for investigation, and whatever action it deems necessary.

SCIENTIFIC

The scientific program was presented by Dr. O. H. Perry Pepper, Professor of Clinical Medicine, University of Pennsylvania, who discussed in a most interesting manner the diseases of the esophagus from the viewpoint of the internist.

Dr. Pepper's paper was eminently practical in its

viewpoint and emphasized the symptoms arising from esophageal disturbances which, unless their possibility is borne in mind, may be easily overlooked.

The paper was heard with great interest and profit and was discussed by Drs. Scanlon, Stewart, Marvel, and Kilduffe.

BERGEN COUNTY

LeRoy W. Black, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Holy Name Hospital on Tuesday, November 10th. The minutes of the October meeting were read and approved.

COMMUNICATIONS

The following communications were read:

A letter from Mr. E. W. Garrett, Deputy Commissioner of the State of New Jersey Department of Alcoholic Beverage Control, informing us that his department would be glad to send a speaker to us on liquor control in New Jersey since repeal.

A letter from Dr. Stanley Nichols, Chairman of the Public Health Committee of The Medical Society of New Jersey, suggesting that our Public Health Committee add to its membership one doctor most interested in each of the following: Cancer, tuberculosis, mental hygiene, maternal welfare, crippled children, venereal disease, and child health.

A letter from Dr. W. M. Fielding asking for a change to Associate Membership.

A letter from the John C. Conklin Agency in regard to the Physicians' Malpractice Insurance, as new rules have been put into effect.

ANNOUNCEMENTS

The President announced that new members had to be present at the meeting on which they were elected to membership in order to receive a certificate of membership.

The Secretary announced that a list of speakers' subjects had been sent to the Parent-Teachers Associations and Service Clubs and that volunteer speakers would soon be called upon.

A list of physicians who wish to work in Baby-Keep-Well Stations has been furnished to Dr. Wilkes at Trenton and to Dr. Levy at Newark.

The President announced that two important subjects would come before the society for final decision at one of our future meetings:

1. Establishing a prenatal clinic at Cliffside.
2. The endorsement of the Hasbrouck Heights Hospital.

SCIENTIFIC

Dr. Farmer then introduced the principal speaker of the evening, Dr. A. F. Coca, Editor-in-Chief, Journal of Immunology. His paper was discussed by Drs. Morrow, Littwin, Corn, Franklin, Levitas, Knowles, and Black.

Mr. Clyde R. Newell, District Health Officer for Passaic and Bergen Counties, gave an extensive report on the typhoid epidemic which occurred in Englewood this year. He reported sixty-nine cases occurring in nineteen out of seventy communities in Bergen County this year.

The Englewood epidemic involved forty-four known cases, with probably some unknown cases. Mr. Newell emphasized the foolish attitude taken by many people in disregarding warning signs placed at contaminated springs.

BURLINGTON COUNTY

Parry M. Scott, M.D., Reporter

The monthly meeting of the *Burlington County Medical Society* was held Thursday, November 12, at the Moorestown Field Club, and was called to order at 9:30 by the President, Dr. Howard Hornberger.

TUBERCULOSIS SANATORIUM

A letter was read from the Secretary requesting a report from Board of Managers of Burlington County Tuberculosis Sanatorium of New Lisbon as to conditions in the institution. The answer to this letter was read, in which the Board of Managers replied that they were turning the matter over to the County Board of Freeholders. Action on the matter was deferred pending report from this board.

ELECTION OF OFFICERS

Before appointing the Nominating Committee, Dr. Hornberger stressed the importance of selecting proper men to carry on the future work of the society. He then appointed Drs. Hartman, Muldoon and Haines. They brought to the society the following names for officers for the ensuing year, and by vote of the society the Secretary was requested to file a unanimous vote for their election:

President, E. L. Small, M.D.
Vice-President, Fred. Fahrenbruch, M.D.
Secretary, E. Warren Rodman, M.D.
Treasurer, E. V. Davis, M.D.
Reporter, P. M. Scott, M.D.

R. D. Anderson, M.D. Howard Curtis, M.D.
Robert Imhoff, M.D.

Four Delegates to State Society:

E. J. Hornberger, M.D. E. M. Stokes, M.D.
E. Haines, M.D. E. P. Darlington, M.D.

Four Alternates to State Society:

J. Kuder, M.D. L. M. Hartman, M.D.
P. M. Scott, M.D. Arthur Peacock, M.D.

One Member, Nominating Committee State Society:
E. J. Haines, M.D.

One Alternate Member, Nominating Committee State Society:
J. H. Hornberger, M.D.

Two Delegates to Camden County:

H. Shipps, M.D. R. Imhoff, M.D.

Two Delegates to Gloucester County:

W. E. Bray, M.D. J. Clement, M.D.

Two Delegates to Ocean County:

D. F. Remer, M.D. D. H. Le Favor, M.D.

Two Delegates to Atlantic County:

M. W. Newcomb, M.D. N. Thorne, M.D.

Two Delegates to Salem County:

R. E. Haldeman, M.D. J. P. Moore, M.D.

Two Delegates to Cape May County:

W. Zwick, M.D. C. F. Voorhis, M.D.

Four Members to Scientific Program and Entertainment Committee:

R. Geary, M.D. E. Muldoon, M.D.

D. H. Le Favor, M.D. H. Shipps, M.D.

Dr. Howard Curtis was appointed chairman.

TESTIMONIAL TO DR. TRACY

The Secretary of the Society, Dr. Tracy, had previously handed in his resignation, which was accepted with regrets by the society. In view of Dr. Tracy's work of over thirty-two years in this capacity, Dr. Hornberger requested Drs. Thorne, J. M. Davis and Haines to prepare and present a suitable testimonial to Dr. Tracy for his long and faithful service.

NEW MEMBER

Dr. Wyman, who has been elected a member at previous meeting, was duly registered and sworn.

Dr. Darlington requested that the meeting of the society for February be held at Burlington County Hospital in the afternoon. This request was referred to the incoming Committee on Arrangements.

The Auditing Committee reported that the books of the Treasurer with cash balance of \$537.35 were in order.

Dr. Hornberger then turned over the chair to the newly elected President, Dr. Small. On motion of Dr. Stokes, the society gave a rising vote of thanks to Dr. Hornberger for his splendid work as President for past two years.

ENTERTAINMENT

An entertainer then amused the society by showing card tricks and feats of mind reading; following which the meeting was adjourned.

CAMDEN COUNTY

Harold D. Barnshaw, M.D., Reporter

The regular meeting of the *Camden County Medical Society* was held November 3rd, 1936, at 9 p.m. It was attended by sixty-seven members, and Dr. B. F. Buzby, President, presided.

NEW MEMBERS

The following men were unanimously elected to membership in the society:

- Dr. David Keyser, West Jersey Homeopathic Hospital, Camden, N. J.
 Dr. Samuel Goldman, Seventh and State Streets, Camden, N. J.
 Dr. J. J. Reilly, 622 Penn Street, Camden, N. J.
 Dr. J. C. Jones, 805 Princeton Avenue, Camden, N. J.
 Dr. A. S. Hanson, 533 Monmouth Street, Gloucester, N. J.
 Dr. Daniel Stephenson, 213 Haddon Avenue, Haddonfield, N. J.
 Dr. M. H. Assante, Evesham Avenue, Magnolia, N. J.

An application for Honorary Membership was made for Grafton E. Day, M.D.

ADDRESS OF STATE PRESIDENT

Spencer T. Snedecor, M.D., President of The Medical Society of New Jersey, gave an inspiring address on its activities and plans for the coming year. He stressed the necessity of the cooperation of every member in carrying out the program.

SCIENTIFIC

The guest speaker was Leon H. Collins, Jr., Associate in Medicine, University of Pennsylvania. His subject was "The Present-Day Treatment of the Pneumonias", illustrated with a few slides. He discussed the current thinking on the mechanism and treatment of pneumonias. The discussion was carried on by T. M. Kain, M.D.; H. B. Decker, M.D.; Reuben Sharp, M.D., and Ralph Hollinshed, M.D.

The President read a letter from Stanley Nichols, M.D., Chairman of the State Society Committee on Public Health, suggesting that the President of the County Society appoint additional members to the Public Health Committee who are interested in the following subjects:

1. Cancer control.
2. Tuberculosis.
3. Mental hygiene.
4. Maternal welfare.
5. Crippled children.
6. Venereal disease control.
7. Child health.

CAPE MAY COUNTY

Warren D. Robbins, M.D., Reporter

The fifty-third annual meeting of the *Cape May County Medical Society* was held on Tuesday, November 17, 1936, at the Ocean City Golf Club, Somers Point, N. J., with the President, Dr. John B. Townsend, presiding. There were twenty-six members and guests present.

ELECTION

At the business session preceding the dinner, the following officers were reelected for the coming year:

President, John B. Townsend, M.D.
 Vice-President, Hurlbert H. Tomlin, M.D.
 Secretary and Reporter, Warren D. Robbins, M.D.
 Treasurer, H. H. Tomlin, M.D.

Dr. Oscar F. Ziegler was reelected to Board of Censors for a period of three years.

Dr. Herschel Pettit was reelected as Delegate to the State Society for a period of three years.

Dr. John B. Townsend was reelected Alternate Delegate to the State Society for a period of three years.

Dr. Clarence W. Way was reelected a member of the Nominating Committee of the State Society.

The following committees were appointed by the President:

Emergency Relief:

W. P. Haines	F. R. Hughes
C. W. Way	G. F. Dandois
M. Cryder	

Public Health:

Aldrich C. Crowe	A. J. Friedland
H. H. Hornstine	

Welfare:

Herschel Pettit	G. F. Dandois
Oscar Ziegler	

Post-Graduate Education:

Clarence W. Way	C. Eugene Darby
-----------------	-----------------

Legislation:

Allen Corson	G. F. Dandois
Millard Cryder	

Liaison:

C. Eugene Darby	Julius Way
-----------------	------------

Executive:

Warren D. Robbins	E. S. Hallinger
H. H. Tomlin	

Maternity:

John B. Townsend	F. R. Hughes
Margaret Mace	

Credit Bureau:

George M. Brooks	J. H. Whiticar
H. H. Tomlin	

NEW MEMBERS

The application of Dr. Alexander Moon, Cape May, for reinstatement in the society was approved. Dr. Moon was a member of the society for a period of ten years, after which time he left the county and has just returned.

The applications for membership into the society of Dr. Samuel Giddings, Wildwood, N. J., and Dr. L. E. Bernheisel, Tuckahoe, N. J., were referred to the Board of Censors.

OBITUARIES

Resolutions were drawn on the recent deaths of Dr. Eugene Way, of Sea Isle City, and Dr. Duncan Campbell, Woodbury, N. J.

Dr. Way had been an active member of this society for fifty-three years and served as its Secretary for the past thirty years. He will long be remembered not only as a valuable member of the medical fraternity but as a public benefactor and an inspiration to the community which he faithfully served for fifty-seven years.

Dr. Campbell was a familiar figure at our County Society meetings, which he attended with unusual regularity. The words of greeting which he brought

from Gloucester County and his pleasing personality will be sadly missed.

VISIT OF PRESIDENT'S CABINET

Dr. W. J. Carrington, First Vice-President of the State Society, represented the President, Dr. S. T. Snedecor, and his cabinet. Dr. Carrington told us of the program of the State Society for the coming years, and listed as its five major objectives:

1. Bigger and better annual meetings.
2. Improved hospital relations.
3. Problems arising in Social Security Act.
4. Better care of indigent.
5. Improved relations between profession and public.

MATERNAL WELFARE

Dr. Hilton Read, Chairman of the State Welfare Committee, gave an interesting and valuable talk on the work of that committee.

Dr. Mary Bacon, of Bridgeton, N. J., spoke on the work of the Maternal Welfare Committee, giving information concerning the consultant and nursing service now available. She told us that the maternal mortality rate in our county was one of the lowest in the State; and was lower than the Federal maternal mortality rate.

Following the dinner, Dr. V. Earl Johnson, of Atlantic City, the guest speaker, talked on "Fractured Ribs and Their Complications". The various types of fractures were discussed together with the emergency and ultimate forms of treatment. Many practical therapeutic suggestions were made, and the entire subject was very well presented.

ESSEX COUNTY

Earl LeRoy Wood, M.D., Reporter

The first meeting of the Fall season of the *Essex County Medical Society* was held November 12th, 1936, at the Academy of Medicine. The President, Dr. Edgar A. Ill, called the meeting to order at 8:45 p.m.

Dr. H. Roy Van Ness was elected to fill the vacancy on the Board of Trustees for the Medical-Dental Service Bureau.

PLANS FOR MEETINGS

Dr. Ill spoke briefly of his plan for the coming year, which was as follows:

Each meeting will be given over to the work of one committee, and the subjects are to be those that concern this committee. At the next meeting, Dr. Condon's Committee on Representation on the Council will take charge of the program. The aim of this committee is to get the men from Montclair and the Oranges to come down to the meetings.

If it is thought practical, the county will be divided into districts or sections, and a man appointed on the Council representing each district. It is thought that in this way the men in the suburban territory will become more interested in the work of the society. Dr. Ill urged all the members present to come to the next meeting, when Dr. Condon's committee will have charge.

PRESIDENT SNEDECOR'S ADDRESS

The President next introduced the principal

speaker of the evening, Dr. Spencer T. Snedecor, President of the New Jersey Medical Society. Dr. Snedecor was cordially received and spoke as follows:

"I am glad to be back with my friends in Essex County. It is like coming back home. Essex County Medical Society, to my mind, is the leading society in New Jersey. It is not only the leading society in numbers, but in the quality of the members and their willingness to assume responsibility. Nowhere else in the State is there such a society. I really want to pay tribute to Essex County. You have many problems; your goal is not yet reached, but only through organization can you hope to reach the end of the problems you face.

"It is my privilege at this time to present the program of the New Jersey Medical Society for the coming year. This is your program. It has been worked out from reports of committees, reports of delegates, and discussion with many members, and approved by the officers of the State Medical Society; and therefore it is a comprehensive program. But it can only be accomplished through organization; but it will carry on because it has the support of the State. In this program for the year there are a number of highlights.

"It is our ambition to have a successful Annual Meeting in Atlantic City, a better and bigger Annual Meeting, one that will be attended not only by delegates but by the other members as well. It will be a better Annual Meeting because we will have better publicity, better programs and better preparation. It has every prospect that can be planned for. The scientific exhibits are better and larger than ever. And there is still time to enter your exhibits. Dr. Yaguda is chairman of this part of the program. There will be papers by men of national importance. All the sessions of the convention will be held on one floor of the hotel, in order to insure better coherence. The younger men in the society are urged to attend the convention. There will be luncheons for the Essex County men, if they wish. There will be social rooms where the men may receive their friends.

"The Annual Meeting will be held early this year. In other years there have been but few times when the meeting came before May, but this year it will be held April 28th, 29th and 30th. This is done so that it will not conflict with the A.M.A. Convention, which comes early in May. So much for the Annual Meeting.

"Another thing to be important in the program this year is the *control of medical practice in hospitals*. Dr. Thomas K. Lewis, of Camden, last year made an intensive survey of this problem and it is now nearing completion. The idea of this survey is to study the problems as a doctor sees them, and the facts of the medical relationship between the doctor and the hospital. The committee will then prepare a plan for the project to cover this hospital problem.

"The medical profession has no greater problem than the medical practice in the hospitals. Unless we can gain control of Medical Staff appointments, this work will be relegated to Boards of Trustees, etc. Across the river, in New York City the medi-

cal profession is overwhelmed by hospital organization. The doctors are just servants to work in the clinics. They have nothing to say and exercise no control. Newark physicians have always fought for a reasonable amount of hospital control. The survey this committee is making is *by physicians, for physicians*. It is hoped that a definite plan will come out of the survey, so that we can say, "This is the way Hospital Boards will function."

"In Bergen County last night we held a dinner. The purpose of the dinner was to approach the presidents and Boards of Trustees of hospitals and to tell them the viewpoints of the doctors. Mr. Hayhow, Superintendent of the Paterson General Hospital, represented the hospitals. About 100 people attended, chiefs, superintendents, boards, etc. The program was put on by the physicians, and consisted of the investigation of clinic patients, the Medical-Dental Service Bureau, etc. We physicians are seeking to get closer to the governing boards of the hospitals; and that is very important in the doctor-hospital relationship.

"Another important phase of the program for the year is the *Federal Security program*. The Social Security program is very comprehensive. Old age pensions, and a number of public health programs. There is plenty of money to be spent and we feel that we should have something to say about the way it is to be spent. Down at Washington they say, 'We will appropriate \$12,000,000.00 to the Tuberculosis League, \$10,000,000.00 to Crippled Children', etc. The Federal authorities have no plan as to how that money is to be spent. Two weeks after this bill was passed, a group of us met to discuss in detail how this problem could be worked out. We have a number of plans. There is the Maternal Welfare Commission, of which your Dr. Bingham is Chairman. This is a State-wide, well-organized build-up with a number of innovations.

"There is the *Field Physician*. He is appointed by the State Department of Health, but actually his appointment comes from the State and County Medical Societies. The duties and control of this physician was given into the hands of the Maternal Welfare Commission. The politicians have turned over to our control these paid public servants to see what we can accomplish.

"There is a provision in the plan for payment to physicians for consultations in difficult maternity cases. It is hoped that by so doing many more who are confronted by this problem will ask for this consultation service. We know that particularly in the low-wage group many families are unable to pay for the services of a consultant. The physician in charge is not able to do so and does not feel free to ask his friend to consult without payment for his services. The Child Health Program is under way, but not in full stroke. It provides for physicians to serve in Baby-Keep-Well Stations. It provides for control of this State's program to build up Public Health in doctor's own offices. It shows the necessity of frequent check-ups and offers a real incentive to both the public and physician.

"The Venereal Disease Control presents some in-

teresting points. The majority of venereal disease work is being done in clinics. The question is, is that the way you want it to be done? At the present time, we must accept this fact and go ahead for better control. Dr. Parran has come out for the eradication of syphilis. There is money to do this work with.

"The *Crippled Children Program* is the outstanding program of the nation. It is well received, and additional funds have been appropriated to further this work. The opportunity is given to those who wish to take part in this work for crippled children. There is a medical aspect to this problem, and if we come forth and say we are ready to assume our share, we will find a ready response. The Crippled Children Committee is asked what hospitals shall be used. Only *approved* hospitals, say the doctors. What doctors may operate on these crippled children? I remember some years ago listening to a very heated discussion in the same Academy on specialists. Consider what the State Crippled Children's Commission has done for their own approval. They have accredited their specialists. Now we have our chance, or do we want the *lay* boards to choose? This is the essence of the program. The Commission is coming to the doctors for advice.

"The Old Age Pension Act will be a headache, for in it there is no provision for medical care. Under the Department of Welfare, there is no way of paying the doctors for the care of the aged. We are considering this aspect. Then there is the committee to study the care of the indigent, with Dr. Schlichter as chairman.

"Under the present trends of the government, the Social Security plan must be considered. There are Federal monies for this Social Security work. Who is to direct this work? What part is the medical profession to play? We have taken the position where we can direct and guide; we are interested in it and we will do our share if they do. It is most important that we do. If we fail, what is the answer? Lay bureaus will take up our problems. This program is an important program. It has *Social Security aspects*; there is a new plan for the care of the indigent, control of medical care in the hospitals, better public relations, etc. To accomplish this, we are striving to improve State and county organizations. This is not any one person's program; and if it is to be a worthwhile program, each one will adopt it and do his share toward carrying it out."

At this point, Dr. Snedecor amplified his address by lantern slides, showing the different steps in this program. Following the showing of these slides, the President asked the various members of the Essex County Medical Society who are also State chairmen to speak briefly of the work his committee is doing.

THE PRESIDENT'S CABINET

Dr. Hawkes: "As I listened to Dr. Snedecor's talk of the work of the State Society, it seemed to me that not twelve men here tonight before this evening realized the great breadth of the endeavor of this program. You see it is based on two objec-

tives, the one the welfare of the community; and the other, the welfare of our profession. It is the program of every doctor; it is for us. The President of your State Society is giving his time, his energy unstintingly to contribute his share. The work can not be accomplished by him alone, but the entire medical profession. I hope that you realize the great amount of himself the President is putting into it. The President's Cabinet is enthusiastically supporting the President."

EXECUTIVE OFFICER

Dr. Wilkes: "I am your many Friday, always at your beck and call, to speak of the work of the committees at your meetings. If you feel that I can be of help to you, I will be glad to come at your invitation and contribute my share."

STATE PUBLICATION COMMITTEE

Dr. Barkhorn: "You have no idea how much of the Editor, the President, the chairmen of committees go into each issue; and the tremendous volume of State activity. We are now trying to make it a businessmen's Journal. We are trying to put in what is going on in your County Society, in other counties, and in the State. We want it to be up to the minute.

"We are trying to make it the Journal of *New Jersey men first*, and are giving prominence to our local men, State surveys, etc. The reports of the Trustees' meetings are new; and what goes on in these meetings is now published.

"We plan to have *county surveys* so that the counties themselves may be stimulated by having State officers come and look them over. In this way we get their point of view.

"We plan to publish a large amount of Woman's Auxiliary work. We feel that everything in the Journal is of real importance. We publish a chronological list of the meetings to be held. This gives a perspective of the work.

"We plan to have comments of what the men in each society are doing in their work. There are more Essex County men engaged in State work than any other county. Dr. Yaguda plans more scientific meeting displays. Look at the voluminous index in each number.

"I urge you to do something about the boxes which are available for filing of the Journal. The Journal will give you a picture of what has been going on, not only this year, but as long as the progressive element has been in control.

"The Sub-Committee on Welfare may publish a manual of the various committees, their duties, and the program they are giving. There is a tremendous amount of material at your command to make use of. We are planning to make you aware of what is in the minds of Dr. Snedecor and the Cabinet."

MATERNAL WELFARE

Dr. Bingham: "As you all know, we have a page in the Journal devoted to Maternal Welfare. This procedure is one year old now, and we hope to have it for another year. Read these articles if you are interested in obstetrics.

"The September number tells of the Field Physi-

cian. It urges you to have consultation in difficult cases. These consultations will be paid for from State funds. We also urge you to have a nurse on your cases. If you do not have a nurse, bring one; the Commission will pay for her services. This is not State Medicine, but preventive medicine. This is the only State using this plan. The State Commission handles all this work, but not the monies. Every day slips come in the office from someone who had a nurse or a consultant. This year we hope there will be more who will take advantage of this service. We should improve maternal care and we are working out many of its problems."

THE NURSING PROGRAM

Dr. Zehnder: "In arranging the program of Nursing Care and Education for another year, we are giving consideration to the practical nurse, the registered nurse, the industrial nurse, and the public health nurse. Shall the Society complete the education of the practical nurse? The registered nurses,—shall we increase or decrease their number? Shall the education of the graduate nurse be taken from the hospitals and put in the schools, colleges, and then go into the hospitals as a nurse interne? The industrial nurse,—is she practicing medicine in their work, as complaints which come in seem to prove? Public health nurses,—the curriculum is very extensive, and the doctors have nothing to say about this. We feel that the doctors have not enough to say on this subject. And we are going to try and put this back under the control of the doctors."

THE WORKMEN'S COMPENSATION PROGRAM

Dr. Fort: "The first thing I would like to say is that for the second year I have been one of your chosen representatives to the State. I have tried to attend every meeting. These meetings have 100 per cent attendance of the men you send there to do the work for you. We now have a new Social Security bill, and the medical profession is on the job.

"Several years ago, when the Compensation Law was enacted, the medical profession was asleep. This compensation bill had become a football of the lay people. There have been almost no amendments to the act since it became a law. Two years ago there was a legal investigation. There were backroom consultations, and then the Department of Labor ceased to be. As an amendment to the Compensation Law, we have considered the right of free choice of the injured person. There are a great many other things which are contrary to the letter of the law, and which could be corrected. We have been gathering all the data we could get. We have considered the fee schedule of New York State, and we believe we should make haste slowly.

"We have put before the State Society a number of resolutions, and they are still resolutions, because they have not been concrete enough. We are collecting your criticisms of the present Compensation Law, and your remedy to better it. We will welcome any criticism from any man, and any suggestion as to the betterment of the law that will be for the betterment of the doctors as a whole. Send in your criticism."

WOMAN'S AUXILIARY PROGRAM

Dr. Van Ness: "After having lived in an Auxiliary atmosphere for many years, I feel qualified to speak on this subject. I really feel at times we have failed to appreciate the work these women are doing. We receive each year their contribution of \$500 for our Relief Fund. It took a lot of effort for these ladies to get that amount of money together. We have outlined no program for this year as yet, but the women are willing, earnest, and eager to carry out any programs we suggest. We will give them a program later on, and I am sure they will do the work."

COMMITTEE ON MEDICAL DEFENSE

Dr. Beling: "The work of the Committee on Medical Defense has been going on for over sixteen years. There was the Medical Defense Act. When doctors were sued, the Society paid. During the sixteen years this committee has been operating, it has done very good work. There are several points I would like to take up.

"There is a great deal of criticism of the rates which are charged by the Insurance Company. It has been the effort of the committee to get these rates reduced, but this line of work has been very unprofitable, and the Insurance Companies have not been willing to reduce them. We have found that the best companies are the Fort Wayne, and the U. S. F. and G. The risks are too great and the rates are very high. The committee has been able to keep the rates down, although we have not been able to do much about getting them materially reduced.

"The theory is that these companies operate on the money the doctors pay in. A short time ago a doctor's estate was sued. Medical testimony had to be had. Some of the doctors charged \$100 per day. In the olden times, the doctors gave their services for nothing. Nowadays the Insurance Companies pay the doctors for their testimony. We feel that the doctors should at least *give* their services at cost.

"A great many doctors have been establishing small hospitals in their homes, etc. Suits are increasing in connection with these, and the committee has had to work very intensively to investigate these. If we are going to keep the rates down, we have got to coöperate. The brokers' and committee's work has been rewarded, as there have been less suits this year than ever before. With the necessary coöperation, the rates can be brought down."

HEALTH AND ACCIDENT INSURANCE

Dr. Pinneo: "The Health and Accident Insurance Policy used by this Society is unique with us. Its contract is unique in coverage; and the rates of the Society's coverage and the premium have been low. The Automobile Insurance does not allow any discrimination toward an individual or a group. The rates must be uniform. But all companies do not have the same rates. There is preferred group with the company making the Society with 3000 members a preferred group. There is a distinct

difference between this insurance and life insurance. If some plan could be devised whereby the premium not only paid for the risk for that year, but also built up a reserve whereby in a no-accident year a five per cent discount could be given, 10 per cent the second year, and 15 per cent the third year. At present, the prospect offers a choice of companies recommended by the State Society and the final conclusion is that the only companies that the Insurance Committee recommends are A plus companies. We are investigating the companies through the Alfred M. Best Company, which is to insure what Dun and Bradstreet is to commerce. There has been a great increase in the number of our policy holders. There is a service now offered by the agencies whereby the agency will take up the matter of fighting the doctors' status in the courts. This is a method in which a member injured gets something back."

MEDICAL-DENTAL SERVICE BUREAU

Mr. Parker, Executive Director of the Medical-Dental Service Bureau, spoke to the Society of the work of the Bureau. He brought with him a supply of the little folders which tell of the work of the Bureau, saying that these may be obtained for distribution in the doctors' waiting rooms, upon request.

GLOUCESTER COUNTY

Henry B. Diverty, M.D., Reporter

A regular monthly meeting of the *Gloucester County Medical Society* was held on November 19th in the Georgian Room at the Homestead.

STATE SOCIETY RELATIONS

Dr. William J. Carrington, of Atlantic City, First Vice-President of The Medical Society of New Jersey, and Dr. Hilton Read, Chairman of the Welfare Committee of the State Society, outlined the policies and activities of the State Medical Society.

STERILIZATION

The society unanimously approved a motion favoring the legal sterilization of the criminal insane, epileptics, and feeble-minded persons.

SCIENTIFIC

Dr. Edward Campbell, Instructor of Urology of Hahnemann Medical College, addressed the physicians on "Renal Colic".

NEW MEMBER

Dr. Joseph F. Hughes, of Woodbury, was elected a member of the society.

OBITUARY, DR. DUNCAN CAMPBELL

Dr. H. B. Diverty, of Woodbury; Dr. W. J. Burkett, of Pitman, and Dr. C. A. Bowersox, of Woodbury, were appointed members of a committee to prepare resolutions in the death of the late Dr. Duncan Campbell.

WOMAN'S AUXILIARY

Following the meeting, members of the Ladies' Auxiliary joined the doctors at a supper.

ATTENDANCE

Members present were: Drs. M. F. Lummis, of Pitman, President; E. E. Downs, C. A. Bowersox, William Brewer, Paul Burkett, William Carpenter, Dorothy Rogers, J. Harris Underwood, Paul M. Pegau, William Crain, Fuller G. Sherman, Ralph Moore and Harry Nelson, of Woodbury; C. I. Ulmer, Gibbstown; Oran A. Wood, C. C. Sheets, Anthony di Marino and Henry L. Sinexson, of Paulsboro; W. J. Burkett, H. W. Wright and I. W. Knight, of Pitman; Don Weems, Wenonah; R. K. Hollinshed and I. N. Patterson, of Westville; R. C. Venturo, of Glassboro, and Mr. J. Russel Butler and Dr. H. B. Diverty, of Woodbury.

Dr. Emma Richardson and Dr. Thomas Lewis, delegates from the Camden County Medical Society, were present.

MIDDLESEX COUNTY

Charles Calvin, M.D., Reporter

President John J. Mann presided at the regular monthly meeting of the *Middlesex County Medical Society* held at The Pines, Wednesday evening, October 21st, 1936, with approximately sixty members present. Dr. Mann welcomed the members to the first Fall meeting, and extended a cordial invitation to everyone to attend all the meetings.

SCIENTIFIC

Martin G. Vorhaus, M.D., Associate Visiting Physician to the Hospital for Joint Diseases, was our guest speaker for the evening. He gave an admirable and thorough address on "The Present Evaluation of Vitamin B₁ Therapy". One of the most distressing diseases in certain parts of the Orient is beri-beri, where the infantile form is the second largest cause of death. Death from severe beri-beri can be prevented by large doses of vitamin B₁. This disease is rarely seen in this country, but there are states of partial vitamin B₁ deficiency not detected by any clinical or laboratory tests, where we must use the trial and error method of diagnosis and treatment.

Polyneuritis is a stage of beri-beri. In 90 per cent of cases there have been partial, marked or complete disappearance of symptoms, showing that vitamin B₁ is a cure. Neuritis of six months' duration shows improvement in about two weeks' time; while that of ten years' or more duration takes from eight to twelve weeks.

Vitamin B₁ is as good in the treatment of *local, alcoholic, lead, arsenical, anemic, and infectious neuritis* as in polyneuritis. When alcoholic neuritis is treated with vitamin B₁, there is either complete disappearance or a marked improvement of symptoms. Chronic alcoholics are relieved of the polyneuritis by adequate amounts of vitamin B₁, even though permitted a quart of whisky daily; thus showing that alcohol plays no part in the neuritis. All cases of neuritis usually have an increase in pain on the fifth or seventh day before improvement starts. There need be little concern over the toxic effects of administration of excessive amounts of vitamin B₁.

PUBLIC RELATIONS

Dr. Klein, reporting for the Public Relations Committee, said that for several years the Middlesex County Medical Society had been doing the same things which the State Society has taken up lately.

The County Committee on Public Relations has supplied health articles weekly to nine newspapers in the county; and has furnished about twenty speakers to Parent-Teacher Associations and fraternal societies.

Dr. Klein also suggested that doctors be appointed by the County Medical Society to take care of indigent patients who have venereal diseases. If the County Society does not provide the facilities for their treatment, the State will do so.

The Red Cross Association asked that a physician be appointed on its executive committee, and its committee on the visiting nurses.

Dr. Klein read a newspaper article by Dr. Floyd Winslow, of Rochester, President of the Medical Society of the State of New York, appearing in the *Syracuse Herald* on September 24th, assailing attempts to impose *compulsory sickness insurance* in this country.

MATERNAL WELFARE

Dr. Grieves was appointed Field Physician in Maternal Welfare in Middlesex County under the plan of cooperation between the State Medical Society and the State Department of Health. A description of the plan in summary is as follows:

1. No one should deliver a case at home without the assistance of a registered nurse. The doctor has privilege of calling a registered nurse, if the patient cannot afford it, and the State will pay a fee of \$5.00 for her service during entire labor and two hours following delivery.

2. Consultation with any qualified physician can be secured during delivery for fee of \$10.00. He may have consultation either pre- or post-partum for fee of \$5.00.

3. The plan discourages the use of pituitrin during labor.

EMERGENCY RELIEF ADMINISTRATION

Dr. Fithian, chairman, reported a survey of all the municipalities in Middlesex County, which showed that the old E. R. A. plan is still being used with a free choice of a physician, except in New Brunswick, where the City Physician supplies the service. Dr. Fithian suggested that all W. P. A. employees, widows, orphans, etc., be placed in the E. R. A. classification.

PUBLIC HEALTH

Dr. London, chairman, reported that the State Public Health Committee is still behind the *public health hour*. The vote of Middlesex County Medical Society, in favor of this Public Health Hour, was never taken. He discussed whether the school physicians, Board of Education, and Board of Health should aid in this Public Health Hour; and whether we should encourage the Board of Education or of Health to establish clinics. Dr. London moved "the society be in favor of continuing the Public Health Hour". The motion was seconded and passed.

His motion that "the society be in favor of the Board of Health or Education in establishing clinics in conjunction with the Public Health Hour" was not carried.

Dr. Fine said he thought the failure for no better results in the Public Health Hour was the lack of proper advertising, and to the concentration of the hour to about three months per year.

Dr. Cronk, Board of Health of New Brunswick, gave a summary of how New Brunswick Board of Health is trying to aid the Public Health Hour.

OBITUARY OF DR. BEEKMAN

Memorial resolutions were adopted on the death of Dr. Jesse H. Beekman, of Sayreville.

MONMOUTH COUNTY

O. R. Holters, M.D., F.A.C.S., Reporter

The Executive Committee of the *Monmouth County Medical Society* meeting was held at the Fitkin Hospital on Tuesday evening, October 13th, 1936, with the following members present: President Dr. Walter Rullman and Drs. Albright, Blaisdell, Kazmann, Gosling, Featherston, and Holters. Routine business was transacted.

On October 28th the regular monthly meeting was held at the Molly Pitcher Hotel, Red Bank, N. J.

NEW MEMBERS

The following doctors were elected to membership:

Dr. John A. O'Mara, Spring Lake, N. J.
Dr. Diomedé Guertin, New Jersey State Hospital
Dr. Frank A. Miele, Keansburg, N. J.
Dr. J. C. McKelvie, Long Branch, N. J.

SCIENTIFIC

Dr. Leopold Goldstein, of Jefferson Hospital, Philadelphia, gave a very interesting and exhaustive dissertation on endocrinology. The paper was discussed by various members of the society.

We are glad to announce that Dr. Walter Gosling, of Red Bank, was awarded a fellowship in surgery at the recent convocation of the American College of Surgeons at Philadelphia.

The Executive Committee of the *Monmouth County Medical Society* meeting was held at the Monmouth Memorial Hospital, Long Branch, on November 18th with the President, Dr. W. R. Rullman, presiding. The following members were present: Drs. Blaisdell, Albright, MacKenzie, Holters, Matthews, Gosling, Altschul, and Featherston.

MATERNITY HOMES

A letter was received from the State Board of Health in regard to a report made by our Maternal Welfare Committee on three maternity homes in this vicinity. The State Board of Health wished to be informed of the requirements for the equipment of maternity homes, as recommended by our Maternal Welfare Committee. The letter was referred to Dr. MacKenzie, chairman of this committee.

POST-GRADUATE TRAINING

A letter was received from the Committee on Post-Graduate Training in Pediatrics in regard to a series of lectures which are to be given during the month of March at the Fitkin Memorial Hospital under the auspices of the State Public Health Committee. The Secretary was instructed to contact the men interested in pediatrics in an effort to arrange the day of the week and the hour of the day for these lectures.

INVESTIGATING FINANCES OF PATIENTS

A letter was received from Mr. O. N. Auer, Director of the Monmouth Memorial Hospital, in regard to the accuracy of investigations made of financial eligibility of patients applying for clinic care. Mr. Auer stated that the hospital would be glad to co-operate in a program to investigate a series of 500 or 1000 cases, but he believed that the survey should be conducted and paid for by the Monmouth County Medical Society. The Executive Committee believes that a competent survey is desirable, but the expense of these investigations is the only factor which prevents the adoption of the plan. The matter was referred to the Economic Committee to determine whether or not a P.W.A. grant could be secured to finance such a project.

PUBLIC HEALTH COMMITTEES

A letter was received from the State Public Health Committee, in which it was stated that, in view of developments in connection with the Federal Social Security funds, our Public Health Committee add to its membership the following members or advisers consisting of physicians interested in—

- a. The Cancer Control problem
- b. The Tuberculosis problem
- c. The Mental Hygiene problem
- d. The Maternal Welfare problem
- e. The Crippled Children problem
- f. The Venereal Disease Control problem
- g. The Child Health problem.

As Dr. Stanley Nichols is chairman of the State committee, the matter was referred to him with power to select these men.

E. R. A. ASSESSMENTS OF MEMBERS

The Treasurer brought up the subject of E. R. A. assessments. It is reported that twenty-six members of the Monmouth County Medical Society still owe a total of \$400 for work completed and paid for by the Emergency Relief Administration. All members of the society were assessed 10 per cent of their monthly bills, and most of our members paid the assessment promptly. Bills have again been sent to the delinquent members, and the Secretary has been instructed to notify the men by letter before the matter is brought to the attention of the society.

The Executive Committee discussed the framing of a set of resolution to be presented to the Monmouth County Board of Freeholders in an effort to increase the appropriation in the 1937 budget for the care of the indigent sick. It is felt that, if

sufficient pressure was brought to bear on the Board of Freeholders through the combined efforts of the members of our society, the hospitals would be more adequately reimbursed for the treatment which they render.

MONTHLY MEETING

The regular monthly meeting of the *Monmouth County Medical Society* was held at the Garfield Grant Hotel, Long Branch, on Wednesday evening, November 25th, at 8:30 p.m. Due to the absence of President Rullman, Dr. O. K. Parry presided.

NEW MEMBERS

The following doctors were elected to membership: Dr. Max Silverstein, of Asbury Park; Dr. S. Thomas Miller, of Asbury Park; Dr. Anthony J. Perrotta, of Red Bank.

HOSPITAL APPROPRIATIONS

A resolution was adopted that the members of the Monmouth County Medical Society appear before the Monmouth County Board of Freeholders to increase the hospital appropriation for the institutions of this county, which at this time is grossly inadequate.

Another resolution was adopted availing the society of a survey of indigent patients to be made through a P. W. A. grant.

SCIENTIFIC

The society was entertained by an illustrated lecture by Dr. Clark, of the Gorgas Memorial Institute of Panama, in which he discussed the various problems of tropical medicine, as it pertained to the pathologist's viewpoint. His paper included such interesting data as to the various types of malaria, snakes' bites and filariasis. Dr. Clark has spent twenty-three years in the capacity of pathologist to the institute mentioned.

This was followed by a scientific address by Dr. Harold Jones, of Philadelphia, on blood dyscrasia. The subjects of idiopathic or secondary anemia, purpura hemorrhagica, pernicious anemia and hypertension were included.

The paper was discussed at length by various members of the society, and the meeting was adjourned at 11:30 p.m.

MORRIS COUNTY

Marcus A. Curry, M.D., Reporter

A regular meeting of the *Morris County Medical Society* was held the evening of November 19th at Dover General Hospital. Vice-President Williams, in the unavoidable absence of President Sherman, opened the meeting with an encouraging attendance of about sixty.

After a brief session during which routine business was transacted, the presiding officer turned the meeting over to Dr. Costello as sponsor of the scientific program.

SCIENTIFIC

Dr. Mortimer N. Hyams, of Post-Graduate Hospital, New York, was introduced, his subject being

"The Newer Concepts in Gynecological Treatment", which were portrayed by lantern slides and motion pictures.

Dr. Hyams cited surveys and experiences in large gynecological clinics showing that 90 per cent of these cases are relieved medically, and only a very small fraction are sent into hospitals for operative care. He demonstrated the instruments, positions, treatments, and results, and described the progress made in this specialty.

Dr. Edward J. Ill, of Newark, was introduced by Dr. Costello, who stated we were fortunate in having with us one of the pioneers in medicine in New Jersey. Dr. Ill characterized the presentation he had witnessed as a most excellent exposition of the best that is done nowadays and entertained the doctors with a recitation of some incidents drawn from his practice over a period of sixty-one years. The presentation was discussed and the speaker answered the questions asked.

Dr. Costello extended the warm thanks of the society to Dr. Hyams, and summed up the presentation as a demonstration of what can be done in the physician's office when the patient will not go to the hospital.

Following the formal meeting, refreshments and more intimate conversations were enjoyed.

PASSAIC COUNTY

Sigurd W. Johnsen, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held at the Valley View Sanatorium, Breakneck, on Thursday, November 12th, 1936, at 9 p.m., Dr. Norman Dingman, President, in the chair.

NEW MEMBERS

The following applications for membership having been favorably passed upon by the Board of Censors, were unanimously elected to membership:

Active Membership:

Dr. Stuart Bergsma, Passaic
Dr. Julian Cohen, Paterson
Dr. Peter John DeBell, Passaic
Dr. Cyrus Martin Gormley, Butler
Dr. Emil Ludwig Santangelo, Paterson
Dr. Theodore Rothman, Paterson

Junior Membership:

Dr. Francis B. Brogan, Paterson

MATERNAL WELFARE LECTURES

A communication from Dr. Irving Okin regarding the series of lectures on pediatrics to be given by the State Maternal Welfare Committee was read. Tuesday afternoon at 4 p.m. seemed to be the most desirable time for these lectures, and a motion so advising Dr. Okin was duly passed.

HOSPITAL ASSOCIATION DINNER

Dr. Dingman then gave a report on the dinner held on Wednesday, November 11th, at the Swiss Chalet by the Hospital Association of Passaic County, their Boards of Trustees, and hospital staff members. The purpose of the meeting was to foster a closer relationship between the hospi-

tals, the trustees, and the medical staff members. The first meeting was well attended and enjoyed by all present.

CANCER COMMITTEE

The next matter brought up was a request from the American Cancer Society for the appointment of a committee from the Passaic County Medical Society to coöperate with the American Tuberculosis and Health League in their cancer control program. Dr. Hagen explained that the work was of a publicity type, and its aim was to detect early cancer cases and to institute early treatment. A motion was then made and carried to appoint this committee.

SCIENTIFIC

The scientific program was then opened. The first paper was "The Management of Pleural Effusions, with Specific Reference to Those of Tuberculous Origin", by Dr. H. H. Cherry of the Valley View Staff.

The second paper was "Thoracoplasty: A Review of Sixty Cases", by Dr. Leon E. DeYoe.

Dr. Shipley, of the Valley View Staff, then gave a brief résumé of the anesthesia given for the operative cases. Dr. Hagen and Dr. Dingman discussed the paper.

The papers read were most enlightening, and were well received by the members. They showed that excellent work in this new field of tuberculosis treatment was being done at Valley View.

After a splendid collation served in the dining room, the meeting was adjourned with a standing vote of thanks to the Valley View officials for their splendid program and hospitality.

SOMERSET COUNTY

A. W. Pigott, M.D., Reporter

On October 8, the *Somerset County Medical Society* adopted the following memorial to Dr. John E. Anderson, of Neshanic, who died on August 15, 1936, aged seventy-four years (Jour., Sept., p. 549):

Dr. John E. Anderson, a member of this Society for fifty years, has been a source of instruction and example to the members of the medical profession, to this Society, and to the community in which he practiced. His associates desire to give public expression of their bereavement at the death of their colleague, whose professional and personal qualities made him an outstanding citizen in the community in which he resided.

SUSSEX COUNTY

August H. Groeschel, M.D., Reporter

There was no regular meeting of the *Sussex County Medical Society* during the months of July and August.

The first regular meeting of the current season was called to order by President Smith at 9 p.m., November 5th, at the Sussex Inn, Sussex. Fifteen members were present. In addition, six guests were welcomed: Dr. E. Zeh Hawkes, of Newark, representing President Snedecor; Dr. J. B. Morrison, of Newark, Secretary, State Medical Society; Dr. Le-

Roy A. Wilkes, of Trenton, Executive Officer; Dr. Arthur J. Casselman, of Camden, Committee on Venereal Disease Control; Dr. Ruth Earp, of Morristown, District Field Physician; Dr. Tysdale, of The Newton Memorial Hospital, Newton.

OBITUARY

A resolution was passed to extend to Mrs. A. N. Jacobs, of Sparta, the sympathy of the society on the recent death of Dr. Jacobs.

NEW MEMBERS

The transfer of Dr. H. M. Aitken, of Ogdensburg, from the Dane County, Wisconsin, Society to the Sussex County Society was approved and Dr. Aitken was admitted to membership.

DATE OF ASSUMING OFFICE

The Committee on Alteration of By-Laws reported that no change in the By-Laws was necessary to enable the County Officers to take office at the close of the State Annual Meeting, and the following resolution was adopted: Be it resolved that the annual meeting of this society be hereafter held in May or at an earlier date when necessary to have it precede the State Annual Meeting; and that the County Officers commence their term of office at the close of said State Annual Meeting.

STATE SOCIETY SPEAKERS

The meeting was then addressed by Dr. E. Zeh Hawkes, representing President Snedecor, on the subject of "Coöperation between the County Society and the State Society. He outlined clearly the two-fold duty of organized medicine: 1, Its duty of contribution to the general welfare of all the people; and 2, its duty of insuring the welfare of its own members. In developing his subject, Dr. Hawkes dealt in detail with the governmental and non-governmental welfare agencies, and the public health problems of maternal welfare, tuberculosis prevention, venereal disease prevention and quackery, medical care of the indigent, and compensation problems.

Dr. Wilkes then followed with an exposition of the organization of the State Society, illustrated with lantern slides, detailing the work of the various officers and the numerous committees and sub-committees.

Dr. Casselman then presented a talk on "The Relationship of the Bureau of Venereal Disease Control to the Practicing Physician". An open discussion followed, and the need for local facilities for dark-field examinations was brought out. A satisfactory solution to the problem was promised.

Dr. J. B. Morrison followed with a paper entitled "Shall Medical Care Be a Social Responsibility?" The paper is intended for presentation to lay groups to counteract the propaganda now being spread in the interests of the creation of a demand for socialized medicine.

Dr. Earp, the District Field Physician for the Maternal Welfare Committee, touched briefly upon her work, and invited the members to make use of the several aids offered by the committee.

The assembly then reverted to business matters

and the annual dues for 1937 were set at \$15.00.

Refreshments were served, and the meeting then adjourned.

UNION COUNTY

C. C. Carpenter, M.D., Reporter

The Annual Meeting of the *Union County Medical Society* was held at the Muhlenburgh Hospital, Plainfield, October 14, 1936. Dr. Thomas Walsh, the President, presided.

SCIENTIFIC

Following a call to order, Dr. Walsh introduced the guest speaker, Dr. Satchwell, of the Essex County Medical Service Bureau. In a very inspiring talk, he urged the members of this society not to become discouraged in their efforts to build a successful Medical-Dental Service Bureau. The actual need of this bureau is for its service to the seventy per cent of patients in the low income group, not only in helping to tailor the bills to meet the pocket-book, but also in budgeting a regular collection plan. He believed that an individual assessment to support the bureau in its infancy would stimulate the interest of the society members to make use of its facilities.

In the discussion of this address by Drs. Schlichter and Murphy, it was brought out that our bureau had increased its business about five hundred per cent since its organization last March.

FINANCES

Finance Committee (Dr. Quinn reporting): No essential changes in the budget for the ensuing year. It was his belief that the slight deficit of our Medico-Dental Bureau could be met by selling a bond now in our treasury. Drs. Schlichter, Walsh and Murphy were of the opinion that it would stimulate interest in our bureau if all the county members were assessed \$5.00 each by an increase in our annual dues. On Dr. Schlichter's motion, this increase in dues was accepted by the society.

PUBLIC HEALTH

Public Health Committee (Dr. Burritt reporting): This committee urged the necessity of our doctors carrying out the Mantoux testing of high school children. There followed a very adequate discussion of the merits and demerits of this plan by many members of the society. A vote endorsed this procedure in our schools.

CENSORS

Committee of Censors (Dr. Schlichter reporting): Reported this committee had been unable to contact Dr. Kralich concerning the charge that he had given information unfavorable to a patient to the corporation by whom he was employed. One of the members suggested a residence at which Dr. Kralich could possibly be located.

NEW MEMBERS

Election of Members: A favorable vote added the following doctors to our membership:

Richard Wagner, 43 South Broad St., Elizabeth

Maxwell H. Shack, 226 Morris Ave., Springfield
James V. Conway, 673 Jefferson Ave., Elizabeth.

There was organized a committee to investigate the doctors practicing in this county who are not members of our society.

ELECTION

Nominating Committee (Dr. Armstrong reporting): A list of candidates for officers of this society for the ensuing year was presented, and the recommendations of the committee voted on and approved.

Dr. Wiegel, the new President, took the chair and called on Dr. Walsh to read his address as retiring president. This consisted of a very brief, but clear, record of the progress that had been made in the affairs of our County Society during the past twelve months. He thanked all of the members for their coöperation, as well as those who had served on the many committees that were necessary to carry on the activities of the E. R. A., Workmen's Compensation, etc.

WARREN COUNTY

H. B. Bossard, M.D., Reporter

The annual meeting of the *Warren County Medical Society* was held in Hotel Belvidere, Belvidere, N. J., October 20th at 11 o'clock, with the President, Dr. William Varney, presiding. Members present were: Drs. Herman Baldauf, G. W. Cummings, of Belvidere; F. A. Shimer, Charles Lyons, Emery Krausz and Lawrence Bloom, of Phillipsburg; William Skinner, William Varney, of Washington; Frank Curtis, of Stewartsville; C. F. Smith, of Oxford; James Weres, of Alpha; and H. B. Bossard, of Phillipsburg R. D. 2; Dr. Erb, of Morristown, and Dr. N. C. Marlett, of Belvidere, were present as guests.

RECORDS

Dr. Baldauf reported that he was unable to find the records of the society which were supposed to be in the Washington Bank. It was then suggested that he again interview the officers of the bank and report at the next meeting.

It was moved and seconded that the Secretary buy a minute book, have a copy of the constitution printed therein, and have all members sign it.

NEW MEMBERS

The application of Dr. N. C. Marlatt, of Belvidere, to become a member of this society was received.

Dr. I. Draisel, of Hackettstown, was elected a member of the society.

The application of Dr. F. Wolf, of Phillipsburg, for reinstatement was received and favorably acted upon.

STATE SOCIETY PROGRAM

Dr. Varney reported the program as put forth by the State Society.

HOSPITAL APPROVED

Dr. Skinner reported the application of Dr. William Penn Vail, of Blairstown, for a one-bed hospi-

tal, principally for tonsillotomy, which was favorably acted upon.

NOMINATING COMMITTEE

Dr. Varney appointed Drs. Kraus, Bossard, and Lyons to audit the Treasurer's report and also to act as a Nominating Committee.

ELECTION

The Nominating Committee made the following nominations for the ensuing year:

President, Dr. James Weres, of Alpha
Vice-President, Dr. C. F. Smith, of Oxford
Secretary, Dr. William Skinner, of Washington
Treasurer, Dr. G. W. Cummings, of Belvidere
Reporter, Dr. H. B. Bossard, of R. D. No. 2,
Phillipsburg
Delegate three years, Dr. Charles Lyons, of
Phillipsburg
Alternate Delegates to the State Society: For
Dr. F. Curtis, Dr. James Weres; for Dr. F.

Shimer, Dr. William Varney; for Dr. Charles Lyons, Dr. Herman Baldauf.

Member of the Nominating Committee, Dr. F. Curtis.

The nominees were unanimously elected.

It was moved and seconded that the newly elected officers take office June 1, 1937.

MATERNAL WELFARE

Dr. Erb as Field Physician for Warren, Morris and Sussex Counties spoke on Maternal Welfare as put forth by the State.

SCIENTIFIC

Dr. Cummings read a very interesting paper on allergy.

The members and guests then adjourned to the dining room of the hotel, where they were joined by the ladies of the Auxiliary of the Warren County Medical Society. A delicious collation was served, after which the meeting was adjourned.

BOOK REVIEWS

THE NERVOUS PATIENT—A FRONTIER OF INTERNAL MEDICINE. By Charles Phillips Emerson, M.D., Research Professor of Medicine, Indiana University, Ind. J. B. Lippincott Co., Philadelphia, 1935. 453 pp., c. index.

Dr. Emerson has written a very readable book about the "Nervous Patient" which "presents the work of twenty years as Professor of Internal Medicine, Indiana University". In his introduction, Dr. Emerson urges the medical practitioner to prepare himself, not "for some new medical field, but that he should, thanks to the recent great advances in internal medicine, treat better *exactly* the same group of patients who since the time of Hippocrates have filled general practitioners' offices, and with much the same complaints". He herein indicates that his "is not a book for specialists but for general practitioners". However, this reviewer believes that the most skilled neuropsychiatrist may read it with profit.

The book is dedicated to the general practitioner, as well it may be. The table of contents indicates its scope, and in itself requires seven closely typed pages to list the material and subject matter covered. Essentially the book is a compact, well-written, comprehensive review of the field of internal medicine. Mental symptoms of the various clinical disease entities are emphasized. When the author writes about diseases of the lungs and bronchi, the cardiovascular system, and the gastro-intestinal tract, as in chapters XI, XII and XIII, respectively, he is most convincing. But his discussion of the various psychoneuroses, neuroses, and psychoses is rather compendious, and leaves much to be desired. All in all, however, the material is thoughtfully compiled, well written, and clearly presented. This book should prove to be a useful addition to the armamentarium of the physician.

H. A. SCHACHTER, M.D.

GOD WORKS THROUGH MEDICINE, by Victor Herbert Lukens. (Revell, London.)

This is a book of encouragement to the sick by a Presbyterian pastor in South Orange, New Jersey. We note in its dedication to eight names "in grateful appreciation", that six of them are American physicians. It exalts the work of the doctor, but adds to all the scientific means used for recovery a new thought derived from the conception of God as a "Loving Heavenly Father" who is not only a distant Creator of outside forces and material things, but a personality intimately acquainted with humanity's inner experiences, and, therefore, as we consider personality one of the highest achievements in nature, we must consider that the Creator of this personality must himself be a greater person. Sickness is "not punishment", "not castigation", "not chastening"; however, much sickness is the result of physiologic laws, and it must have means of bringing other laws to bear against them, as we are familiar with man's ability to, himself, bring to bear upon physical forces others which can overpower them. The author shows that we cannot believe that God is "unable" to heal, nor that he is "unwilling" to heal, that he does not want us to "suffer" and therefore, as his earthly career in Christ abundantly shows, He has a power of healing which we may claim if we know how. This is not in any sense Christian Science. It is a hopeful and practical, even if unique, conception of a superhuman power not in controvention, but in harmony with the laws of science and encourages a believer to ask for this power to bless other means of recovery.

F. W. PINNEO.

THE WOMAN'S AUXILIARY

LEADERSHIP BY CONSULTATION

By MRS. GEORGE A. ROGERS

President of the Woman's Auxiliary to The Medical Society of New Jersey

At this stage of Auxiliary progress, it seems to me that it is not out of place to say a few words regarding the relative importance of the Executive Boards and the members at large.

No organization can function well without an Executive Board, elected from its members, who shall transact business and formulate plans of work. This is true of our National, State, and County Auxiliaries, but it is to the latter that I am addressing these remarks.

The members of the Executive Boards devote much time and thought to the duties which they have undertaken; but in their zeal for the progress of their Auxiliary they must be careful not to overstep their privileges. The local members should not be expected to endorse or support a plan of work however worthy, nor social event however attractive, unless they have been given the opportunity in open meeting of discussing the projects and the permission of the majority has been gained.

No organization will grow unless its members are given real participation in decisions,

instead of being expected to support projects in whose planning they have had no voice.

On the other hand, the members at large have also a burden of responsibility upon them which they must not leave to be shouldered by their Executive Board alone.

In joining the Auxiliary they assume the obligation of being a means of contact between the medical profession and the laity. By accepting the constitution of the Auxiliary, they promise to help to further the aims of the medical profession, also to promote sociability in their own Auxiliary. Attending the meetings regularly furthers this object, and gives them the opportunity of voicing their opinions in the matters laid before them by the board.

Constructive criticism and helpful suggestions are always welcome. Failing to offer these, no member should find fault if plans are carried out to which she cannot agree.

It is only by wholehearted coöperation of the members with the Executive Boards that plans can be carried to a successful conclusion.

PROGRAMS OF COUNTY AUXILIARIES

AS REPORTED TO MRS. GEORGE A. ROGERS, PRESIDENT

Atlantic County

October 9—Regular meeting.
October 27—Musical and Tea
November 13—Regular meeting.
November 18—Card party.
December 11—Regular meeting.
January 18—Regular meeting.
February 12—Regular meeting.
March 12—Regular meeting.
March ??—Reciprocity Tea with the Woman's Club of Atlantic City.
April 9—Regular meeting.
May 7—Regular meeting.
Spring luncheon and party picnic, on a date to be set later.

Burlington County

October 6—Covered dish supper at the home of Mrs. Hornberger.
December 1—Luncheon at Riverton Country Club, with addresses.
March 2—Games at home of Mrs. J. Kuder.
May 4—Public Relations Tea, Moorestown Community House, 1:30 p.m.
June 8—Annual meeting.

Essex County

October 26—Bridge party and membership drive.
November 23—Stereopticon slides of Grenfell mission.
January 25—Reciprocity meeting.
February 22—Book report, current events.

March 22—Music and talk by State and County Presidents.

April 26—Talk on legal activities in the State.

May 24—Annual meeting and luncheon.

Gloucester County

October 9—Covered dish luncheon at the home of Mrs. Underwood.

October 15—Ladies' night of the Medical Society of the County.

November 6—Benefit card party at the home of Mrs. C. A. Bowersox.

November 19—Business meeting.

December 16—Christmas party at the home of Mrs. B. A. Livengood.

December 17—Business meeting.

January 21—Business meeting.

February 12—Valentine lunch at the home of Mrs. Downs.

February 18—Business meeting.

March 18—Business meeting.

April—Annual meeting. (Date to be announced later.)

May 21—Box luncheon at the home of Mrs. Weems.

Mercer County

October 19—Speakers and music.

November—Card party.

January 18—Speakers and music.

February 15—Speakers and music.

March 15—Public Relations meeting.

April 19—Speakers and music.

May 17—Annual meeting.

Passaic County

October 19—Luncheon.

January 18—Book review.

March 15—Open meeting; speakers.

May 17—Annual meeting.

Union County

October 14—Business meeting and social hour.

December 9—Business meeting and social hour.

February 10—Business meeting and social hour.

April 14—Annual meeting.

NUMBER OF CHILDREN REPORTED BY PHYSICIANS AS RECEIVING FREE BIOLOGICALS SINCE JULY 1, 1936

DIPHTHERIA TOXOID

County	To. Sept. 30	Month of October	Total to Oct. 31	Average per Month
Atlantic	150	12	162	40.5
Bergen	482	92	574	143.5
Burlington	95	22	117	29.2
Camden	32	9	41	10.2
Cape May	31	1	32	8.
Cumberland	180	43	223	55.7
Essex	4578	1011	5589	1397.2
Gloucester	71	14	85	21.2
Hudson	29	18	47	11.7
Hunterdon	21	0	21	5.2
Mercer	13	4	17	4.2
Middlesex	455	90	545	136.2
Monmouth	267	23	90	22.5
Morris	79	13	92	23.
Ocean	14	1	15	37.5
Passaic	469	366	835	208.7
Salem	35	0	35	8.7
Somerset	25	462	487	121.7
Sussex	24	0	24	6.
Union	434	77	511	127.7
Warren	40	1	41	10.2
Totals	7524	2259	9783	2445.7

SMALLPOX VACCINE

County	To. Sept. 30	Month of October	Total to Oct. 31	Average per Month
Atlantic	110	36	146	36.5
Bergen	560	99	659	164.7
Burlington	185	21	206	51.5
Camden	365	68	433	108.2
Cape May	40	10	50	12.5
Cumberland	208	51	259	64.7
Essex	1298	917	2215	553.7
Gloucester	189	30	219	54.7
Hudson	48	14	62	15.5
Hunterdon	15	1	16	4.
Mercer	42	3	45	11.2
Middlesex	321	148	469	117.2
Monmouth	399	68	467	116.7
Morris	439	76	515	128.7
Ocean	92	4	96	24.
Passaic	1203	340	1543	385.7
Salem	18	5	23	5.7
Somerset	20	6	26	6.5
Sussex	122	0	122	30.5
Union	595	122	717	179.2
Warren	182	16	198	49.5
Totals	6451	2035	8486	2121.5

DIPHTHERIA TOXOID

County	To Oct. 31	Month of Nov.	Total to Nov. 30	Average per Month
Atlantic	162	17	179	35.8
Bergen	574	110	684	136.8
Burlington	117	1	118	23.6
Camden	41	215	256	51.2
Cape May	32	0	32	6.4
Cumberland	223	7	230	46.
Essex	5589	1217	6806	1361.2
Gloucester	85	3	88	17.6
Hudson	47	26	73	14.6
Hunterdon	21	2	23	4.6
Mercer	17	11	28	5.6
Middlesex	545	288	833	116.6
Monmouth	290	20	310	62.
Morris	92	10	102	20.4
Ocean	15	0	15	3.
Passaic	835	185	1020	204.
Salem	35	4	39	7.8
Somerset	487	1033	1520	304.
Sussex	24	0	24	4.8
Union	511	112	623	124.6
Warren	41	3	44	8.8
Totals	9783	3264	13047	2609.4

SMALLPOX VACCINE

County	To Oct. 31	Month of Nov.	Total to Nov. 30	Average per Month
Atlantic	146	171	317	63.4
Bergen	659	87	746	149.2
Burlington	206	10	216	43.2
Camden	433	16	449	89.8
Cape May	50	4	54	10.8
Cumberland	259	9	268	53.6
Essex	2215	638	2853	570.6
Gloucester	219	59	278	55.6
Hudson	62	2	64	12.8
Hunterdon	16	5	21	4.2
Mercer	45	19	64	12.8
Middlesex	469	36	505	101.
Monmouth	467	50	517	103.4
Morris	515	74	589	117.8
Ocean	96	1	97	19.4
Passaic	1543	124	1667	333.4
Salem	23	2	25	5.
Somerset	26	7	33	6.6
Sussex	122	0	122	24.4
Union	717	123	840	168.
Warren	198	0	198	39.6
Totals	8486	1437	9923	1984.6

The Journal of the Medical Society of New Jersey

INDEX 1936

PAGES OF THE MONTHLY ISSUES

January	1- 64	July	385-440
February	65-126	August	441-492
March	127-186	September	493-550
April	187-244	October	551-608
May	245-326	November	609-678
June	327-384	December	679-756

ORIGINAL ARTICLES

Abdominal surgery, early diagnosis in—Elia-son	143	Diet for ambulatory diabetic patients, simple—Saslow	144
Academy of Medicine as an educational force in the community—Kingdon	412	Encephalography and its diagnostic importance—Strauss	577
Academy of Medicine, functions of the—Danzis	411	Endocervicitis, chronic, treatment by electro-coagulation—Fine	507
Academy of Medicine, objectives and found-ers of—Ill	412	Endocrinology and the convulsive state—Pigott	86
Acute Mastoiditis, clinical versus x-ray study in—Barkhorn	153	Epileptic child, institutional treatment of—Baker	78
Addison's disease, Report of a case—Coppoletta and Monaghan	90	Gastric polyposis—Perkel	615
After all, the patient is human—Becker	471	Goiter surgery—Heyd	345
Anemia, problems in—Whipple	201	Harrison Stanford Martland, Dr., an apprecia-tion—Libman	198
Anesthetic agents, newer—Rovenstine	575	Heart disease, chronic, total thyroidectomy in treatment of—Riseman	397
Arthritis and its treatment by gold salts—Oren	591	Hematogenous osteomyelitis, acute—Buzby	193
Artificial feeding of infants, some simplified methods of—Janifer	636	Hemolytic jaundice, familial—Kaufman	150
Autogenous bacteriophage, staphylococcic men-ingitis treated with—Frank	466	Hemorrhoids, injection treatment of—Gorsch and Smith	620
Benzedrine in the eustachian tube and middle ear with apparatus for application—Wood	410	History of medical practice in Camden County—Decker	447
Beriberi in New Jersey, with the report of a case—Levitas	462	The Med. Soc. of N. J.—Overton	300, 542, 647
Blood pressure, observations on—Smith	391	Hospital Committee in Essex County, some sta-tistics from the—Ill	574
Bone marrow in leukemia—Yaguda	705	Industrial workers, medical examination of—Evans	341
Bradycardia and hypothermia at onset of acute appendicitis—Moolten	589	Intrapelvic protrusion of the acetabulum, sur-gical treatment for—Gregory	23
Cardiac dyspnoea: Its early treatment with mercurial diuretics—Levin	208	Jaundice, clinical interpretation of—Knapp	202
Cataract in history, treatment of—Hahn	7	John Bull, M.D.—Read	352
Child, effects of urban conditions upon the tem-perament of the—Plant	83	Leukemia, bone marrow in—Yaguda	705
Childhood tuberculosis, clinical manifestations of early—English and Gross	71	Liver deaths—Visconti	502
Childhood tuberculosis, pathology of—Brown	77	Lymphogranuloma inguinale as a causative fac-tor in the production of rectal strictures—Silvers	25
Children and tuberculosis programs—Weintraub	454	Maternal Welfare—	
Cold allergy with spontaneous recovery, a case of—Ehrlich	477	Cesarians in Essex County in past eighty years	32
Communicable disease, prophylaxis of, No. 1—Ripps	139	Cesarean section, or indications for	360
Concomitant squint, the operative treatment of—Reese	159	Common cold and pregnancy—Alling	713
Cyanosis in chemical plants—Jirouch	403	Field physician in maternal welfare in New Jersey—Bingham	538
Diabetes mellitus, medical complications of—Rabinowitch	510	Interne's education in obstetrics, the—Pudney	479
Diabetes mellitus and surgery—McKittrick	523	Maternal mortality in New Jersey	429
Diabetic patients, ambulatory, simple diet for—Saslow	144	Obstetric analgesia and anesthesia	166
		Postpartum hemorrhage	212
		Prenatal care	29
		Puerperal infection—Brown	643

Toxemias of pregnancy—Davis	592	Medical aspect—Mullin	685
Medical care, paying for—Rorem	406	Morbid processes of the cytoplasmic reticulum—Antopol	701
Medical commission for maternal welfare of Essex County, annual report of—Furman ..	570	Tumors and x-rays—Kaplan	696
Medical examination of industrial workers—Evans	341	Rheumatic infection in children, unusual forms of—Bass	578
Mental patients, the mechanism of committing to state hospitals in New Jersey—Gordon ..	459	Rocky Mountain spotted fever, report of a case—Goldberg	478
Mercurial diuretics in early treatment of cardiac dyspnoea—Levin	208	Schüller-Christian's disease—Levinsohn	163
Organized medicine and social insurance—Borzell	586	Social insurance and organized medicine—Borzell	586
Organized medicine, problems of—Zehnder	633	Socialized tendencies in medicine—Lewis	631
Peptic ulcer, acute perforated—Summey	563	Staphylococcic meningitis treated with autogenous bacteriophage—Frank	466
Peptic ulcer, surgical treatment of massive hemorrhage of—Beisler	133	Surgery and diabetes mellitus—McKittrick	523
Polyglandular disease—Crile	336	Surgery, newer trends in—Allman	451
Post-operative complications—Russell	419	Syndrome resembling angina pectoris, a—von Hofe and Eigen	535
Premature labor, causes and management of—MacKenzie	16	Temperature variations in infants and children, a consideration of increased—Robbin	557
Prenatal care in Essex County—Pannullo	574	Thorax, penetrating and non-penetrating injuries of—Johnson	425
President, address of the—Newcomb	333	Three decades of honorable service—Van Etten	358
Prostatitis, chronic—Ill	136	Thyroidectomy, total, in treatment of chronic heart disease—Riseman	397
Quinidine and its use in heart disease, pharmacological action of—Ben-Asher	639	Thyroid surgery, two-stage principle in—Fellman	712
Rectal strictures, lymphogranuloma inguinale as a causative factor in the production of—Silvers	25	Toxemias of pregnancy—Norton and Connell	499
Reticulo-endothelial system, tumors of,—a symposium—		Trauma and cancer—Fowler	568
Bone changes—Furst	690	Tuberculosis in childhood and the teen age—Gordon	456
Infections and tumors—Barkhorn	687	Tuberculosis programs and children—Weintraub	454
Mediastinal tumors as shown by x-rays—Herrman	693	Whipple, Dr. George Hoyt, introduction of—Sondern	200

AUTHORS OF ORIGINAL ARTICLES

Alling, Frederic A., Newark	713	Evans, E. E., Pennsgrove	341
Allman, David B., Atlantic City	451	Fellman, Morris, Jersey City	712
Antopol, William, Newark	701	Fine, Sydney G., Trenton	507
Baker, Banks S., Skillman	78	Fowler, Royale H., Newark	568
Barkhorn, Charles W., Newark	153	Frank, Dee Edward, Belleville	466
Barkhorn, Henry C., Newark	687	Furman, Benjamin A., Newark	570
Bass, Murray H., New York City	578	Furst, N. J., Newark	690
Becker, C. Fred, Camden	471	Goldberg, H. C., Perth Amboy	478
Beisler, Lawrence G., Hillside	133	Gordon, Burgess, Philadelphia, Pa.	456
Ben-Asher, S., Jersey City	639	Gordon, J. Berkeley, Marlboro	459
Bingham, A. W., East Orange	538	Gorsch, Rudolph V., New York City	620
Borzell, Francis F., Philadelphia, Pa.	586	Gregory, I. Francis, Orange	23
Brown, Chester R., Arlington	77	Gross, Max, Glen Gardner	71
Brown, J. Carlisle, Atlantic City	643	Hahn, William H., Newark	7
Buzby, B. Franklin, Camden	193	Herrman, William G., Asbury Park	167, 693
Connell, John W., Jersey City	499	Heyd, Charles Gordon, New York City	345
Coppoletta, Joseph M., Cliffside Park	90	Ill, Carl H., Newark	574
Crile, George, Cleveland, Ohio	336	Ill, Edward J., Newark	412
Danzis, Max., Newark	411	Ill, Herbert M., Newark	136
Davis, A. B., Camden	592	Janifer, Clarence S., Newark	636
Decker, Henry B., Camden	447	Jirouch, E. A., Pennsgrove	403
Ehrlich, Max, Elizabeth	477	Johnson, V. Earl, Atlantic City	425
Eigen, L. A., West Orange	535	Kaplan, Ira J., New York City	696
Eliason, Eldridge L., Philadelphia, Pa.	143	Kaufman, Jerome G., Newark	150
English, Samuel B., Glen Gardner	71	Kingdon, Frank, Newark	412

Knapp, Victor, Asbury Park	202	Ripps, Maurice L., Elizabeth	139, 205
Levin, Louis, Trenton	208	Riseman, Joseph E. F., Boston, Mass.	397
Levinsohn, Sandor A., Paterson	163	Robbin, Lewis, Newark	557
Levitas, George M., Westwood	462	Rorem, C. Rufus, Chicago, Ill.	406
Lewis, Thomas K., Camden	308, 631	Rovenstine, E. A., New York City	575
Libman, Emanuel, New York City	198	Russell, Thomas H., New York City	419
MacKenzie, Robert A., Asbury Park	16	Saslow, Benjamin, Newark	144
McKittrick, Leland S., Boston, Mass.	523	Silvers, Homer I., Atlantic City	25
Monaghan, William J., Laurel Hill	90	Smith, Carroll D., Paterson	620
Moolten, Sylvan E., New York City	589	Smith, Thayer A., Short Hills	391
Mullin, Raymond J., Newark	685	Snedecor, Spencer T., Hackensack....	103, 431, 482, 540, 594
Newcomb, Marcus W., Brown's Mills	333	Sondern, Frederic E., New York City	200
Norton, James, Jersey City	499	Strauss, Israel, New York City	577
Oren, Hyman, Park Ridge	591	Summey, Thomas J., Moorestown	563
Overton, Frank, Trenton	93, 300, 542, 647	Van Etten, Nathan B., New York City	358
Pannullo, John N., Newark	574	Visconti, Joseph A., Hoboken	502
Perkel, Louis L., Jersey City	615	von Hofe, Frederick H., East Orange	535
Pigott, Albert W., Skillman	86	Weintraub, W. L., Paterson	454
Plant, James S., Newark	83	Whipple, George Hoyt, Rochester, N. Y.	201
Pollak, B. S., Jersey City	222	Wilkes, LeRoy A., Trenton	93
Pudney, W. K., Montclair	479	Wood, E. LeRoy, Newark	410
Rabinowitch, I. M., Montreal, Canada	510	Yaguda, Asher, Newark	705
Read, Hilton S., Atlantic City	352, 483	Zehnder, A. C., Newark	633
Reese, Algernon B., New York City	159		

EDITORIALS

Action and Reaction	188	Cover Page of Journal	5
Action Is Necessary Now	6	Dates of Meetings of County Societies	498
Abilities and Temperaments	555	Dates of Taking Office in County Societies....	66
A. M. A. and California	129	Demand and Supply	556
A. M. A. and New Jersey	128	Director of Physicians of New Jersey	496
A. M. A. Conference Secretaries and Editors....	682	Discussions, Informal	187
Annual Meeting	191	English Panel System, The	329
170th and the First	131	Evidence of Progress	442
Historical Exhibit at the	191	Executive Committee of a County Society	65
Impressions of the	330	Exhibits, County Society	554
Local Publicity for the	331	Fifty Years of Service	5
Reactions to	388	First Decade of The Medical Society of New Jersey	248
Annual Reports, The	246	Five Years of Progress	497
Arguments and Judgments	493	Free Medical Services, Money Value of.....	495
Automobile Insignia	331	Good Mixers	250
Carrying Through	390	Health Talks, Subjects for	681
Clinical Course, A Real	388	Health Week, New Brunswick	248
Community Agencies, Contacts with	190	Medical Research	444
Contacts of State with County	188	Historical Exhibit at the Annual Meeting	191
with Community Agencies	190, 684	Historical Medicine, Exhibit on	130
Contacts, Responsiveness to	246	History, Medical	610
Copeland Food and Drug Bill	331	Medical Research	444
Copyrighting The Journal	6	State Medical Society	248
County Medical Society—		Honoring Our Past Presidents	332
Dates of Meetings	498	Hospital Survey	388
Exhibits	554	Index, 1935, Reprints of	5
Integration of	611	Index, 1936	680
Opportunities of	443	Individuality in Coöperation	556
Papers of, Publishing	496	Insurance Against Malpractice	69
Personality of	441	Journal, Cover Page of	5
Popular Recognition of	1	Missing Volumes of	129
Promptness in Meetings	127	Legislators, Entertaining the	4
Public Health and	446	Local Publicity for the Annual Meeting	331
Training School of	189	Medical Philosophy	497
Summer Vacation of	389	Medical Service, A Perfected System of.....	555

Medical Society at Work, A	494	Public Health, The County Society in	446
Medical Society of New Jersey, Filling Positions	498	Public Relations Committee	4
First Decade of	248	Communications to County Societies	679
Menace, An Unsuspected	444	Public Relations of Physicians, The	552
Money Value of Free Medical Services	495	Publicity for the County Medical Society	245
New Brunswick Health Week	248	Publishing County Society Papers	496
Obituaries of Members	250	Records of the Past	390
Objectives and Enterprises	442	Reproaches or Approaches	67
Opinions, Individual and Group	3	Scientific Exhibits at Annual Meeting	130
Opportunities of County Society	443	Socialized Medicine	328
Opportunities for Honorable Service	2	Social Security Act, Operation of the	612
Original Records of the Somerset County Medi- cal Society	613	Somerset County Medical Society, Original Rec- ords of the	613
Outing Meeting of the County Society	327	Speakers' Bureau, The	610
Past Presidents, Honoring Our	332	Specialist from Three Viewpoints	612
Personality of the County Medical Society	441	Specialists in Medical Administration	683
Personals in The Journal	684	State Society Activities, Department of	68
Philosophy, Medical	497	The Program of the	614
Physician, Heal Thyself	683	Projects	682
Popular Medical Education	680	Summer Activities of the State Medical Society	445
Positions in The Medical Society of New Jersey, Filling	498	Surveying the Doctor's Own Calling List	70
Post-Graduate Education Plans	681	Training for the Grade Above	389
Prescription Feature of Journal	387	Training School of the County Society	189
Prescription Writing	192	Tuberculosis in Public Schools, Detecting	249
Presidency, The	385	Understanding and Coöperation	614
President's Announcements	494	Union County, Prompt Action in	247
Progress, Evidence of	442	Voice, Quality of the	329
Program of The Medical Society of New Jer- sey	551, 614	Waves and Tides of Medical Progress	130
Progress, Five Years of	497	Weather and Medical Societies	131
Progress in Medical Society Activities	386	Welfare Committee, March Meeting	192
		Who Was Dr. Bronson?	332
		Younger Members, Interesting the	70

STATE SOCIETY ACTIVITIES

Academy of Medicine of Northern N. J., Pro- grams of Meetings	604	Baby-Keep-Well Stations, Standards of	31
Academy of Pediatrics, American	725	Book Reviews	63, 244, 486, 549, 608, 678, 746
Allied Medical Professions, December 11	41	Bulletins, County Society, Quotations from	657
A. M. A. Conference of Secretaries and Editors, 1935	42	Bulletins, Legislative	11, 170, 224
Conference of 1936	726	Bus Drivers, Examination of	655, 672
Dr. W. P. Eagleton for President	234	Cabinet, The President's	541
Reports of N. J. Delegates	367	Camden Hospitals, Free Services of Doctors in	105
American College of Physicians	35	Cancer Committee	598
American Foundation Studies in Government Questionnaire	33, 35, 220	Chest, X-rays of	221
American Public Health Association	725	Chronic Disease Survey	33, 97, 108
Annual Meeting of The Medical Society of New Jersey, June 2-4, 1936—		Community Responsibility for Medical Service	95
A. M. A. Delegates' Report	367	Compulsory Health Insurance	106
Description of	363	Contacts and Comments, Department of	655, 731
Exhibits:		Contacts of Physicians—Wilkes and Overton	93
Arts and Hobbies and Historical	50	Contemporary Woman's Club of Newark	101
Commercial	297, 433	Crippled Children	432, 598
Scientific	109, 365	Darkfield Facilities in New Jersey	369
House of Delegates, Transactions of, Sup. Aug. Jour.		Deaths of Physicians in 1936	730
Program of	292	Lists of	40, 113, 173, 240, 313, 371, 436, 489, 548, 607, 654, 730
Reference Committees	290	Directory, Medical	432
Reports of Officers and Committees	251, 290	Doctors' Letter of Solicitation in Public Health Hour	220
Index of	291	Eagleton, Dr. Wells P., Testimonial to	546
Secretaries' and Reporters' Conference	366	For President of A. M. A.	234
		Epstein Bill for Social Security	107
		Exposition, New Brunswick Health Week	220
		Federal Legislators	38, 101

Federated Women's Clubs	101	No. 1—Foreword	431
Fifty Years' Membership in County Societies..	110	No. 2—State Activities	482
First Decade, The Medical Society of New Jersey	542	No. 3—Program 1936-1937	540
Formulary, New Jersey	215	No. 4—Election Campaign	594
Free Services by Doctors in Hospitals.....	105	No. 5—The Ideal County Medical Society....	645
Graduate Education	716, 722	No. 6—We, the Doctors	714
Graduate Fortnight, N. Y. Academy of Medicine	485	President Roosevelt's Address, Jersey City Med- ical Center	645
Health and Sanitary Association, New Jersey	654, 724	Preventive Medicine, Field of—Nichols	169
Health Week, New Brunswick	311	Preventive Medicine in Doctors' Offices	216
History of Medical Society of New Jersey..	300, 542, 647	Public Health Hour	216, 220, 598, 721
Annual Meeting 1786	305	Public Health Sub-Committee..	30, 31, 100, 102, 596, 653, 720
1836	305	Public Relations Address by Dr. Snedecor.....	103
1866	306	Public Relations Sub-Committee..	32, 99, 168, 215, 219, 600
Meeting places 1766-1935	544	Public Speaking, Course in	311
Hospitals and Medical Education	722	Pure Food and Drug Legislation	33, 101, 219
Hospital Survey	433, 482	Questionnaire in Medical Economics by Amer. Found. Studies in Government	35
Ideals and Actualities (verse)	486	Scientific Exhibit, Annual Meeting ...	109, 365, 717
Immunizations and Welfare Committee	598	Secretaries and Editors A. M. A. Conference, 1935	42
Immunizations in Schools	217	1936	726
Immunizations, Monthly Tables of	45, 122, 170, 228, 314, 371, 440, 486, 548, 604, 748	Social Security Act	597
Journal, The	32, 102	Social Security, American Association for.....	106
Key Men in Public Health	31, 102, 216	Social Security	217
Key Men in Public Relations	32	Social Security Bills	214
Legislation	214, 224	Social Security Commission of New Jersey..	33, 42, 101
Legislation, Sub-Committee on	600	Social Security Program	482
Legislative Bulletins	111, 170, 224	Social Work Conference, New Jersey... 33, 41,	654
Legislators Entertained by Gloucester County..	104	Society of Surgeons of New Jersey.....	172
Lien, Physician's	108	Southern Medical Association	725
Low-Wage Group, Medical Care of	308	Speakers' Bureau	32
Maternal Welfare Committee Meeting	34	Survey, Chronic Diseases	97
Maternal Welfare Lectures, List of	225	Trustees, Meeting June 21, 1936	432
Maternal Welfare, Relations of	597	October 11, 1936	650
Medical-Dental Service Bureau:		Tuberculosis	214, 216, 598
Essex	97	Tuberculosis League, New Jersey	603, 723
Passaic	99	Tuberculin, Mass Testing	100, 103, 222
Medical Economics Questionnaire	35	Uniform Medical Practice Act	32, 100
Medical Examiners, Board of	310	Unity of Organized Medical Services—Herrman	167
Medical Practice Committee	33, 215, 599	U. S. P. H. S. Survey of Chronic Diseases.....	97
Meeting of County Medical Society Officers on Sept. 27	602	Venereal Disease Control	217
Members, Official List of	Supplement April	Venereal Diseases	598
Mental Hygiene	598	Welfare Committee Meetings..	30, 97, 214, 541, 601, 715
Narcotic Addicts	44	Welfare Committee, Organization and Func- tions	596
New Brunswick Health Week, Exposition ...	220	Welfare Committee, Policies and Methods.....	483
Newcomb, Dr. M. W., Testimonial to	168	Workmen's Compensation	32, 100, 215
Obstetrics, Courses in	225, 716	W. P. A.	100, 215
Paper Films for Chest X-rays	221	Medical Service	170
Periodic Letter to Members, No. 1	650	Workers	44
Popular Medical Education	102	Workers for County Societies	34
Post-Graduate Institute, Philadelphia	171	X-Ray Films, Paper	221
Prescriptions for Card Filing.....Center Folio, April, May, June, August, Oct. and Dec.			
President's Announcements, Spencer T. Snede- ccr, M.D.:			

COUNTY MEDICAL SOCIETIES' ACTIVITIES

Abortion, Criminal, Atlantic	174	Newark Eye and Ear Infirmary	234
Allied Medical Societies—		Westfield Med. Soc.	673
Academy of Med. of North. N. J.....	52, 234, 320	American College of Surgeons	49
Irvington Physicians Assn.	177	A. M. A. Convention, Atlantic	47

- A. M. A. Publications 57
- Anniversary, 250th, Cumberland 319
- Annual Meetings, Dates of—
- Atlantic 372
- Camden 49
- Essex 375
- Anti-Vaccination Propaganda, Bergen 373
- Appeal to State Society, Hudson 235, 321, 668
- Assessment, Middlesex 322
- Automobile Insignia of Membership, Somerset 489
- Baby Keep-Well Stations, Essex 375
- Banquet, Bergen 48
- Biographical Files of Members, Somerset 323, 489, 673
- Birth Control, Passaic 181
- Bulletin—
- Atlantic 47
- Hudson 670
- Cabinet, President's, Visits of—
- Atlantic 734
- Bergen 660
- Camden 736
- Cape May 737
- Essex 737, 738
- Gloucester 740
- Sussex 744
- Cancer Committee, Passaic 744
- Chamber of Commerce, Morris 606
- Child Welfare, Camden 488
- Chronic Disease Survey 51
- Committees of County Societies, Personnel of—
- Bergen 437
- Somerset 673
- Committee Reports, Essex 661, 667, 737
- Dates of Assuming Office—
- Atlantic 174, 315
- Camden 232
- Passaic 58, 744
- Salem 240
- Sussex 744
- Dates of Meetings of County Societies 550
- Debate, High School, Middlesex 380
- Diphtheria Immunizations (See Public Health Hour)
- Dues, Atlantic 658
- Eagleton, Dr., for A. M. A. President 234
- Election of Officers—
- Atlantic 47
- Bergen 316, 373
- Burlington 735
- Camden 374
- Cape May 736
- Essex 667
- Gloucester 377
- Hudson 236, 670
- Mercer 53
- Monmouth 322
- Morris 439, 606
- Somerset 489
- Union 745
- Warren 746
- Elmer, Dr. M. D., Cumberland 661
- Emergency Relief Administration (E. R. A.) and W. P. A.—
- Atlantic 46, 658
- Bergen 373
- Burlington 232
- Camden 488
- Essex 376, 741
- Gloucester 52
- Mercer 53
- Middlesex 54, 180, 322, 379, 381, 741
- Monmouth 55, 57, 239, 742
- Morris 381
- Passaic 382
- Somerset 672
- Union 324
- Executive Committee, Mercer 179
- Field Physician, Camden 488
- Sussex 744
- Warren 745
- Fifty Years of Practice—
- Atlantic 315
- Bergen 48
- Cumberland 661
- Middlesex 180
- Fire Crackers, Bergen 438
- First Aid Instruction, Monmouth 56, 57
- Golf, Monmouth 488
- Health Meeting, Atlantic 48
- History, Camden 232
- Hospital Association Dinner, Passaic 744
- Hospital Committee, Essex 176
- Hospitals, Lay Control of, Essex 375
- Pay for Doctors, Passaic 382
- Rating, Essex 376
- Immunizations in Schools—
- Burlington 605
- Mercer 670
- Insane, Fee for Examination, Monmouth 239
- Insurance, Accident and Health—
- Burlington 605
- Camden 232
- Intern's Night, Passaic 606
- Judicial Districts 1 and 2 Meeting 320
- Law, Medical Practice, Bergen 231
- Legislation, Middlesex 54
- Legislators, Entertaining—
- Essex 51
- Middlesex 237
- Library, Atlantic 46, 658
- Lien Law, Physicians, Middlesex 54
- Malaria, Camden 232
- Malpractice Suits, Bergen 175
- Maternal Welfare—
- Atlantic 47, 315
- Bergen 660
- Camden 319
- Cape May 737
- Cumberland 319
- Essex 234
- Hudson 177
- Mercer 179
- Middlesex 741
- Monmouth 439
- Passaic 672, 744
- Maternity Homes—
- Atlantic 174, 734
- Burlington 49
- Monmouth 239

- Medal, County Society, Gloucester 668
- Medical-Dental Service Bureau—
- Essex 52, 176, 234, 376
- Passaic 58, 382, 607
- Medical Practice Investigation, Atlantic 47
- Meetings of County Societies—
- Atlantic 46, 174, 230, 315, 372, 658, 734
- Bergen 48, 175, 281, 316, 373, 437, 659, 734
- Burlington 49, 232, 317, 605, 735
- Camden 49, 50, 252, 317, 374, 488, 660, 736
- Cape May 319, 736
- Cumberland 51, 175, 319, 438, 660
- Essex 51, 176, 234, 319, 375, 661, 737
- Gloucester 52, 177, 235, 321, 377, 605, 668, 740
- Hudson 177, 235, 321, 668
- Mercer 53, 178, 237, 321, 378, 670
- Middlesex 53, 179, 237, 322, 378, 438, 741
- Monmouth 55, 239, 322, 438, 488, 606, 671, 742
- Morris 57, 180, 239, 323, 381, 439, 606, 671, 743
- Passaic 58, 180, 382, 606, 672, 743
- Salem 60, 240, 672
- Somerset 181, 323, 489, 672, 744
- Sussex 440, 744
- Union 60, 323, 673, 745
- Warren 324, 745
- Members, New—
- Atlantic 46, 230, 315
- Bergen 48, 175, 281, 316, 373, 438, 659
- Burlington 735
- Camden 49, 50, 233, 318, 374, 660, 736
- Cape May 736
- Cumberland 175
- Essex 52, 319
- Gloucester 740
- Mercer 53, 179, 237, 322, 378
- Middlesex 54, 179, 378, 380
- Monmouth 57, 239, 322, 439, 742, 743
- Morris 58, 239, 672
- Passaic 58, 180, 382, 606, 743
- Salem 672
- Somerset 181, 672
- Sussex 744
- Union 60, 324, 745
- Warren 324, 745
- Mosquito Control—
- Atlantic 230
- Cumberland 319
- Newark City Hospital 52
- Newspaper Publicity, Atlantic 174
- Offices for County Societies, Somerset 673
- Ophthalmia Neonatorum, Essex 375
- Outing—
- Camden 374
- Mercer 378
- Paper X-Rays, Middlesex 179, 322
- Psyiotherapy, Essex 176
- Post-Graduate Education—
- Atlantic 231, 315
- Bergen 175, 231
- Camden 233
- Hudson 321, 670
- Monmouth 742
- Warren 324
- Practicing Fifty Years—
- Atlantic 251
- Middlesex 180
- Public Health Committee—
- Atlantic 46, 174, 315
- Hudson 177, 236
- Middlesex 53, 54
- Monmouth 56
- Public Health Hour—
- Atlantic 372
- Burlington 49
- Camden 50
- Cumberland 51, 173, 319, 438
- Essex 176, 375
- Gloucester 52
- Hudson 178, 669
- Mercer 53
- Middlesex 179, 741
- Monmouth 57
- Salem 60
- Somerset 181
- Publicity—
- Cumberland 51
- Hudson 668
- Public Relations Committee—
- Atlantic 47, 231
- Hudson 669
- Middlesex 322, 378, 741
- Passaic 181
- Quarantine, Closing Schools for, Bergen 438
- Quarantine, Regulation, Essex 375
- Questionnaire, Amer. Found. Studies in Govt.—
- Atlantic 46
- Gloucester 53
- Radio Broadcasting, Atlantic 46, 658
- Record Books of County Society—
- Somerset 613
- Warren 745
- School Physicians' Code, Monmouth 56
- Social Security Program, Essex 52
- Social Service Organization, Monmouth 671
- Sterilization, Gloucester 740
- Summer Physicians, Atlantic 372
- Tracy, Dr. G. T., 32 Yrs. Sec. of Burlington 735
- Tuberculin Testing—
- Camden 318
- Mercer 179
- Passaic 672
- Union 745
- Warren 324
- Tuberculosis—
- Atlantic 46
- Hudson 669
- Tuberculosis Hospital, Middlesex 55
- Tuberculosis Sanatorium, Burlington 735
- Tuberculosis Survey, Middlesex 380
- Venereal Disease Control, Bergen 438
- Visiting Nurses, Morris 440
- Welfare Committee, State, Opinion of—
- Monmouth 58
- Passaic 59
- Welfare Home, Passaic 59
- Woman's Auxiliary—
- Atlantic 174
- Bergen 231, 373
- Workmen's Compensation, Atlantic 658

WOMAN'S AUXILIARY

Aims of a Medical Auxiliary	674	Gloucester	185, 676
A. M. A. Woman's Auxiliary, Newsletter.....	182	Hudson	61, 126, 186, 243, 326, 384, 492, 678
Annual Meeting—		Mercer	678
Description	363, 365	Middlesex	62, 126, 186, 243, 492
Index—Transactions, page 72		Monmouth	62
Minutes—Transactions, page 72		Passaic	677
Program	294	Somerset	186, 326, 678
Report of President Kinch	382, 492	Union	62, 186, 244
Art and Hobby Exhibit	182, 241	Warren	126, 244, 678
County Society Reports—		Executive Board Meeting, State	123, 242, 674
Atlantic	61, 124, 185, 242, 326, 383, 675	Leadership by Consultation—Mrs. George A. Rogers	747
Bergen	125, 676	Letter from Chairman of Organization	325
Burlington	492, 676	President, Annual Report of State—Kinch....	383
Camden	185, 676	President's Letter	241
Essex	125, 185, 243, 384, 676	Programs of County Auxiliaries	747

OBITUARIES

Ackerman, James F., Asbury Park	549	McElhinney, Dennis Ralph, Elizabeth	549
Allen, William C., Blairstown	173	Nevin, John, Jersey City	491
Anderson, John E., Neshanic	549	Payawall, Juan L., Ramsey	491
Bell, J. Finley, Englewood	435	Pedrick, Charles D., Glassboro	112
Conrad, Edgar K., Hackensack	229	Poland, Joseph, Atlantic City	112
Davis, R. M. A., Salem	173	Polevski, Jacob C., Newark	491
Disbrow, Harold B., Lakewood	229	Shivers, Charles H., Atlantic City	435
Flaherty, Michael E., Jersey City	490	Sista, Charles R., Trenton	229
Gnasso, E. R., Fort Lee	229	Steadman, Evans T., Montclair	314
Green, James S., Elizabeth	113	Stillwell, Aaron L., Somerville	436
Hoagland, Louis B., Oxford	112	Sullivan, George F., Hoboken	112
Lansing, James B. W., Tenaflly	490	Traverso, Daniel, Belmar	173
Leavitt, John F., Collingswood	491	VonHaitinger, K., Passaic	180
Marotte, Charles L., Trenton	229	Ward, John V., Union City	229
Marshak, Martin I., Bayonne	490	Lists of Physicians Dying in New Jersey..	40,
Massey, John F., Ventnor	113		113, 173, 240, 313, 371, 436, 489, 548, 607, 654, 730

BOOK REVIEWS

Ancestry of the Long-Lived—Pearl	549	Observations of a General Practitioner—Ma-	cartney	64
Complete Pediatrician—Davison	63	Obstetrical Practice—Beck	64	
Davis Applied Anatomy—Davis	63	Parathyroids in Health and Disease—Shelling..	608	
Diseases of the Nose and Throat—Imperator...	486	Periodic Fertility and Sterility in Woman—		
Diseases of the Thyroid Gland—Hertzler.....	487	Knaus	487	
Fundamentals of Biochemistry in Relation to		Sculpture in the Living: Rebuilding the Face		
Human Physiology—Parsons	487	and Form by Plastic Surgery—Maliniak..	64	
Glandular Physiology and Therapy—A. M. A.		Spinal Anesthesia: Technic and Clinical Appli-		
Council on Pharmacy and Chemistry....	608	cation—Vehrs	63	
God Works Through Medicine—Lukens.....	746	Stammering and Allied Disorders—Bleumel....	64	
Index of Differential Diagnosis—French	678	Surgery of a General Practice—Hertzler	63	
Mental Hygiene in the Community—Bassett...	678	Treatment by Diet—Barborka	244	
Nervous Patient, The—Emerson	746	Woman Asks the Doctor, A—Novak	487	

Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)

Announces Continuous Courses

MEDICINE—Informal Course first of every week; Intensive Personal Courses.

SURGERY—General Course One, Two, Three and Six Months; Intensive Course Surgical Technique every two weeks; Special Courses.

GYNECOLOGY—Three Months' Course; Intensive Two Weeks Course starting February 15, 1937.

OBSTETRICS—Informal Course; Intensive Two Weeks' Course starting February 1, 1937.

FRACTURES AND TRAUMATIC SURGERY—Informal Practical Course; Intensive Ten Day Course starting February 15, 1937.

EAR, NOSE AND THROAT—Informal Course; Personal Courses; Intensive Two Weeks' Course starting April 5, 1937.

OPHTHALMOLOGY—Intensive Two Weeks' Course starting April 19th, 1937.

UROLOGY—General Course Two Months; Intensive Course Two Weeks; Special Courses.

CYSTOSCOPY—Intensive Course every two weeks (attendance limited).

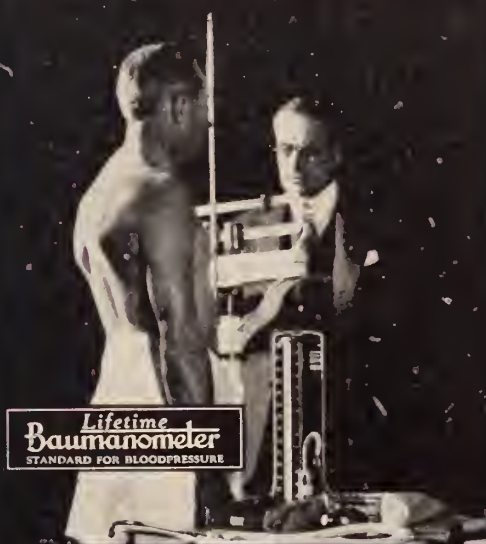
GENERAL, INTENSIVE and SPECIAL COURSES IN ALL BRANCHES OF MEDICINE AND SURGERY.

TEACHING FACULTY

Attending Staff of Cook County Hospital

Address: Registrar, 427 South Honore Street,
Chicago, Illinois.

CONFIDENCE...



Lifetime
Baumanometer
STANDARD FOR BLOODPRESSURE

The weight and bloodpressure readings are recorded with confidence because both instruments operate on the true-gravity principle which assures unvarying accuracy. Smallest, Lightest, Handiest ... the KOMPAK Model, cased in Duralumin, is guaranteed against glass breakage for your Lifetime.

W. A. BAUM CO. INC. NEW YORK

FOR PATIENTS WITH IRRITATION OF THE NOSE AND THROAT

IRRITATION from cigarette smoke can be a contributory factor in cases of congestion of the upper respiratory tract.

In such cases there are two courses that may be advised... Discontinuance of smoking... Or smoking Philip Morris, the only cigarette proved* less irritating.

Philip Morris & Company do not claim that Philip Morris Cigarettes cure irritation. But they do say that glycerine—a source of irritation in other cigarettes—is not used in the manufacture of Philip Morris.

*Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245
Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
N. Y. State Jour. Med., June 1935, Vol. 35, No. 11
Arch. Otolaryngology, Mar. 1936, Vol. 23, No. 3, 306-309

Philip Morris & Co. Ltd. Inc. Fifth Ave., N.Y.



PHILIP MORRIS & CO. LTD. INC.
119 FIFTH AVENUE NEW YORK

Absolutely without charge or obligation of any kind, please mail to me

* Reprint of papers from

N. Y. State Jour. Med. 1935, 35—☐
No. 11, 590; Laryngoscope 1935 XLV,
149-154. Proc. Soc. Exp. Biol. and Med.,
1934, 32, 241-245.

For my personal use, 2 packages of
Philip Morris Cigarettes, English Blend. ☐

SIGNED: _____

ADDRESS _____

CITY _____ **STATE** _____

JER



HOW CAMP INTERPRETS CHANGING SUPPORT CONCEPTS

SINCE S. H. Camp & Company started manufacturing supports twenty-seven years ago, with several exceptions . . . several apparently ageless standbys . . . it is not true that the same type of supports which were manufactured then are being manufactured today. The demand by the profession for certain types of supports has changed in some particulars, and S. H. Camp & Company has met these changes to the best of its ability.

It was only a few years ago, for example, that most cases of low back pain were considered to occur as a result of sacro-iliac pathology. To provide excellent support for the sacro-iliac region, special garments were designed by Camp in collaboration with eminent authorities. A complete series of sacro-iliac binders were manufactured to suit the three types of build with their proportionate irregularities.

Recently, since leading orthopedists seem somewhat agreed as to the more frequent cause of low back pain—i.e., lumbosacral affections—S. H. Camp & Company has been working to perfect lumbosacral supports. Studying the work of outstanding writers on orthopedics and consulting with many of them in order to aid in the relief of the various conditions affecting the lumbosacral joint, the Camp medical advisory board labored with the Camp designing staff to meet this changing demand for effective relief of low back pain. This is only one instance of the manner in which Camp has kept in touch with changing support concepts. There are many others, of course.

S. H. Camp & Company is in an enviable position to learn of professional thought concerning supports—both in this country and abroad. Its international connections present the opportunity for a fortunate rapprochement with physicians and surgeons all over the world.

Thus may professional demands concerning supports be interpreted and fulfilled by Camp without delay. This is part of the Camp Professional Support Service.

S. H. CAMP & COMPANY, JACKSON, MICH.

Manufacturers

CHICAGO NEW YORK WINDSOR, CANADA LONDON, ENGLAND



CAMP PROFESSIONAL SUPPORT SERVICE
Accepted by the Council on Physical Therapy of the American Medical Association

CAMP

TRADE MARK

SURGICAL SUPPORTS

FOR

MEN, WOMEN
and CHILDREN



- Complete Stock
- Lady Fitter
- Fittings Made at Home or Hospital
- Open Evenings

ROBERT H. WUENSCH

ALL KINDS OF SURGICAL APPLIANCES

520 SPRINGFIELD AVENUE

(Near So. 10th St.)

NEWARK

NEW JERSEY

Bigelow 3-7061

ORTHOPEDIC SHOES

Our complete stock of orthopedic shoes for infants, children, men and women, together with our own Custom Shop for the making of shoes for patients who cannot be fitted with stock shoes or who need specially built shoes, enables us to take care of any orthopedic shoe requirement.

J. T. MURDOCH, Inc.

81 BROADWAY

NEWARK

NEW JERSEY

SUPPORTING BELTS and CORSETS



In prescribing supporting belts protect your patient all the way—prescribe the type of belt required, prescribe the belt you know will do its duty, prescribe where to buy—prescribe POMEROY.

Expertly Made, Expertly Fitted

The established preference of practicing physicians for Pomeroy Supporting Belts, Corsets and Girdles rests upon a record of satisfactory results to discriminating wearers. Pomeroy Supporting Belts are free from all superfluous straps and buckles because each made-to-order belt is **measured and constructed** to fit with a minimum of adjustment. Comfort and support are **built in**. Pomeroy Supporting Belts and Corsets are made for all forms of ptosis, non- and post-operative cases and pregnancy—each fitted to individual measurements by expert fitters.

P O M E R O Y

901 BROAD STREET, NEWARK, N. J.

NEW YORK • BRONX • BROOKLYN • SPRINGFIELD • BOSTON • DETROIT • WILKES-BARRE

Behind

MERCUROCHROME

(dibrom-oxymercuri-fluorescein-sodium)



is a background of

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association



A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.

BALTIMORE, MARYLAND

HYCLORITE



Accepted by the Council on Pharmacy and Chemistry of the American Medical Association (N.N.R.)

ANTISEPTIC

AN AID FOR THE PREVENTION OF RINGWORM INFECTION

For irrigating, swabbing and dressing infected cases wherever an antiseptic is needed

For Hand and Skin Sterilization

To Make a Dakin's Solution of Correct Hypochlorite Strength and Alkalinity

**NON-POISONOUS
NON-IRRITATING**

Write for Literature

BETHLEHEM LABORATORIES

Incorporated

300 Century Building
PITTSBURGH, PENNA.

MEDICAL PRACTITIONERS RECOGNIZE US AS DEPENDABLE OPTICIANS

Devoted Entirely and Exclusively to the
Dispensing of Eye Physicians' Prescriptions
MAINTAINING

Modern Lens Grinding Equipment assuring Accuracy.
Unexcelled Workmanship and Service.

Est. Since

1895

Personal
Supervision
Eugene J.
Anspach

ANSPACH BROS. Prescription Opticians **838 BROAD ST., NEWARK**

533 Main St., East Orange, N. J. 382 Springfield Ave., Summit, N. J. 626 Cookman Ave., Asbury Park, N. J.
MEMBER OF THE GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

1920

Prescriptions of the Eye Physicians for Perfect
Glasses Carefully Compounded

1936



Guildcraft Opticians

At the Centre

Tel. Montclair 2-6128

Member of the Guild of Prescription
Opticians of America



Stanley M. Crowell, Co.

Dispensing Opticians

26 SOUTH PARK STREET
MONTCLAIR, N. J.

Near Church Street

GUILD OPTICIAN

Eye Physicians Prescriptions Exclusively

Good-Looking Glasses—Perfectly Fitted

H. C. DEUCHLER

Guildcraft Optician

541 MAIN STREET, EAST ORANGE, N. J.

Phone Orange 3-1008

Member of the Guild of Prescription
Opticians of America

Kerner's Prescription Pharmacy

U. S. P. N. J. N. J.

Formulary Preparations

Elizabeth

New Jersey



CARBONATED ALKALINE WATER

NOT A LAXATIVE
UNIFORM STRENGTH—PURITY

KALAK WATER CO. OF NEW YORK, INC.

6 Church Street

New York City

IF THEY COULD TALK, COUNCIL SEALS WOULD SAY:

"When you see one of us on a package of medicine or food, it means first of all that the manufacturer thought enough of the product to be willing to have it and his claims carefully examined by a board of critical, unbiased experts. * * * We're glad to tell you that this product was examined,

that the manufacturer was willing to listen to criticisms and suggestions the Council made, that he signified his willingness to restrict his advertising claims to *proved* ones, and that he will keep the Council informed of any intended changes in product or claims. * * * There may be other similar products as good as this one, but when you see us on a package, *you know*.—Advt.

FIREMEN'S PHARMACY

DEPENDABLE
PRESCRIPTION
SERVICE

NEW JERSEY
FORMULARY
PREPARATIONS

BIOLOGICALS

BROAD AND CLINTON STREETS
NEWARK, NEW JERSEY

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	South Orange 2-0063
NEWARK	Liss, Michael, 794 Mt Prospect Ave.	HUmboldt 3-4749
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	Montclair 2-2014
MONTCLAIR	Upper Montclair Pharmacy, 629 Valley Rd.	Montclair 2-1665
EAST ORANGE	Clinton Pharmacy, 481 Central Ave.	ORange 5-6868
BLOOMFIELD	Nicholas G. Burgess, 50 Broad St.	BLoomfield 2-1006

HEALTH AND ACCIDENT INSURANCE

For Ethical Practitioners Exclusively

\$5,000.00 accidental death For **\$33.00**
\$25.00 weekly indemnity, health and accident per year

\$10,000.00 accidental death For **\$66.00**
\$50.00 weekly indemnity, health and accident per year

\$15,000.00 accidental death For **\$99.00**
\$75.00 weekly indemnity, health and accident per year

34 years' experience under same management

\$1,350,000 INVESTED ASSETS

ASSURE ABILITY TO PAY

More Than \$7,350,000.00 Paid For Claims

*Disability need not be incurred in line of duty—
benefits from beginning day of disability.*

Why don't you become a member of these purely professional Associations? Send for applications, Doctor, to

E. E. ELLIOTT, Sect'y-Treas.



Physicians Casualty Association
Physicians Health Association

400 First National Bank Bldg.
OMAHA, NEBRASKA

\$200,000 deposited with State of Nebraska for our members' protection.



CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO RENT
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, \$1.00

CASH MUST ACCOMPANY ORDER

Forms Close 26th of the Month

LABORATORY TECHNICIAN desires position in hospital, doctor's office or clinical laboratory. Phone Collingswood 1569-W or write to Gladys Hendricks, 612 Richey Avenue, W. Collingswood, N. J.

STENOGRAPHER, receptionist, x-ray technician, age 23, desires position with doctor or clinic. Five years' experience with large clinic. Excellent references. Eleanor Collins, 68 Montclair Avenue, Newark. Telephone HUmboldt 3-9324.

Belle Mead Sanatorium and Farm

BELLE MEAD, NEW JERSEY

Long established and licensed. On the registered hospital list of the American Medical Association

A private, home-like Sanatorium for *mental and nervous diseases, alcoholic and drug addiction and selected cases of epilepsy. With a separate, attractive department for Convalescents and Elderly Persons. Five attractive buildings for thorough classification.* Physicians are invited to visit and coöperate in treating their patients referred to the Sanatorium.

Beautifully located in Northern New Jersey on a five hundred acre stock farm at the foot of the Watchung Mountains. Easily accessible by rail, bus and auto. Scientific treatment and nursing. Hydro-, electro- and physiotherapy, suitable diversion. Occupational therapy. Arts and craft shop. RATES VERY REASONABLE for excellent accommodations. For further information, apply to the Medical Director or to John Cramer Kindred, M.D., Consultant, Box 4, Belle Mead, N. J.; phones Belle Mead 21 or Astoria, N. Y., 8-0820.

N. Y. City Office: 667 Madison Avenue

Phone Regent 4-2160

LINCOLN HOSPITAL

(Est. 1920—New Building Completed 1929)

A. ROTHSEID, M.D., Pres.

EDNA L. BENNETT, Supervisor

A Private Hospital of 50 Beds Open to All Qualified Physicians

A General Hospital for Medical, Surgical and Obstetrical Cases

No Contagious or Mental Cases Admitted

Modern Equipment
Fireproof Building
Clinical Lab. Facilities
X-Ray Department

Reasonable Rates
Flat Rates Maternity Cases

\$45 for 10 Days

Surgical Cases

\$55 for 10 Days

T. & A. \$8

65 AVON AVENUE

NEWARK, N. J.

Phone Bigelow 3-1630

(Established 1916)

"Bright Side" Sanitarium

for the treatment and care of

INCURABLES, CHRONIC DISEASES

AND GENERAL INVALIDISM

Tel. Hackensack 2140

TEANECK, N. J.

Situated amidst beautiful surroundings, commanding superb views, several acres of ground, our own farm products. Offers all the comforts of a quiet and reserved home combined with the special care and treatment required in each individual case. Private rooms and small wards. Rates moderate.

Thirty-five minutes from New York City (West 125th Street), half a block from Hudson River trolley line.

JOS. VAN DYKE, M.D., Cons. Physician

IVY HALL SANITARIUM

situated at the entrance of Tumbling Dam Park, Bridgeton, N. J. A quiet, home-like, private sanitarium for the care of the invalid, aged, neurasthenic and all cases requiring rest, hygienic, scientific and dietetic treatment. We have single rooms, rooms with bath or complete suites.

Send for booklet

REBA LLOYD, M.D.

Telephone 630

Bridgeton, N. J.



ABBOTTS

the STANDARD of Fine Quality in ICE CREAM

You Can Recommend ABBOTTS ICE CREAM WITH ASSURANCE

In making Abbotts Ice Cream we use none but the finest ingredients—our own fresh, pure de luxe cream, such as we serve daily to thousands of families in Philadelphia and Southern New Jersey; the choicest fruits, the highest grade Mexican Vanilla Beans, and the best quality of Caracas Chocolate.



ABBOTTS DAIRIES, Inc.—Phila., Newark, Trenton, Camden, South Jersey, Seashore, Elkton, Allentown, Reading

BACKWARD AND PROBLEM CHILDREN

require intensive scientific training
in a suitable environment

THE BANCROFT SCHOOL

One of the oldest private boarding schools of its kind in the United States, provides unsurpassed facilities for exceptional children. The School maintains winter quarters in New Jersey, and a summer camp on the coast of Maine. It is an incorporated body, operated "not for profit," and controlled by a Board of Trustees, whose aim it is to offer the highest type of scientific training and intensive education obtainable. It has a competent corps of nurses, a resident physician and a medical staff of national reputation; organized to give the fullest possible co-operation to physicians, whether they wish to retain medical supervision of patients enrolled in the School, or prefer to delegate both treatment and training to the School Staff.

ILLUSTRATED CATALOG ON REQUEST

BOX 380, HADDONFIELD

NEW JERSEY

FAIR OAKS

SUMMIT N. J.

A SANATORIUM well equipped with the means for Physical Therapeutics (baths, electricity, etc.), and especially designed for the care and treatment of organic and functional nervous

diseases, exhaustion states and cases requiring rest, hygienic, dietetic and occupational therapy. Insane and tubercular cases are not accepted.

Telephone 6-0143

DR. T. P. PROUT
Summit, N. J.



"Interpines"

GOSHEN, N. Y.

Phone 117



Ethical - Reliable - Scientific

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

Frederick W. Seward, M.D., Director
Frederick T. Seward, M.D., Res. Physician

Clarence A. Potter, M.D., Res. Physician

AURORA INSTITUTE

A RESORT FOR HEALTH

Morristown, New Jersey

Telephone: 4-3260

COMpletely equipped for the scientific investigation and treatment of metabolic disorders such as diabetes, obesity, thyroid, nephritis, etc., also cardiovascular and chronic medical and surgical disorders.

Excellent physiotherapy department. Resident staff. Resort atmosphere and accommodations. NO CONTAGIOUS OR MENTAL CASES.

Write for further information.

ROBERT SCHULMAN, M.D., Medical Director

BENJAMIN SHERMAN, M.D., Lab. and X-Ray

ADOLPH WEIZENHOFFER, M.D., Assoc.

WILLIAM S. COLLENS, M.D., Director of Metabolism

Telephones: MONTclair 2-7741—2-2698

Meayer & Lundquist, Inc.

FUNERAL DIRECTORS

The finest Private Ambulance Service that can be obtained, nurse in charge with two experienced attendants. Distance no object.

BERNARD J. MEAYER,
Director

HOME
100 VALLEY ROAD
MONTCLAIR, N. J.

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Personal and Dependable Service, Day and Night. Special Attention Given
to Hospital Calls, Train and Express Shipments

PLACE	NAME AND ADDRESS	TELEPHONE
NEWARK	.....Smith and Smith, 160 Clinton Ave.	Bigelow 3-2123
NEWARK	.....A. Stanley Cole, 524 Orange St.	HUmboldt 3-1163
ELIZABETH	.....Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
ORANGE	.....Weatherhead Funeral Home, 126 Main St.	ORange 3-5278-9
EAST ORANGE	.....W. N. Knapp & Sons (Col. Home) 132 So. Har. St...	ORange 3-3131

CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST • NEW YORK, N. Y.

FOR

ALCOHOLISM *and*
DRUG ADDICTION

No Mental Cases Accepted

This hospital has specialized solely in addictions for over thirty-five years. The treatment is a hospital procedure and provides a definite means of eliminating the craving and the toxic products of alcohol and drugs. *Emphasizing the after care* and with appreciation of the seriousness of the alcoholic problem we devote the convalescent period to minimizing the possibility of relapse.

Literature Sent on Request



The NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

For the GENERAL SURGEON

A combined surgical course comprising General Surgery, Traumatic Surgery, Abdominal Surgery, Gastro-Enterology, Proctology, Gynecological Surgery, Urological Surgery, Thoracic Surgery, Pathology, Roentgenology, Physical Therapy, Operative Surgery and Operative Gynecology on the Cadaver.

Obstetrics and Gynecology

A full time course. In Obstetrics: Lectures; prenatal clinics; witnessing normal and operative deliveries; operative obstetrics (manikin). In Gynecology: Lectures; touch clinics; witnessing operations; examination of patients pre-operatively; follow-up in wards post-operatively. Obstetrical and Gynecological pathology; regional anesthesia (cadaver). Attendance at conferences in Obstetric and Gynecology. Operative Gynecology on the Cadaver.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street

New York City

Mountain View Rest Roseland, N. J.

P. O. Box 158

Phone Caldwell 6-1651-1652

LICENSED

A private Neuro-Psychiatric institution conveniently located in the hills of Essex County. Specializing in the treatment and care of nervous and mental diseases, and acute and chronic nerve exhaustion in all its forms. Select cases of drug addiction and alcoholism.

Cases for observation and study. A separate cottage is maintained for infirmities of the aged. Reputable physicians are invited to take advantage of this pleasant homelike sanitarium, whose merits and facilities have been recognized by a number of our physicians in the surrounding districts. Patients may remain under the direction of the sending physician, or be referred to our own physicians. Psychiatric trained nurses.



APPROACH



VIEW OF THE GROUNDS

BOOKLET AND TERMS ON REQUEST

Visiting Resident Physician

DR. GEO. DAVIES

15 Fairview Avenue

Verona, N. J.

The Changing Season

With the coming of cold, raw days, bronchial disturbances make their mass appearance.

These two suggestions are timely

TABLET CALCREOSE 4 GRAINS

Original brand Calcium Creosote
U. S. P. XI.

A form of creosote medication that
patients will tolerate.

Liberal samples on request

COMPOUND SYRUP OF CALCREOSE

Each fluid ounce represents:

Alcohol	16 3/4 mins.
Calcreose Solution	160 mins.
Chloroform	1/10 min.
Wild Cherry Bark	20 grs.
Aromatics and Syrup	q. s.

THE MALTBIE CHEMICAL COMPANY
NEWARK, NEW JERSEY

The Medical Profession Can Rely Upon Us to Render ACCURATE OPTICAL SERVICE

No Glasses Are Supplied Except on Prescription—
WE DISPENSE ONLY

All lenses are ground to precision in our own Laboratory. Ours is the oldest optical house in New Jersey, having been established in 1892. Our new building is designed to render increased service and efficiency.

10 HILL STREET

One door from Broad St.

NEWARK

N. J.

J. C. Reiss
Optician

Hill Street

Is on the West side of
Broad St.

Opposite City Hall
Where parking is possible.

Member of the Guild of Prescription Opticians of America

OFFICIAL LIST
OF THE
FELLOWS, OFFICERS, DELEGATES, AND MEMBERS
OF
THE MEDICAL SOCIETY OF NEW JERSEY
FOR THE YEAR 1936

Prepared by J. Bennett Morrison, Secretary, assisted by the Secretaries and Treasurers of the Societies, supervised by the Publication Committee and the Central Office at Trenton.

This list is composed from the identical lists submitted by the Treasurers of the various County Medical Associations. If there are any errors in your name or address please take the matter up with the Treasurer of your County Medical Society and have the proper correction made so that the error will not be carried on next year.

The Alphabetical List is compiled in the office of the Secretary.

FELLOWS

Those marked with an asterisk are deceased

*Robert McKean	1766	*Augustus R. Taylor	1830
*William Burnett	1767	*Thomas Yarrow	1831
*John Cochran	1768	*Fitz Randolph Smith	1832
*Nathaniel Scudder	1770	*William Forman	1833
*Isaac Smith	1771	*Samuel Hayes	1834
*James Newell	1772	*Abraham P. Hagerman	1835
*Absalom Bainbridge	1773	*Henry Van Derveer	1836
*Thomas Wiggins	1774	*Lyndon A. Smith	1837
*Hezekiah Stites	1775	*Benjamin H. Stratton	1838
*		*Jabez G. Goble	1839
*		*Thomas P. Stewart	1840
*John Beatty	1782	*Fred S. Schenck	1841
*Thomas Barber	1783	*Zachariah Read	1842
*Lawrence Van Derveer	1784	*Abraham Skillman	1843
*Moses Bloomfield	1785	*George R. Chetwood	1844
*William Burnett	1786	*Robert S. Smith	1845
*Jonathan Elmer	1787	*Charles Hannah	1846
*James Stratton	1788	*Jacob T. B. Skillman	1847
*Moses Scott	1789	*Samuel H. Pennington	1848
*John Griffith	1790	*Joseph Fithian	1849
*Lewis Dunham	1791	*Elias J. Marsh	1850
*Isaac Harris	1792	*John H. Phillips	1851
*		*Othniel H. Taylor	1852
*		*Samuel Lilly	1853
*Elisha Newell	1795	*Alfred B. Dayton	1854
*		*James B. Coleman	1855
*		*Richard M. Cooper	1856
*Jonathan F. Morris	1807	*Thomas Ryerson	1857
*Peter I. Stryker	1808	*Isaac P. Coleman	1858
*Lewis Morgan	1809	*John R. Sickler	1859
*Lewis Condict	1810	*William Elmer	1860
*Charles Smith	1811	*John Blane	1861
*Matthias H. Williamson	1812	*John Woolverton	1862
*Samuel Forman	1814	*Theo. R. Varick	1863
*John Van Cleve	1815	*Ezra M. Hunt	1864
*Lewis Dunham	1816	*Abraham Coles	1865
*Peter I. Stryker	1817	*Benjamin R. Bateman	1866
*John Van Cleve	1818	*John C. Johnson	1867
*Lewis Condict	1819	*Thomas J. Corson	1868
*James Lee	1820	*William Pierson	1869
*William G. Reynolds	1821	*Thomas F. Cullen	1870
*Augustus R. Taylor	1822	*Charles Hasbrouck	1871
*William B. Ewing	1823	*Franklin Gauntt	1872
*Peter I. Stryker	1824	*Thomas J. Thomason	1873
*Gilbert S. Woodhull	1825	*George H. Larison	1874
*William D. McKissack	1826	*William O'Gorman	1875
*Isaac Pierson	1827	*John V. Schenck	1876
*Jeptha B. Munn	1828		
*John W. Craig	1829		

*Henry R. Baldwin	1877	Edward J. Ill	1907
*John S. Cook	1878	*David St. John	1908
*Alexander W. Rogers	1879	*Benjamin A. Waddington	1909
*Alexander N. Dougherty	1880	*Thomas H. Mackenzie	1910
*Lewis W. Oakley	1881	*Daniel Strock	1911
*John W. Snowden	1882	*Norton L. Wilson	1912
*Stephen Wickes	1883	*Enoch Hollingshead	1913
*Phanett C. Barker	1884	*Frank D. Gray	1914
*Joseph Parrish	1885	*William J. Chandler	1915
*Charles J. Kipp	1886	Philip Marvel	1916
*John W. Ward	1887	*William G. Schaffler	1917
*H. Genet Taylor	1888	Thomas W. Harvey	1918
*Beriah A. Watson	1889	*Gordon K. Dickinson	1919
*James S. Green	1890	*Philander A. Harris	1920
*Elias J. Marsh	1891	*Henry B. Costill	1921
*George T. Welch	1892	*James Hunter, Jr.	1922
*John G. Ryerson	1893	Wells P. Eagleton	1923
*Obadiah H. Sproul	1894	*Archibald Mercer	1924
*William Elmer	1895	Lucius F. Donohoe	1925
*Thomas J. Smith	1896	*James S. Green	1926
*David C. English	1897	Walt P. Conaway	1927
*Claudius R. P. Fisher	1898	Ephraim R. Mulford	1928
*Luther M. Halsey	1899	Andrew F. McBride	1929
*William Pierson	1900	George N. J. Sommer	1930
*John D. McGill	1901	John F. Hagerty	1931
*Edmund L. B. Godfrey	1902	A. Haines Lippincott	1932
*Henry Mitchell	1903	Frederic J. Quigley	1933
*Walter B. Johnson	1904	Lancelot Ely	1934
*Henry W. Elmer	1905	Marcus W. Newcomb	1935
*Alexander Marcy, Jr.	1906		

HONORARY MEMBERS

Those marked with an asterisk are deceased

*David Hosack, New York	1827	*Isaac E. Taylor, New York	1884
*John W. Francis, New York	1827	*D. Hayes Agnew, Philadelphia	1886
*John Condict, Orange, N. J.	1830	*Joseph Leidy, Philadelphia	1886
*Usher Parsons, Rhode Island	1839	*Frederick S. Dennis, New York	1893
*Reuben D. Murphy, Cincinnati	1839	*John H. Ripley, New York	1893
*Alban G. Smith, New York	1839	*Virgil P. Gibney, New York	1893
*Willard Parker, New York	1842	*William Pierson, Orange, N. J.	1894
*Valentine Mott, New York	1843	*Abraham Jacobi, New York	1896
*Johnathan Knight, New Haven	1848	*Virgil M. D. Marcy, Cape May City	1896
*Nathaniel Chapman, Philadelphia	1848	*Samuel H. Pennington, Newark, N. J.	1897
*John H. Stephens, New York	1848	*Alfred A. Woodhull, Princeton, N. J.	1897
*John C. Warren, Boston	1849	*J. Leonard Corning, New York	1902
*Lewis C. Beck, New York	1850	*John Allen Wyeth, New York	1903
*John C. Torrey, New York	1850	*William K. Van Reypen, U. S. N.	1903
*George B. Wood, Philadelphia	1853	*Lawrence F. Flick, Philadelphia	1903
*Horace A. Buttolph, Short Hill, N. J.	1854	S. Adolphus Knopf, New York	1906
*Ashbel Woodward, Franklin, Conn.	1861	*Albert Vander Veer, Albany, N. Y.	1907
*Thomas W. Blatchford, Troy, N. Y.	1866	Charles K. Mills, Philadelphia	1917
*Jeremiah S. English, Menalapan, N. J.	1867	Richard C. Cabot, Boston	1917
*Stephen Wickes, Orange, N. J.	1868	George W. Crile, Cleveland, Ohio	1917
*Samuel Oakley Vanderpool, Albany, N. Y.	1872	*John B. Deaver, Philadelphia	1917
*Joseph Parrish, Burlington, N. J.	1872	*William J. Chandler, Lawtey, Florida	1923
*Ferris Jacobs, Lehi, N. Y.	1872	Edward J. Ill, Newark, N. J.	1925
*Charles A. Lindsley, New Haven, Conn.	1872	Joseph E. Raycroft, Princeton, N. J.	1930
*William Pepper, Philadelphia	1876	Jackson B. Pellett, Hamburg, N. J.	1934
*S. Weir Mitchell, Philadelphia	1876	Wells P. Eagleton, Newark, N. J.	1935
*Cyrus F. Brackett, Princeton, N. J.	1880	Vanderhoof M. Disbrow, Lakewood, N. J.	1935
*Joseph C. Hutchinson, Brooklyn, N. Y.	1880	Philip Marvel, Bethlehem, Pa.	1935
*Thomas Addis Emmett, New York	1884		

THE MEDICAL SOCIETY OF NEW JERSEY

Offices: 137 East State Street, Trenton, N. J.—Tel. 9330

OFFICERS

President, MARCUS W. NEWCOMBBrown's Mills
President-Elect, FRANCIS R. HAUSSLINGNewark
First Vice-President, SPENCER T. SNEDECOR.....Hackensack
Second Vice-President, WILLIAM G. HERRMAN...Asbury Park
Secretary, J. BENNETT MORRISONNewark
Treasurer, ELIAS J. MARSHPaterson

TRUSTEES

FREDERIC J. QUIGLEY, <i>Chairman</i> .....Union City	WALT P. CONAWAY (1936), Atlantic City	} Nominated by and elected from Fellows
H. W. NAFEY, <i>Secretary</i> (1938) .....New Brunswick	WATSON B. MORRIS (1936), Springfield	
MARCUS W. NEWCOMB .....Brown's Mills	HARRY R. NORTH (1936) .....Trenton	
FRANCIS R. HAUSSLING .....Newark	THOMAS K. LEWIS (1936) .....Camden	
SPENCER T. SNEDECOR .....Hackensack	WELLS P. EAGLETON (1937) .....Newark	
WILLIAM G. HERRMAN .....Asbury Park	*HAROLD B. DISBROW (1937) .....Lakewood	
J. BENNETT MORRISON .....Newark	ANDREW F. MCBRIDE (1937) .....Paterson	
ELIAS J. MARSH .....Paterson	BLASE COLE (1938) .....Newton	
*Deceased.	ALDRICH C. CROWE (1936) .....Ocean City	

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1936)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....W. J. SWEENEY, Weehawken (1938)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....F. G. SCAMMELL, Trenton (1937)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....JAMES A. FISHER, Asbury Park (1936)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1936)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WALT P. CONAWAY, Atlantic City	Term expires 1936
JOHN F. HAGERTY, Newark	" " 1936
BLASE COLE, Newton	" " 1937
E. R. MULFORD, Burlington	" " 1937

Alternate Delegates

LUCIUS F. DONOHUE, Bayonne	Term expires 1936
HILTON S. READ, Atlantic City	" " 1936
S. B. ENGLISH, Glen Gardner	" " 1937
ELMER PETER WEIGEL, Plainfield	" " 1937

STANDING COMMITTEES

Scientific Work

CLARENCE L. ANDREWS, <i>Chm.</i> , Atlantic City	Term expires 1936
LOUIS C. LANGE, Weehawken	" " 1937
ROBERT S. GAMON, Camden	" " 1938

Program and Arrangements

WILLIAM J. CARRINGTON, <i>Chm.</i> , Atl. City	Term expires 1938
EDWARD J. ILL, Newark	" " 1936
JOHN W. GRAY, Newark	" " 1937
MARCUS W. NEWCOMB, Brown's Mills	Ex-officio
J. BENNETT MORRISON, Newark	Ex-officio

Publication

HENRY C. BARKHOORN, <i>Chm.</i> , Newark	Term expires 1936
EDWARD J. ILL, Newark	" " 1937
FRANK J. McLOUGHLIN, Jersey City	" " 1938
MARCUS W. NEWCOMB, Brown's Mills	Ex-officio
J. BENNETT MORRISON, Newark	Ex-officio

Finance and Budget

HARRY R. NORTH, <i>Chm.</i> , Trenton	Term expires 1939
HERSCHEL PETTIT, Ocean City	" " 1936
WELLS P. EAGLETON, Newark	" " 1937
WILLIAM J. SWEENEY, Weehawken	" " 1938
ALFRED STAHL, Newark	" " 1940
ANDREW F. MCBRIDE, Paterson	" " 1936

Honorary Membership

EPHRAIM R. MULFORD, Burlington	Term expires 1936
FREDERIC J. QUIGLEY, Union City	" " 1937
LANCELOT ELY, Somerville	" " 1938

Hospitals and Medical Education

HARRY H. SATCHWELL, <i>Chm.</i> , Irvington	Term expires 1936
LOUIS A. PYLE, Jersey City	" " 1938
ARCANGELO LIVA, Rutherford	" " 1937
DAVID B. ALLMAN	Atlantic City
RICHARD D. ANDERSON	Burlington
C. COULTER CHARLTON	Atlantic City
CHARLES B. KELLEY	Jersey City
EARL H. SNAVELY	Newark
THOMAS J. SUMMEY	Mt. Holly
H. H. TYNDALL	Weehawken

Medical Defense

CHRISTOPHER C. BELING, <i>Chairman</i>	Newark
E. REISSMAN	Newark
EDGAR A. ILL	Newark
WILLIAM J. ARLITZ	Hoboken
T. S. THOMAS	Morristown

Insurance

FRANK W. PINNEO, <i>Chairman</i>	Newark
BARCLAY S. FUHRMANN	Flemington
EDMUND N. HUFF	Englewood
A. DUNBAR HUTCHINSON	Trenton
CHESTER I. ULMER	Gibbstown
GEORGE T. TRACY	Beverly

Welfare Committee

HILTON S. READ, <i>Chairman</i>	Atlantic City
MARCUS W. NEWCOMB (ex-officio)	Brown's Mills
J. BENNETT MORRISON (ex-officio)	Newark
HUGO ALEXANDER	Hoboken
SAMUEL ALEXANDER	Park Ridge
WILLIAM H. ARESON	Montclair
NORMAN BURRITT	Summit
JOHN C. CLAYTON	Freehold
A. H. COLEMAN	Clinton
W. F. COSTELLO	Dover
FRANK W. CURTIS	Stewartsville
GEORGE F. DANDOIS	Wildwood
FRANK L. FIELD	Far Hills
HOWARD S. FORMAN	Jersey City
J. IRVING FORT	Newark
INGLIS F. FROST	Morristown
DAVID W. GREEN	Salem
D. L. HAGGERTY	Trenton
EGENE G. HERBENER	Lakewood
FLORENTINE M. HOFFMAN	New Brunswick
ERNEST G. HUMMEL	Camden
ALLEN G. IRELAND	Trenton
I. W. KNIGHT	Pitman
DAVID A. KRAKER	Newark
THOMAS B. LEE	Camden
JULIUS LEVY	Trenton
THOMAS K. LEWIS	Camden
WRIGHT MACMILLAN	Passaic
CHARLES H. MITCHELL	Trenton
WATSON B. MORRIS	Springfield
STANLEY H. NICHOLS	Long Branch
B. S. POLLAK	Secaucus
LOUIS A. PYLE	Jersey City
HARRY L. ROGERS	Riverton
D. WARD SCANLAN	Atlantic City
MILLARD F. SEWALL	Bridgeton
JAMES H. SPENCER, JR.	Newton
S. EMLIN STOKES	Moorestown
THEODORE TEIMER	Newark
CHESTER I. ULMER	Gibbstown
H. ROY VAN NESS	Newark
H. B. WILSON	Hackensack

SUB-COMMITTEES OF THE WELFARE COMMITTEE

Public Relations

D. WARD SCANLAN, <i>Chairman</i>	Atlantic City
WATSON B. MORRIS	Springfield
S. EMLEN STOKES	Moorestown
FLORENTINE M. HOFFMAN	New Brunswick
WRIGHT MACMILLAN	Passaic

Legislation

B. S. POLLAK, <i>Chairman</i>	Secaucus
SAMUEL ALEXANDER	Park Ridge
WILLIAM H. ARESON	Upper Montclair
CHARLES H. MITCHELL	Trenton
INGLIS F. FROST	Morristown

Public Health

STANLEY NICHOLS, <i>Chairman</i>	Asbury Park
THEODORE TEIMER	Newark
JULIUS LEVY	Trenton
HOWARD S. FORMAN	Jersey City
ALLEN G. IRELAND	Trenton
ERNEST G. HUMMEL	Camden
I. W. KNIGHT	Pitman

Medical Practice

THOMAS K. LEWIS, <i>Chairman</i>	Camden
H. B. WILSON	Hackensack
J. IRVING FORT	Newark
CHESTER I. ULMER	Gibbstown
D. LEO HAGGERTY	Trenton

Workmen's Compensation

DAVID A. KRAKER, <i>Chairman</i>	Newark
WILLIAM H. ARESON	Upper Montclair
H. ROY VAN NESS	Newark
J. IRVING FORT	Newark

To Study Report on the Uniform Medical
Practice Act

SAMUEL ALEXANDER, <i>Chairman</i>	Park Ridge
CHARLES B. KELLEY	Jersey City
HARRY H. SATCHWELL	Irvington
JAMES J. MCGUIRE	Trenton
GEORGE F. DANDOIS	Wildwood
WELLS P. EAGLETON	Newark
FREDERIC J. QUIGLEY	Union City
S. EMLEN STOKES	Moorestown

SPECIAL COMMITTEES

Constitution and By-Laws

CHARLES J. MURN, <i>Chairman</i>	Paterson
I. R. BOOTHBY	Clinton
E. J. CHAPMAN	Jersey City
ROBERT L. MCKIERNAN	New Brunswick
EDWARD W. SPRAGUE	Newark
FREDERICK P. WILBUR (Died Sept. 9, 1935)	Franklin

Committee on the Control of Cancer

HENRY B. ORTON, <i>Chairman</i>	Newark
J. CARLISLE BROWN	Atlantic City
E. E. DOWNS	Woodbury
ROBERT HALBACK	Toms River
GEORGE SOMMER	Trenton
*JOHN W. GRAY	Newark
*EDWARD J. ILL	Newark
*HARRISON S. MARTLAND	Newark

*Advisory members.

Nursing and Nursing Education

HARRY H. SATCHWELL, <i>Chairman</i>	Irvington
RICHARD D. ANDERSON	Burlington
JOHN F. CONDON	Newark
GEORGE M. KNOWLES	Hackensack

Advisory Committee on Tuberculosis

B. S. POLLAK, <i>Chairman</i>	Secaucus
R. DOUGLAS	Englewood
SAMUEL ENGLISH	Glen Gardner
MARTIN COLLIER	Camden
JOSEPH MORROW	Ridgewood

Advisory Committee on Mental Hygiene

DAN S. RENNER, <i>Chairman</i>	Skillman
MARCUS CURRY	Greystone Park
J. BERKELEY GORDON	Marlboro
MATTHEW MOLITCH	Jamesburg
JAMES S. PLANT	Newark
ROBERT G. STONE	Trenton

Advisory Committee on Pneumoconiosis and
Silicosis

CLYDE M. FISH, <i>Chairman</i>	Pleasantville
JAMES H. MASON	Atlantic City
HENRY H. KESSLER	Newark
SAMUEL B. ENGLISH	Glen Gardner
IRVING M. VANDERHOFF	Newark

Advisory Committee to the Woman's Auxiliary

EDWARD W. SPRAGUE, <i>Chairman</i>	Newark
B. FRANKLIN BUZBY	Camden
WILLIAM K. CAMPBELL	Long Branch

Medical Bills Committee

DAVID A. KRAKER, <i>Chairman</i>	Newark
HOMER I. SILVERS	Ventnor
SAMUEL SICA	Trenton
LOUIS A. PYLE	Jersey City
B. FRANKLIN BUZBY	Camden

State Medical Advisory Committee to E. R. A.

*E. ZEH HAWKES, <i>Chairman</i>	Newark
*CHRISTOPHER C. BELING	Newark
*GEORGE W. FITHIAN	Perth Amboy
*CHARLES H. SCHLICHTER	Elizabeth
*BYRON G. SHERMAN	Morristown
ALDRICH C. CROWE	Ocean City
JAMES A. FISCHER	Asbury Park
WILLIAM J. SWEENEY	Weehawken
FRANK G. SCAMMELL	Trenton
MARCUS W. NEWCOMB (ex-officio)	Brown's Mills

ALSO THE CHAIRMEN OF THE COUNTY E. R. A. COMMITTEES
*Executive Committee.

Committee on Scientific Exhibits

ASHER YAGUDA, <i>Chairman</i>	Newark
ELWOOD E. DOWNS	Woodbury
JOHN W. GRAY	Newark
ROBERT A. KILDUFFE	Ventnor
WILLIAM J. MARQUIS	Newark
HARRISON S. MARTLAND	Newark

Maternal Welfare

ARTHUR W. BINGHAM, <i>Chairman</i>	East Orange
MARY BACON	Bridgeton
J. CARLISLE BROWN	Atlantic City
P. DUBOIS BUNTING	Elizabeth
SAMUEL A. COSGROVE	Jersey City
ALBERT B. DAVIS	Camden
F. D. FAHRENBRUCH	Mt. Holly
CARL ILL	Newark
R. A. MACKENZIE	Asbury Park
WALTER B. MOUNT	Montclair
T. F. THOMPSON	Lakewood

Care of Crippled Children

ELMER P. WEIGEL, <i>Chairman</i>	Plainfield
B. FRANKLIN BUZBY	Camden
HENRY H. KESSLER	Newark
F. G. DILGER	Hackensack
THOMAS K. LEWIS	Camden

OFFICERS OF SCIENTIFIC SECTIONS

Eye, Ear, Nose and Throat

C. COULTER CHARLTON, *Chairman*Atlantic City
H. L. HARLEY, *Secretary*Atlantic City

Pediatrics

F. I. KRAUSS, *Chairman*Chatbam
CHESTER R. BROWN, *Secretary*Arlington

Radiology

WILLIAM G. HERRMAN, *Chairman*Asbury Park
P. S. AVERY, *Secretary*New Brunswick

Gastro-Enterology

SIGURD W. JOHNSEN, *Chairman*Passaic
LOUIS L. PERKEL, *Secretary*Jersey City

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Room 232, Tel. Trenton 2-2131, Ext. 266

State Board of Medical Examiners of New Jersey

ARTHUR W. BELTING, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

PRESIDENTS, SECRETARIES AND REPORTERS OF COUNTY SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Samuel L. Salasin, Atlantic City..	J. Carlisle Brown, Atlantic City..	Robert A. Kilduffe, Ventnor
BERGEN	David Corn, Ridgefield Park....	George M. Knowles, Hackensack..	Charles Littwin, Englewood
BURLINGTON..	J. Howard Hornberger, Roebbling..	George T. Tracy, Beverly	Farry M. Scott, Beverly
CAMDEN	Thomas K. Lewis, Camden	R. S. Gamon, Camden	William T. Read, Jr., Camden
CAPE MAY	John B. Townsend, Ocean City....	Warren D. Robbins, Cape May...	Warren D. Robbins, Cape May
CUMBERLAND ..	Burton H. Walker, Vineland....	H. S. Branin, Millville	E. S. Corson, Bridgeton
ESSEX	A. Charles Zehnder, Newark....	Frank W. Pinneo, Newark	E. LeRoy Wood, Newark
GLOUCESTER ..	*E. R. Ristine, Westville	Ralph K. Hollinsbed, Westville...	Henry B. Diverty, Woodbury
HUDSON	Traugott J. Schuck, Hoboken....	Thomas McG. Brennock, Jer. City	John N. Connell, Jersey City
HUNTERDON ..	E. W. Lane, Bloomsbury	A. L. Gramsch, Glen Gardner...	A. L. Gramsch, Glen Gardner
MERCER	Robert G. Stone, State Hosp., T'n	A. D. Hutchinson, Trenton	A. D. Hutchinson, Trenton
MIDDLESEX ..	J. J. Mann, Perth Amboy	Adrian X. Urbanski, Perth Amboy	Charles Calvin, Perth Amboy
MONMOUTH ..	Warren K. Fairbanks, Freehold..	Dan'l F. Featherston, Asbury Park	James P. Pregnall, Asbury Park
MORRIS	William F. Costello, Dover	Attilio Galasso, Morristown	Marcus A. Curry, Greystone Pk
OCEAN	Robert Buermann, Lakewood	Emanuel Sickel, Lakewood	Robt. McC. Halbach, Toms River
PASSAIC	Wright MacMillan, Passaic	Wayne W. Hall, Paterson	Sigurd W. Johnsen, Passaic
SALEM	C. L. Fleming, Pennsgrove	David W. Green, Salem	L. C. Hummel, Salem
SOMERSET	R. F. Hegeman, Somerville	A. F. W. Sferra, Bound Brook...	A. W. Pigott, Skillman
SUSSEX	F. J. Scott, Franklin	L. S. Voorhees, Newton	Frederick H. Morrison, Newton
UNION	Thomas J. Walsh, Elizabeth....	Lorrimer B. Armstrong, Westfield.	Russell A. Shirrefs, Elizabeth
WARREN	William Varney, Washington....	William F. Skinner, Washington..	H. B. Bossard, Phillipsburg

The Secretary of the Component Society should promptly notify the Recording Secretary of The Medical Society of New Jersey and the Editor of the Journal of any error or change in these offices.

* Resigned, Dr. M. F. Lummis, Pitman, Acting President, to fill unexpired term.

DELEGATES TO THE MEDICAL SOCIETY OF NEW JERSEY

1936

ATLANTIC COUNTY

Delegates	Alternates
Andrews, C. L.	Poland, G. A.
Stewart, W. B.	Goldstein, Samuel
Harvey, E. H.	Blampkin, W. A.
Allman, D. B.	Durham, R. E.
Scanlan, D. Ward	Boysen, T. H.
Darnall, W. E.	Whims, C. B.
Shivers, C. H. deT.	Subin, Harry
Charlton, C. C.	Mason, James H.

BERGEN COUNTY

Morrow, J. R.	Sarla, M.
Liva, A.	King, C. A.
Vroom, William	Mitzeman, L.
Knowles, Geo. M.	Black, L. W.
Huff, E. N.	Barnes, William
Payne, J.	Pallen, C. deS.
Trossbach, Herman	Toal, J.
Alexander, Samuel	Vandyk, Joseph S.
Wilson, H. B.	Farmer, Vincent
Hallet, F. S.	Vandersluis, H. H.
Finke, G. W.	Edwards, J. B.
Levitas, G. M.	Irwin, J. H.

BERGEN COUNTY—Continued

Delegates	Alternates
Littwin, Chas.	Tether, R. K.
Corn, David	Duisberg, E. H.
King, C. A.	Hull, D. B.
Dezer, C. N.	Markey, L. A.
Essertier, E. P.	Dilger, F. G.

BURLINGTON COUNTY

Rogers, Harry L.	Darlington, Emlen P.
Haines, Edgar J.	Peacock, Arthur B.
Stokes, S. Emlen	Munro, Charles A.
Rodman, E. Warren	Hartman, Luther

CAMDEN COUNTY

Howard, J. Edgar	Palm, H. F.
Roberts, Jos. E.	Lovett, Joseph
Lewis, T. K.	Kline, O. R.
Hummel, E. G.	Fisher, Stella
Hollinsbed, Beulah	Meyer, Geo. P.
Lee, T. B.	Wilson, L. R.
Hutcheson, C. R.	McCarthy, A. M.
Jack, W. H.	Hessert, E. C.
Schrack, H. F.	Sharp, R. L.
Shipman, J. S.	Barnshaw, H. D.

CAPE MAY COUNTY

Delegates	Alternates
Dandois, Geo. F.	Ziegler, Oscar F.
Petitt, Herschel	Townsend, John B.
Way, Clarence W.	Hughes, Frank R.

CUMBERLAND COUNTY

Walker, H. B.	Branin, Howard
Miller, H. G.	Corson, E. S.
Myatt, L. E.	Van Deusen, E. H.

ESSEX COUNTY

Blackburne, George	Antonius, N. A.
Crecca, Wm. D.	Barkhorn, Henry C.
Freeman, Richard D.	Coburn, John W.
Hurff, J. Wallace	Harvey, Thos. W., Jr.
Ill, Edgar A.	Levy, Juilius
McCauley, Francis J.	Mancusi-Ungaro, L.
Orton, Henry B.	Minard, E. L.
Piuneo, Frank W.	Parsonnet, Eugene
Ranson, B. R., Jr.	Siegel, Joseph W.
Reissman, Erwin	Tutschulte, Ernest
Steiner, Edwin	Allen, James S.
Tansey, William A.	Broadnax, Mary
Tarbell, Harold A.	Curtis, E. A.
Van Ness, H. Roy	Dieffenbach, R. H.
Zehnder, A. Chas.	Echikson, Joseph
Beling, C. C.	Emerson, Linn
Bingham, Arthur W.	Flynn, E. A.
Carbone, Francis R.	Harden, Albert S.
Condon, John F.	Ill, Herbert M.
Cook, Hugh F.	Kessler, H. H.
Hawkes, E. Zeh.	Muta, S. A.
Ill, Charles L.	Schaaf, Royal A.
Martland, Harrison S.	Smith, Ellis
Mitchell, August T.	Voorhees, Florence
Snively, Earl H.	Robbins, Chas. M.
Sprague, Edward W.	Toye, John E.
Teimer, Theodore	Warner, Wm. H. A.
Wallhauser, H. J. F.	Yaguda, Asher
Wherry, Elmer C.	Barkhorn, Chas. W.
Danzis, Max	Baldwin, Samuel H.
Areson, W. H.	Blanchard, Kenneth
Cohnolly, Richard N.	Braun, Gustave
Epstein, Harry B.	Chamberlain, A. R.
Fort, J. Irving	Crane, Charles G.
Grady, William F.	Erler, Eugene W.
Gray, John W.	Ganley, A. J.
Hosp, Paul H.	Godfrey, Alan O.
Keller, Sidney C.	Gutowski, W. T.
Kraker, David A.	Klein, E. C., Jr.
Lowrey, James H.	Matheke, Otto G.
Menk, Paul E.	Murray, Harold A.
Mount, Walter B.	Parisi, Anthony
Mullin, Raymond J.	Sherman, A. Russell
Pilch, Arthur	Satchwell, H. H.
Rathgeber, C. F.	Walton, R. W.
Rich, Charles	Wyker, Arthur W.
Stahl, Alfred	Marquis, Dean
Weber, Francis C.	Carman, Fletcher F.
Wood, E. LeRoy	

GLOUCESTER COUNTY

Ulmer, C. I.	Weems, Don
Hollinshed, Ralph K.	Livingood, B. A.
Downs, E. E.	

HUDSON COUNTY

Pyle, Louis A.	Mutter, A. A.
Ballinger, Reeve L.	Waters, E. G.
Pagliughi, J. J.	Koppel, Joseph
Maras, P. E.	Lupin, Edward

HUDSON COUNTY—Continued

Delegates	Alternates
Niemeyer, C. V.	Kiely, E. M.
Perlberg, H. J.	Madaras, J. S.
Pollak, B. S.	Harter, Louis F.
Evans, J. L.	Marshak, M. L.
Hasking, A. P.	Perkel, L. L.
Klaus, H.	Ginsberg, G.
Londrigan, Jos. F.	Sheeran, V. J.
Spath, Geo. B.	Barishaw, S. B.
Pinkerton, W. A.	Comora, H. G.
Kerdasha, Geo. S.	Daly, E. J.
McLoughlin, F. J.	Simeone, P. A.
Street, D. B.	Falligan, Earl
Brennock, T. McG.	Peailstein, Frank
*Sullivan, Geo.	Weiss, Abram
Norton, J. F.	Rieman, A. P.
Nevin, J.	Dougherty, D. D.
Williamson, W. L.	Butler, V.
Woodruff, S.	Shepiro, M.

HUNTERDON COUNTY

Coleman, A. H.	Lane, E. W.
Fuhrmann, B. S.	Tompkins, G. B.
English, S. B.	Gramsch, A. L.

MERCER COUNTY

Hutchinson, A. D.	Lavine, B. D.
North, Harry R.	McCullough, J. H.
Vanneman, J. S.	Pessel, J. F.
Ackley, D. B.	Proctor, F. E.
Bellis, H. D.	Sista, C. R.
Seely, R. B.	Wilbur, W. L.
Swern, Nathan	Stone, R. G.
Connelly, J. A.	Walsh, T. J.
Schildkraut, J. M.	Blackwell, E.
Adams, C. F.	Blaugrund, S.
Haggerty, D. L.	Cottone, R. J.
McGuire, J. J.	D'Arcy, W. E.

MIDDLESEX COUNTY

Berkow, S. G.	Brown, F. L.
McKiernan, R. L.	London, Wm.
Wilintz, W. J.	Wetterberg, L. F.
Henry, Jr., F. C.	Morris, C.
McGovern, J. F.	Kleiber, Estelle
Avery, P. S.	Urbanski, M. F.
Haywood, H.	Sherman, W. E.
Weber, J. F.	Wantoch, J.

MONMOUTH COUNTY

Magee, D. M. P.	Edelson, Samuel
Pregnall, James	Weiner, Joseph
Quirk, Martin	Villapiano, Jos.
Rullman, Walter	Manahan, D. V.
Nichols, Stanley	Clayton, John C.
Watkins, R. E.	Blaisdell, Byron
Maher, John E.	Kazmann, Harold

MORRIS COUNTY

Teskey, Stanley	Teller, D. W.
Carberry, Edw. T.	Spencer, Alvan
Sherman, Byron G.	
Costello, Wm. F.	

OCEAN COUNTY

Herbener, E.
Bunnell, F.
Disbrow, V. M.

PASSAIC COUNTY

Delegates	Alternates
McBride, Andrew F.	Ryan, John N.
Manly, Thomas E.	Hall, Wayne W.
Delario, Anthony J.	Johnsen, Sigurd W.
Carlisle, John H.	MacGuffie, Robt. N.
Joseph, Morris	Spickers, William
MacMillan, Wright	Okin, Irving
Marsh, Elias J.	Vosburg, Fred
Yates, John S.	Shapiro, Louis G.
Meloney, Lester F.	Lomauro, James R.
Willard, Harry S.	Giambra, S. M.
Ginsberg, Samuel	
Harreys, Chas. W.	
Murn, Charles J.	
Sullivan, William M.	
Walker, Harold G.	
Dwyer, William A.	
Levinsohn, Sandor A.	

SALEM COUNTY

Green, David W.	Hummel, L. C.
Dunn, J. S.	Perry, F. L.
James, W. H.	Summerill, J. M.

SOMERSET COUNTY

Lawton, A. A.	Cooper, J. H.
Renner, D. S.	Hegeman, R. F.

SUSSEX COUNTY

Delegates	Alternates
Morrison, Frederick	
Voorhees, Lamar	

UNION COUNTY

Harrison, J. B.	Leggett, L. H.
Bowles, H. H.	Bensley, M. G.
Quinn, S. T.	Davis, S. H.
Hubbard, H. V.	Knauer, George
Schlichter, C. H.	Casilli, A. R.
Lance, E. W.	Drury, A. J.
Walsh, R. J.	Currie, N. W.
Burritt, N. W.	Phelan, Walter
Brokaw, C. A.	Carlin, E. J.
Abel, H. A.	Hallock, W. J.
Boyes, J. G.	Runnells, J. E.
Morris, W. B.	Cantini, R.
Krans, E. S.	Beisler, L. G.
Walsh, T. J.	Blythe, R. P.
Murphy, H. S.	Carpenter, C. C.
Shirrefs, R. A.	Labow, J. S.
Lathrop, F. W.	Wegryn, L. S.
Stein, Emil	Bloch, Harry
Armstrong, Lorrimer	Bishop, Carl

WARREN COUNTY

Hackett, L. W.	Bossard, H. B.
Curtis, F. W.	Skinner, W. F.
Shimer, F. A.	Lemmon, Junius M.

NOMINATING COMMITTEE OF THE STATE MEDICAL SOCIETY

1936

	Nominee	Alternate
ATLANTIC	Scanlan, D. Ward	None
BERGEN	Liva, Arcangelo	Alexander, Samuel
BURLINGTON	Rodman, E. Warren	Haines, Edgar
CAMDEN	Lippincott, A. Haines	None
CAPE MAY	Way, Clarence W.	None
CUMBERLAND	Miller, H. G.	Myatt, L. E.
ESSEX	Stahl, Alfred	Mount, Walter B.
GLOUCESTER	Downs, E. E.	Hollinshed, Ralph K.
HUDSON	Londrigan, Jos. F.	McLoughlin, Frank J.
HUNTERDON	English, S. B.	Coleman, A. H.
MERCER	North, Harry R.	Haggerty, D. L.
MIDDLESEX	Haywood, H.	McKiernan, R.
MONMOUTH	Maher, John E.	
MORRIS	Frost, Inglis F.	Sherman, Byron G.
OCEAN	Herbener, Eugene	None
PASSAIC	McMillan, Wright	None
SALEM	Perry, F. L.	None
SOMERSET	Renner, D. S.	None
SUSSEX	Coleman, J. G.	None
UNION	Morris, Watson, B.	
WARREN	Curtis, Frank W.	Skinner, William F.

MEMBERSHIP OF COUNTY MEDICAL SOCIETIES

Comprising

THE MEDICAL SOCIETY OF NEW JERSEY

1936

An asterisk (*) indicates a deceased member

ATLANTIC COUNTY (1)

Society organized June 7, 1880. Meets second Friday evening monthly, except in June, July, August and September. Annual Meeting in December.

President, Salasin, Samuel L., Atlantic City
 Vice-President, Irvin, John S., Atlantic City
 Secretary, Brown, J. Carlisle, Atlantic City
 Treasurer, Allman, David B., Atlantic City
 Reporter, Kilduffe, Robert A., Ventnor
 Historian, Harley, H. L., Atlantic City
 Censors, Shivers, C. H. deT., Chm., Atlantic City
 Allman, David B., Atlantic City
 Charlton, C. C., Atlantic City

Active Members

Allman, David B., 104 St. Charles pl., Atlantic City
 Andrews, Clarence L., 1616 Pacific av., Atlantic City
 Axilrod, Maurice, 2620 Pacific av., Atlantic City
 Barbash, Samuel, 1902 Pacific av., Atlantic City
 Bartlett, Clara K., 4301 Atlantic av., Atlantic City
 Bassett, Norman H., Prof. Arts Bldg., Atlantic City
 Beir, I. R., Haverford Apts., Atlantic City
 Blampin, Winifred A., Galen Hill, Atlantic City
 Bossert, Chas. L., 4021 Atlantic av., Atlantic City
 Bradley, Robert A., 1616 Pacific av., Atlantic City
 Brown, J. Carlisle, 101 S. Indiana av., Atlantic City
 Carrington, Wm. J., 905 Pacific av., Atlantic City
 Charlton, C. Coulter, 124 S. Illinois av., Atlantic City
 Chew, Elisha C., 603 Pacific av., Atlantic City
 Clark, S. Worth, 152 S. North Carolina av., Atl. City
 Cleary, Joseph P., Minotola
 Conaway, Walt P., Pacific & Indiana avs., Atl. City
 Corson, Filbert R., 101 S. Indiana av., Atlantic City
 Crane, Bernard, 306 Pacific av., Atlantic City
 Dalton, S. Eugene, 1616 Pacific av., Atlantic City
 Darnall, Wm. Edgar, 5 S. Morris av., Atlantic City
 Davidson, Harold S., 101 S. Indiana av., Atlantic City
 Davis, Byron G., 1500 Pacific av., Atlantic City
 Davis, W. Cole, 124 S. Illinois av., Atlantic City
 deHellebranth, R. T., 104 S. Frank't av., Ventnor
 Durham, Royal E., 130 S. Illinois av., Atlantic City
 Dyer, Ed. H., Victoria & Atlantic avs., Ventnor
 Eckert, W. L., 720 Shore rd., Somers Point
 Elliott, Frazer J., 10 N. 2nd st., Hammonton
 Ewens, Arthur E., 3600 Pacific av., Atlantic City
 Feinstein, Louis, 401 Pacific av., Atlantic City
 Fish, Clyde M., 7 W. Washington av., Pleasantville
 Fox, Wm. W., 101 S. Indiana av., Atlantic City
 Frank, Myrtle, 227 Philadelphia st., Egg Harbor
 Gordon, Carl, 1712 Pacific av., Atlantic City
 Grier, Robt. M., 50 E. Washington av., Pl'santville
 Gruhler, Jean A., Prof. Arts Bldg., Atlantic City
 Gulon, Edward, P. O. Box 418, Atlantic City
 Halpern, Samuel, 504 Pacific av., Atlantic City
 Harley, Halvor L., 101 S. Indiana av., Atlantic City
 Harvey, Edwin H., 20 N. Florida av., Atlantic City
 Henderson, K. P., 121 S. Illinois av., Atlantic City
 Henry, Jonas A., 1204 Columbia av., Pleasantville
 Hersohn, Wm. W., 101 S. Indiana av., Atlantic City
 Hess, L. Elmore, 19 E. Bolton av., Absecon
 Hoffman, Harry S., 1902 Pacific av., Atlantic City
 Holoman, M. Browne, 3 N. Granville av., Margate
 Holt, Edward Z., Children's Seashore Home, Atl. City
 Hudson, W. J., 39 W. Washington av., Pleasantville
 Hyman, Charles, 2619 Pacific av., Atlantic City
 Infield, G. L., 1401 Shore rd., Northfield
 Irvin, John S., 1910 Pacific av., Atlantic City
 Jacobson, John J., 1616 Pacific av., Atlantic City
 James, Henry C., Mays Landing
 Johnson, V. Earl, Medical Science Bldg., Atl. City
 Kaighn, Chas. B., 905 Pacific av., Atlantic City
 Kilduffe, Robert A., 5003 Atlantic av., Ventnor
 Kline, Herman, 2627 Pacific av., Atlantic City
 Krechmer, Abraham, 521 Pacific av., Atlantic City
 *Lawrence, H. R., Atlantic City
 Leonard, Isaac E., 2842 Atlantic av., Atlantic City
 McGeehan, Stanley M., Ryanhurst Apts., Atl. City
 Mackler, Louis, 705 Pacific av., Atlantic City
 Madden, Leland S., 21 E. Verona st., Pleasantville
 Magill, Marcus, 4116 Ventnor av., Atlantic City
 Major, Morton M., 4017 Ventnor av., Atlantic City
 Marcus, Joseph H., 1185 Park av., N. Y. C., N. Y.
 Marshall, Jos. C., 1517 Pacific av., Atlantic City
 Marvel, P. H., 2216 Shore rd., Northfield
 Mason, James H., 1616 Pacific av., Atlantic City
 *Massey, John F., 20 S. Newport av., Ventnor
 MeVay, James C., 2907 Pacific av., Atlantic City
 Nickman, E. Harrison, 101 S. Newton av., Atl. City
 Pennington, John, 101 S. Indiana av., Atlantic City
 Pickington, Albert, Amsterdam Apts., Atlantic City
 Poland, Geo. A., 235 E. Washington av., Pl'santville
 Quinn, Norman J., 3303 Pacific av., Atlantic City
 Read, Hilton S., Prof. Arts Bldg., Atlantic City
 Reyner, Daniel C., 2703 Pacific av., Atlantic City
 Rieck, Allan, 507 S. Shore rd., Pleasantville
 Roop, W. O., 101 S. Indiana av., Atlantic City
 Rosenberg, Louis, 26 S. Stenton pl., Atlantic City
 Rosenblatt, Sidney, 1904 Pacific av., Atlantic City
 Ruffu, Henry, 111 S. Boston av., Atlantic City
 Salasin, Samuel L., 511 Pacific av., Atlantic City
 Scanlan, D. Ward, 15 S. Illinois av., Atlantic City
 Schwarzkopf, Geo., 2901 Pacific av., Atlantic City
 Scott, Karl M., Prof. Arts Bldg., Atlantic City
 *Senseman, Theodore, 3600 Pacific av., Atlantic City
 Shenfeld, Isaac, 4806 Atlantic av., Ventnor
 Shimer, A. Burton, 606 Pacific av., Atlantic City
 Shivers, C. H. deT., 121 S. Illinois av., Atlantic City
 Silvers, Homer I., 16 S. Suffolk av., Ventnor
 Sinkinson, Chas. D., Jr., 1616 Pacific av., Atl. City
 Smith, Andrew M., 344 Philadelphia av., Egg Harbor
 *Souder, Lewis R., 5 S. Victoria av., Ventnor
 Stalberg, Samuel, 1109 Pacific av., Atlantic City
 Stamps, G. Ruffin, 214 E. Verona av., Pleasantville
 Stern, Samuel, 2815 Pacific av., Atlantic City
 Stevenson, A. M., 7506 Ventnor av., Margate
 Stewart, Sloan G., Pacific & N. Carolina avs., Atl. City

Stewart, Walter B., 8 N. Tallahassee av., Atl. City
Subin, Harry, 1616 Pacific av., Atlantic City
Surran, Carl, 1616 Pacific av., Atlantic City
Timberlake, Baxter H., 1616 Pacific av., Atl. City
Uzzell, Edward F., 2703 Pacific av., Atlantic City
Walker, Levi M., 151 S. Pennsylvania av., Atl. City
Weiner, Samuel E., 904 Pacific av., Atlantic City
Wescott, Wm. C., Delaware & Pacific avs., Atl. City
Westney, Alfred W., 3005 Pacific av., Atlantic City
Whims, Clarence B., 5401 Ventnor av., Ventnor
White, R. Rostin, 644 Shore rd., Somers Point
Wilson, Lawrence A., 114 N. Shore rd., Absecon
Winn, Samuel L., Prof. Arts Bldg., Atlantic City
Wright, Elizabeth T., 28 N. Vermont av., Atl. City

Associate Member

Barab, B. B., 1616 Pacific av., Atlantic City

Dental Associates

Phillips, C. Ferg, D.D.S., 1509 Pacific av., Atl. City
Steigerwald, Clarence S., D.D.S., J'cks'n&At.avs.,A.C.

Honorary Members

Gehring, Gustave P., 2439 F st., San Diego, Calif.
Ireland, Milton S., 23 S. California av., Atlantic City
Marvel, Philip, 456 New st., Bethlehem, Pa.
Miller, D. J. M., 102 S. Jackson av., Ventnor
Reik, Henry O., City Club, New York, N. Y.
Reynolds, Walter, 27 S. Illinois av., Atlantic City

Transferred

Olmstead, Wm. D., to New York Co. Med. Society

Number of active members and basis of representation, 111, February 5, 1936.

BERGEN COUNTY (2)

Society organized February 28, 1854. Meets on second Tuesday of each month, except July and August. Annual Meeting in May.

President, Corn. David, Ridgefield Park
Vice-President, Irwin, J. H., Englewood
Secretary, Knowles, G. M., Hackensack
Treasurer, Markley, L. A., Teaneck
Reporter, Littwin, Charles, Englewood

Active Members

*Adams, Flora, Hackensack
Alexander, Samuel, Main st., Park Ridge
Anderson, R. M., 408 Main st., Hackensack
Angelillis, P., Hackensack
Appold, George D., 60 Church st., Bergenfield
Bakatel, H. S., 155 Van Wagenen st., Jersey City
Baldwin, J. F., 51 E. Church st., Bergenfield
Barnes, William J., 155 Engle st., Englewood
Barlow, G. B., Englewood
Bell, J. Finley, 83 E. Palisade av., Englewood
Blenke, V. A., 846 Garrison av., Teaneck
Bono, J., Paris av., Northvale
Bookstaver, B. S., 193 Norma rd., Teaneck
Brown, J. L., 647 Anderson st., Cliffside Park
Burbank, H. E., Lyndhurst
Burnham, L., Englewood
Burns, G. C. H., Demarest
Busicco, P. S., 131 Liberty rd., Englewood
Calabrese, J., Rochelle Park
Caldronney, T. L., Ridgefield Park
Campbell, J. M., Ramsey
Clarke, Edward W., W. Englewood
Clock, Ralph O., New York City, N. Y.
Cloud, A. W., Huguenot av., Englewood
Cocrane, Cleland D., Main st., Closter
Connor, Clarence A., 1586 Centre av., Fort Lee
Conover, E. E., Hasbrouck Heights
Cooper, H. M., Rutherford
Corn, David, 119 Park st., Ridgefield Park
Crandall, John K., 200 Main st., Fort Lee
D'Agostin, Henry, 245 Fulton ter., Cliffside
Dayton, S. T., 86 Demerest av., Englewood
Dickson, J. D., 202 Larch av., Bogota
Edwards, James B., 114 Woodbridge pl., Leonia
Essertier, Edward P., 273 State st., Hackensack
Farr, W. J., 288 Griggs av., Teaneck
Ferrari, A. F., E. Rutherford
Fielding, William M., Allendale
Finke, George W., 237 State st., Hackensack
Finke, John H. D., 19 Hudson st., Hackensack
Fishbein, F., Oradell
Fitzhugh, W. F., 65 Bergen av., Ridgefield Park

Fitzpatrick, L., 134 Bergen av., Ridgefield Park
Fliegel, William, 85 W. Passaic st., Maywood
*Fox, J. W., Hillsdale av., Hillsdale
Franklin, S. I., 15 Tenafly rd., Englewood
Freeland, Frank, 281 State st., Hackensack
Friedman, A. I., Little Ferry
Gershman, J. G., Dumont
Gilady, Raphael, 205 Union st., Hackensack
Gittelsohn, I., River Edge
Gnasso, E. R., 203 Main st., Fort Lee
Goldberg, David, 7 Bogert pl., Westwood
Greenfield, A. W., 50 Anderson st., Hackensack
Greenfield, W. J., 50 Anderson st., Hackensack
Hallett, Frederick S., 200 Passaic st., Hackensack
Halpern, H., 143 Engle st., Englewood
Hawes, V. L., Ramsey
Helff, J. R., Teaneck
Heller, G. S., 100 E. Palisade av., Englewood
Hitzeman, L. A., 30 E. Passaic st., Maywood
Horowitz, H. J., 872 Broad st., Morsemere
Huff, Edmund N., 97 Engle st., Englewood
Hull, D. B., 7 W. Ridgewood rd., Ridgewood
Irwin, J. T., 51 Tenafly rd., Englewood
Johnson, G. L., 390 Booth av., Englewood
Johnston, S. F., 363 Rochelle av., Rochelle Park
Jukofsky, I. D., 32 Union st., Ridgefield Park
Kastler, F., Rutherford
Keir, Floyd E., 275 Engle st., Englewood
Knapp, Richard E., 25 Hudson st., Hackensack
Knowles, G. M., Hackensack
Knox, Harriet L., 390 Union st., Hackensack
Lansing, James B., Pine Rest, Ridgewood
Legato, S. F., Cliffside
Levitas, George M., 77 Fairview av., Westwood
Lewis, Alice B., Saddle River
Littwin, Charles, 35 E. Palisade av., Englewood
Liva, Arcangelo, 5 Pangborn pl., Hackensack
Liva, P. F., 280 Stuyvesant av., Lyndhurst
*Lynn, J. V., Ridgefield
Lyon, Romola, 171 Meadow Brook rd., Englewood
Mackellar, James M., 26 E. Clinton av., Tenafly
McCormack, F. C., 87 Tenafly rd., Englewood
Mader, A. I., 430 Union st., Hackensack
Markley, L. A., Holy Name Hospital, Teaneck
Meyer, H. M., 22 Hospital av., Hackensack
Muller, F. L., 413 3rd st., Carlstadt
Mulligan, L. A., 230 Central av., Leonia
Myers, N. V., Tenafly
Netz, L. W., 414 Main st., Hackensack

Nicol, L. C., Bogota
 Patti, F. A., Leonia
 Payne, Joseph, 223 Goodwin av., Midland Park
 Pedevill, J., 232 Highland av., Palisades Park
 Phillips, Walter, 109 E. Palisade av., Englewood
 Prather, C. G., 360 Westwood av., Westwood
 *Pratt, John E., Dumont
 Protcor, James William, Tenaflly
 Protzman, T. B., 39 Park pl., Englewood
 Prout, William B., 88 W. Forest av., W. Englewood
 Reich, S. B., 348 Kinderkamack rd., Oradell
 Richardson, C. A., Closter
 Riordan, J., 110 Maple ave., Rutherford
 Robinson, S. E., Franklin Turnpike, Waldwick
 Rube, J. A., 145 Prospect st., Ridgewood
 Ryley, H. W., 1 Lincoln pl., E. Rutherford
 Schmidt, Walter W., 386 Palisade av., Cliffside Park
 Segard, C. P., Leonia
 Seymour, E. T., 55 Hillside av., Tenaflly
 Smaine, E. C., 549 Monroe st., Carlstadt
 Snedecor, Spencer T., 50 Anderson st., Hackensack
 Spiegelglass, A., 417 Main st., Hackensack
 Swayze, A. A., 280 State st., Hackensack
 Taylor, H. W., 247 Mountain rd., Englewood
 Teeter, John N., Lydecker av., Englewood
 Tennis, E. M., 240 Engle st., Englewood
 Tether, Russel K., Main st., Closter
 Thompson, L. R., Morse av., Wyckoff
 Toal, Joseph, 803 Prospect av., Ridgefield
 Trossbach, H., 97 Palisade av., Bogota
 Tudor, C., Bogota
 Tyson, Francis B., 101 Leonia av., Leonia
 Vanderbeek, S. W., 143 Engle st., Englewood
 Van Dyke, Jos. S., 42 Palisade blvd., Palisades Park

Vroom, W. L., 7 W. Ridgewood av., Ridgewood
 Walsh, T. M., 210 Kipp av., Hasbrouck Heights
 Ward, Alfred W., Demarest
 Ward, G. Harold, 240 Engle st., Englewood
 Warren, Charles B., 181 Prospect av., Bergenfield
 Webb, Wilson D., 316 State st., Hackensack
 Whitman, L. B., 7 W. Clinton av., Bergenfield
 Widetsky, A., 85 Broadway, E. Paterson
 Williams, W. C., 9 Ridge rd., Rutherford
 Willis, B. P., 23 Park av., Rutherford
 Witkoff, B., 190 Hackensack st., Woodridge
 Wolowitz, Harry B., 20 Spring Valley rd., Hackensack
 Worcester, Geo. F., 220 Engle st., Englewood
 York, J. L., 223 Main st., New Milford

Honorary Members

Bell, J. Finley, Englewood
 Clock, Ralph O., New York City, N. Y.
 Lansing, T. B., Tenaflly
 Proctor, James, Englewood
 Riordan, J., Rutherford
 Swayze, A. A., Hackensack

Associate Members

Burton-Opitz, R., 218 Bridle way, Palisade
 Harreys, C. W., Ridgewood
 Inge, G. L., 150 Winthrop rd., Englewood
 James, W. L., Edgewater
 Liddy, F. J., Mahwah
 Payawall, J. L., 26 Lake st., Ramsey

Number of members and basis of representation,
 135.

BURLINGTON COUNTY (3)

Society organized May 19, 1829. Meets second Thursday of each month, except June, July and August. Annual Meeting in November.

President, Hornberger, J. Howard, Roebling
 Vice-President, Small, E. Lester, Medford
 Secretary, Tracy, George T., Beverly
 Treasurer, Davis, E. Vernon, Vincentown
 Reporter, Scott, Parry M., Beverly

Censors, Anderson, R. D., Burlington
 Conroy, John S., Burlington
 Imhoff, R. Ernst, Moorestown

Active Members

Anderson, Richard D., 465 High st., Burlington
 Bauer, Harry W., Palmyra
 Bray, William E., Pemberton
 Busansky, Samuel T., New Lisbon
 Clement, John B., Beverly
 Conroy, John S., 122 E. Broad st., Burlington
 Curtis, Howard C., Moorestown
 Darlington, Emlen P., New Lisbon
 Davis, E. Vernon, Vincentown
 Davis, Jacob M., 1400 High st., Burlington
 Downs, Roscius I., Riverside
 Fahrenbruch, F. D., Mt. Holly
 Geary, Russell D., Riverside
 Haines, Edgar J., Medford
 Haldeman, Robert E., Mt. Holly
 Hartman, Luther, Maple Shade
 Hogan, Carlton P., 220 E. Union st., Burlington
 Hollingshead, Lyman B., Pemberton

Hornberger, J. Howard, Roebling
 Hunter, Edward R., Delanco
 Imhoff, Robert E., Moorestown
 Kuder, Joseph M., Mt. Holly
 Landis, Harry Paul, 925 Columbia av., Palmyra
 Le Favor, Dean H., Palmyra
 Longsdorf, Harold E., Mt. Holly
 Love, Elizabeth F., Moorestown
 Lucas, W. Fred, 9 W. Union st., Burlington
 McDonnell, Gerald E., Mt. Holly
 Mark, H. B., Riverton
 Mendenhall, Clinton D., Bordentown
 Metzger, Emma W., Riverside
 Meyer, Eugene A., Moorestown
 Mills, Charles S., Riverton
 Muldoon, Edward J., Florence
 Mulford, Ephraim R., 100 E. Broad st., Burlington
 Munro, Chas. A., Marlton
 Newcomb, Marcus W., Brown's Mills
 Peacock, Arthur B., Columbus
 Remer, Daniel F., Mt. Holly
 Rink, William, 33 W. Union st., Burlington
 Rodman, E. Warren, Beverly
 Rogers, Harry L., Riverton
 Schisler, Milton M., Florence
 Scott, Parry M., Beverly
 Shapiro, Chas. S., Maple Shade
 Shipps, Hammell P., Delanco
 Small, E. Lester, Medford
 Stokes, Joseph, Moorestown
 Stokes, Samuel Emlen, Moorestown
 Summey, Thomas J., Moorestown

Thorne, Nathan, Moorestown
Tracy, George T., Beverly
Ulmer, David H. B., Moorestown
Voorhis, Chas. Francis, Palmyra
Wagner, George J., Delanco
Wells, William C. V., Delanco
Swick, Walter W., Riverside

Honorary Members

Wilkinson, George H., Moorestown

Non-Resident Associate Members

Borzell, F. F., 4940 Penn st., Philadelphia, Pa.

Resigned

Kowalski, Louis J., Burlington
Vitteri, Louis E., Mt. Holly, removed to Ecuador

Number of active members and basis of representation, 57.

100 per cent paid up February 5th, 1936.

CAMDEN COUNTY (4)

Society organized August 14, 1846. Meets first Tuesday in each month, October to May inclusive, with an outing in June. Annual Meeting in May.

President, Lewis, Thomas K., Camden
Vice-President, Buzby, B. F., Camden
Secretary, Gamon, Robert S., Camden
Treasurer, Shull, E. C., Camden
Reporter, Read, William T., Jr., Camden
Historian, Schrack, Helen F., Camden
Censors, Davis, A. B., Camden
Day, Grafton E., Collingswood
Hummel, E. G., Camden
Lee, T. B., Camden
Shafer, F. Wm., Camden

Active Members

Anderson, William, 20 Kings Highway, W. Haddonfield
Andrus, David L., 805 Cooper st., Camden
Bailey, Wilson G., 512 Broadway, Camden
Baker, Maurice E., 1149 Kaighn av., Camden
Barb, K. B., Kaighn & Princess avcs., Camden
Barnshaw, Harold D., 2626 Federal st., Camden
Becker, C. Fred, 620 Benson st., Camden
Beideman, Caspar M., 5 W. Maple av., Merchantville
Bentley, David F., Jr., 406 Cooper st., Camden
Betancourt, R. R., 406 Cooper st., Camden
Braun, Wm., 4307 Maple av., Merchantville
Brennan, Chas. L. S., 14 S. Broadway, Gloucester
Brennan, John P., 429 Cooper st., Camden
Brown, Stanley, Glen av., Laurel Springs
Browning, Wm. J., 134 N. Centre st., Merchantville
Browning, W. Kempton, 126 N. Centre st., Merchantville
Burns, Wilmer F., 267 White Horse pike, Audubon
Bush, Ralph K., 131 E. Park av., Merchantville
Buzby, B. Franklin, 414 Cooper st., Camden
Carlander, O. R., 1972 Browning rd., Merchantville
Casselman, Arthur J., 301 N. 2nd st., Camden
Ciliberti, Frank J., 5th & Pine sts., Camden
Clark, Ernest W., 209 Haddon av., Westmont
Clement, Levina B., 124 Kings Hwy., W. Haddonfield
Collier, Martin H., Camden Co. Hosp., Lakeland
*Conoly, J. Holbert, 300 Monmouth st., Gloucester
*Conoly, Lacy N., 601 Walnut st., Camden
Coxson, H. P., Laurel rd., Stratford
Crist, Walter A., 725 Collings av., W. Collingswood
Davis, Albert B., 511 Cooper st., Camden
Day, Grafton E., Frazier & N. J. avcs., Collingswood
Decker, Henry B., 527 Penn st., Camden
Deibert, Irvin E., 618 Benson st., Camden
Del Duca, Vincent, 406 Cooper st., Camden
Denbo, Elic, 854 Haddon av., Camden
Driscoll, Chas. D., 6 White Horse Pike, Haddon Heights
Eaton, Arthur T., 201 4th av., Haddon Heights
Ellis, Alexander, 513 Broadway, Camden
Elwell, Alfred M., 407 Cooper st., Camden
Evans, Winborne D., 2704 Westfield av., Camden
Ewing, Leslie H., Broad st., Berlin

Eynon, Harold K., 579 Haddon av., Collingswood
Farrell, Edgar A., 100 Kings Hwy, W. Haddonfield
Favorite, Grant O., West Jersey Hosp., Camden
Fillkins, Cedric, 418 White Horse pike, Audubon
Gamon, Robert S., 542 Cooper st., Camden
Geissler, Elmer E., 327 Monmouth st., Gloucester
German, Geo. B., 429 Cooper st., Camden
Glover, Lawrence L., 53 King's Hwy., Haddonfield
Goldstein, Hyman I., 1425 Broadway, Camden
Grenhart, George W., 430 Haddon av., Camden
Hadley, C. F., 201 W. Maple av., Merchantville
Haines, Mabel S., 600 White Horse pike, Audubon
Haines, Wm. H., 600 White Horse pike, Audubon
Hammett, Lee J., 760 N. 27th st., Camden
Harris, Edwin A., Stratford
Hays, Roy G., 567 Haddon av., Collingswood
Hemphill, E., 232 Kings Hwy E., Haddonfield
Hessert, Edmund C., Haddon & Col. avcs., Collingswood
Hirst, E. Reed, 634 Federal st., Camden
*Hirst, Levi B., 634 Federal st., Camden
Hollinshed, Beulah S., 600 Benson st., Camden
Horner-Rodger, Clara L., 721 Cooper st., Camden
Howard, J. Edgar, 67 King's Hwy, W. Haddonfield
Hughes, Thos. E., 223 Cooper st., Camden
Hummel, Ernest G., 414 Cooper st., Camden
Hummel, Merwin L., 135 N. Centre st., Merchantville
Hutcheson, Chas. R., 517 Cooper st., Camden
Jack, H. Wesley, 517 Cooper st., Camden
Jackson, Chas. H., 1250 Pk. Boulevard, Camden
Jarrett, Harry, 925 Broadway, Camden
Johnson, Chas. H., 632 Benson st., Camden
Kain, Thomas M., 403 Cooper st., Camden
Kain, Wm. W., Cape May Ct House, R.F.D. No. 1
Kinney, A. G., 917 Haddon av., Collingswood
Kline, Oram R., 414 Cooper st., Camden
Kutner, Chas., 1005 S. 5th st., Camden
Larossa, Ernest, 7th & Cooper sts., Camden
Leavitt, John F., 522 N. 3rd st., Camden
Lee, Thomas B., 622 Cooper st., Camden
Lewis, Thos. K., 47 S. 27th st., Camden
Lippincott, A. Haines, 406 Cooper st., Camden
Lovett, Jos. C., Municipal Hospital, Camden
Lyon, Leslie C., P. O. Box 63, Magnolia
Macalister, Alexander, 626 Federal st., Camden
MacAlpine, K. B., 308 Monmouth st., Gloucester City
McCallum, A. S., 213 Clements Br. rd., Barrington
McCarthy, Arthur M., 2772 Federal st., Camden
McConaghy, T. P., S. W. Cor. 10 & Cooper sts., Camden
McDermott, Vincent T., 511 State st., Camden
McGlade, Thos. H., Camden Co. Hosp., Lakeland
Madden, T. W., 16 Frazier av., Collingswood
Mahaffey, Jesse L., 414 Cooper st., Camden
Ma deis, A. M. K., 117 North 6th st., Camden
Marcarian, Henry G., 904 Cooper st., Camden
Marcy, John W., 117 E. Park av., Merchantville
Mecray, Paul M., 405 Cooper st., Camden
Mengel, Willard G., 400 Penn. st., Camden

Meyer, George P., 410 Haddon av., Camden
 Miller, Charles W., Jr., 601 Walnut st., Camden
 Moore, Frank F., 201 Evergreen av., Woodlynne
 Murray, E. N., 558 Newton av., Camden
 Nowrey, Joseph E., Jr., 431 Vine st., Camden
 Onđovchak, M. F., King's Hwy., Mt. Ephraim
 Ornať, I. E., 1154 Thurman st., Camden
 Osmun, Milton M., 611 Broadway, Camden
 Palm, Howard F., 614 N. 2nd st., Camden
 Phillips, Claude B., 891 Haddon av., Collingswood
 Pike, Chas. E., 411 Newton av., Oaklyn
 Pinsky, Myer M., 944 S. 5th st., Camden
 Pratt, Arthur G., 516 Cooper st., Camden
 Pratt, William H., 516 Cooper st., Camden
 Principato, Roberto, 402 Walnut st., Camden
 Raughley, Wm. C., Taunton av., Berlin
 Read, William T., 429 Cooper st., Camden
 Rhone, David S., 1202 Haddon av., Camden
 Richardson, Emma M., 577 Stevens st., Camden
 Roberts, Jos. E., Jr., 403 Cooper st., Camden
 Rogers, Edw. B., 814 Haddon av., Collingswood
 Ross, Alexander S., 542 Cooper st., Camden
 Russell, Edward W., 801 Cooper st., Camden
 Roth, R. F., 41 Haddon av., Westmont
 Ruttenberg, Max, 303 Cooper st., Camden
 Saunders, O. W., 1700 Broadway, Camden
 Schall, R. E., 7th & Elm sts., Camden
 Scheffler, W. A. H., 511 Cooper st., Camden
 Schellenger, E. A. Y., 429 Cooper st., Camden
 Schrack, Helen F., 216 N. 5th st., Camden
 Scruggs, W. J., 3005 Kearsarge rd., Fairv'w, C'md'n
 Schwartz, Henry C., Atco
 Shafer, Albert H., 405 Cooper st., Camden
 Shafer, Fred'k Wm., 634 Penn. av., Camden
 Sharp, R. L., 719 Cooper st., Camden
 Shaw, Ernest B., 811 Collings av., W. Collingswood
 Sheaffer, C. P., 241 Kings Hwy. E., Haddonfield

Shemeley, Wm. C., Jr., 7 Haddon av., Camden
 Sheppard, R. L., 768 N. 27th st., Camden
 Sherk, A. Lincoln, 2647 Westfield av., Camden
 Shipman, Jas. S., 542 Cooper st., Camden
 Shope, E. P., 20 Gill rd., Haddonfield
 Shull, E. C., 517 Cooper st., Camden
 Sieber, Isaac G., 204 Merchant st., Audubon
 Smith, James D., 701 N. 6th st., Camden
 Smith, Wilbur A., 2 E. Clinton av., Oaklyn
 Stone, A. L., 2838 Berkley st., Camden
 Summerill, Garnett, 330 Cooper st., Camden
 Swiecicki, Martin E., 317 Clem'nts Bdg. rd., Barrington
 Tatem, H. R., Pine st., Audubon
 Thompson, P. H., 4612 Westfield av., Camden
 Van Seiver, John E. L., 106 Broadway, Camden
 Warwick, Ralph, 3300 Federal st., Camden
 Weimann, M. L., 803 Station av., Haddon Heights
 West, Gordon F., 527 Penn st., Camden
 Westcott, Harold F., P. O. Box 22, Clementon
 Wheatland, M. F., 727 Walnut st., Camden
 Wiant, Herman E., 120 Windsor av., Haddonfield
 Wiggins, Ulysses, 259 Mt. Vernon st., Camden
 Wilson, I. E., 110 Chapel av., Merchantville
 Wright, Ralph S., 428 Richey av., Collingswood
 Wroblewski, Benj. M., 1166 Thurman st., Camden

Honorary Members

Leavitt, John F., 522 N. 3rd st., Camden
 Marcy, John W., 117 E. Park av., Merchantville
 Kain, William W., Cape May Court House

Transferred

Betancourt, R. R., from Phila. Co. Medical Society

Number of active members and basis of representation, February 5th, 1936, 156.

CAPE MAY COUNTY (5)

Society organized December 18, 1883. Four regular meetings each year. Semi-annual meeting in April. Annual Meeting in October. Other two meetings at call of the President.

President, Townsend, John B., Ocean City
 Vice-President, Tomlin, Hurlburt H., Wildwood
 Secretary, Robbins, Warren D., Cape May
 Treasurer, Tomlin, H. Hurlburt, Wildwood
 Reporter, Robbins, Warren D., Cape May
 Censors, Corson, Allen, Ocean City
 Hughes, Frank R., Cape May
 Ziegler, Oscar F., Wildwood

Active Members

Brooks, George M., Cape May Court House
 Corson, Allen, Ocean City
 Crowe, Aldrich C., Ocean City
 Cryder, Millard C., Cape May Court House
 Dandois, George F., Wildwood
 Darby, C. Eugene, Ocean City
 Friedland, A. J., Woodbine
 Gandy, Charles M., Ocean View
 Haines, W. P., Ocean City
 Hallinger, Earl S., Wildwood
 Hornstine, H. H., Wildwood

Hughes, Frank R., Cape May
 Mace, Margaret, North Wildwood
 Monosson, Ida, Woodbine
 Pettit, Herschel, Ocean City
 Pressman, A., Woodbine
 Robbins, Warren D., Cape May
 Steele, William A., Beesley Point
 Tomlin, H., Hurlburt, Wildwood
 Townsend, John B., Ocean City
 Way, Clarence W., Sea Isle City
 Way, Eugene, Sea Isle City
 Way, Julius, Cape May Court House
 Whitticar, John H., Ocean City
 Ziegler, Oscar F., Wildwood

Non-Resident Honorary Members

Gandy, Charles L., U. S. A.
 Gordon, Alfred, Philadelphia, Pa.
 Reik, Henry O., New York City, N. Y.

Number of active members and basis of representation, 25.

100 per cent paid up February 5th, 1936.

CUMBERLAND COUNTY (6)

Society organized June 16, 1816. Meets on the second Tuesday of October, December, February, April and June. Annual Meeting in April.

President, Walker, H. Burton, Vineland
Vice-President, Myatt, L. E., Bridgeton
Secretary, Branin, H. S., Millville
Treasurer, Wilson, H. H., Bridgeton
Reporter, Corson, Elton S., Bridgeton
Censors, Kauffman, L. J., Millville
Gray, Charles H., Vineland
Sewall, Millard F., Bridgeton

Active Members

Bacon, Mary, 278 E. Commerce st., Bridgeton
Baker, Hugh W., Vineland
Bellak, Ellis R., Leesburg
Bennett, Samuel D., 118 Pine st., Millville
Bostwick, Delazon S., Bridgeton
Branin, Howard S., 200 W. Main st., Millville
Burkowitz, Benjamin, Bridgeton
Butcher, Charles, Heislerville
Clippinger, R. D., Vineland
Cornwell, Alfred, 265 N. Laurel st., Bridgeton
Corson, Elton S., 135 E. Commerce st., Bridgeton
Corson, Kenneth, Vineland
Cunningham, Charles, Jr., Vineland
Davies, George A., Elmer
Day, Samuel Thomas, Port Norris
Elmer, Matthew K., 3 Franklin st., Bridgeton
Garrison, Walter Sherman, Cedarville
Gray, Charles M., Vineland
Harris, Allan, Greenwich
Kauffmann, Louis J., 232 N. Second st., Millville
Knowles, James S., 318 N. Second st., Millville
Lloyd, Reba (Kump), Bridgeton
Loder, Horace B., 103 Walnut st., Bridgeton
Loper, John C., 129 Atlantic st., Bridgeton
Lore, Harry E., Cedarville
Lyon, Earl C., 144 E. Commerce st., Bridgeton
Mayhew, Charles H., 329 Pine st., Millville
Mezetti, Alfred F., Vineland

Miller, H. Garrett, 205 E. Main st., Millville
Myatt, Leslie E., 98 N. Pearl st., Bridgeton
Neal, Charles B., Pine & 3rd sts., Millville
Oliver, David H., 140 N. Pearl st., Bridgeton
Pino, Anthony, 196 Irving av., Bridgeton
Ramsey, F. Muriel, 310 E. Pine st., Millville
Reeves, J. Franklin, 55 East av., Bridgeton
Sewall, Millard F., 195 E. Commerce st., Bridgeton
Sharp, Charles E., Port Norris
Sheppard, A. G., Elmer
Sheppard, Frank R., 131 N. Third st., Millville
Sheppard, Muse, Elmer
Simkins, Raymond, 117 Broad st., Bridgeton
Thalheimer, E. J., Vineland
Thomas, George N., Vineland
Van Deusen, Edwin H., Vineland
Wainwright, F. P., 87 Bank st., Bridgeton
Walker, Ada Harris, Vineland
Walker, H. Burton, Vineland
Ware, Carl N., Shiloh
Ware, Francis V., 223 N. Second st., Millville
Weithaase, Helen E., Vineland
Whaland, Berta, 117 Atlantic st., Bridgeton
Wilson, Charles W., Vineland
Wilson, Herbert H., 24 Bank st., Bridgeton
Winslow, John H., Vineland
Woodruff, Dare, Vineland

Transferred

Lummis, C. Perry, to Salem County Medical Society

Non-Resident Associate Members

Barton, J. M., 1314 Spruce st., Philadelphia, Pa.
*Hirst, B. C., 1821 Spruce st., Philadelphia, Pa.
*Noble, Charles P., 1509 Locust st., Philadelphia, Pa.
Reisman, David, 162 Spruce st., Philadelphia, Pa.

Number of active members and basis of representation, 55.

100 per cent paid up February 5th, 1936.

ESSEX COUNTY (7)

Society organized June 4, 1816. Meets second Thursday of each month, November to May inclusive. Annual Meeting is the second Thursday in October.

President, Zehnder, A. Charles, Newark
First Vice-President, Ill, Edgar A., Newark
Second Vice-President, Van Ness, H. Roy, Newark
Secretary, Pinneo, Frank W., Newark
Treasurer, Rogers, Robert H., Newark
Reporter, Wood, Earl LeRoy, Newark

Councilors, Schaff, Royal A.
Schulte, Herbert A.
Comando, Harry N.
Satchwell, Harry H.
Mount, Walter B.
Fort, J. Irving
Erler, Eugene W.
English, John T.

Active Members

Abel, Arthur R., 144 Harrison st., East Orange
Abrams, A. B., 663 Clinton av., Newark
Adams, John K., 3 Prospect st., East Orange

Agnew, Hobart M., 27 S. Fullerton av., Montclair
Albano, Joseph, 535 N. 7th st., Newark
Alexander, Walter G., 48 Webster pl., Orange
Alford, Ralph I., 9 N. Mountain av., Montclair
Allan, James S., 49 Prospect st., East Orange
Allen, G. Herbert, 181 Roseville av., Newark
Alling, Frederick A., 15 Washington st., Newark
Altman, Charles D., 301 Highland av., Newark
Ambrose, Anthony, 71 Congress st., Newark
Antonius, N. A., 27 W. Market st., Newark
Anuario, Chas. B., 233 S. Centre st., Orange
Applebaum, I. L., 152 Clinton av., Newark
Areson, Wm. H., 153 B'vue av., Upper Montclair
Asher, Maurice, 186 Clinton av., Newark
Aszody, Paul, 340 Waverly av., Newark
Avidan, Maurice S., 30 Stratford pl., Newark
Bachmann, Wm., 87 Hilcrest ter., East Orange
Bagg, Linus W., 31 Lincoln Park, Newark
Baird, T. M., 124 Grand pl., Arlington
Baker, Charles F., 198 Clinton av., Newark
Baldwin, Samuel H., 626 Clinton av., Newark
Banks, Winifred D., 6 N. Munn av., East Orange

- Barkhorn, Charles W., 223 Roseville av., Newark
 Barkhorn, Henry C., 45 Johnson av., Newark
 Barrett, Jos. F., 230 Parker av., Maplewood
 Baum, Felix, 765 S. 10th st., Newark
 Baum, Samuel, 10 Osborne ter., Newark
 Becker, Fred W., 14 Clinton pl., Newark
 Becket, George C., 350 Springdale av., East Orange
 Beling, C. Abbott, 111 Clinton av., Newark
 Beling, Chris. C., 111 Clinton av., Newark
 Bell, Thomas, 340 Belmont av., Newark
 Bengelsdorf, A., 29 Clinton pl., Newark
 Bennett, W. F., Essex Mtn. Sanatorium, Verona
 Berardinelli, C. G., 92 Eighth av., Newark
 Berg, S., 156 Roseville av., Newark
 Berger, W. A., 346 Roseville av., Newark
 Bergman, M. W., 825 S. 10th st., Newark
 Bernstein, Julius, 5 Farley av., Newark
 Beyer, O. J., 42 Laurel av., Irvington
 Bianchi, Angelo R., 228 S. 7th st., Newark
 Bien, Frank A., 999 Clinton av., Irvington
 Bigelow, Eliz. F., 117 Irvington av., South Orange
 Bigelow, N. S., 117 Irvington av., South Orange
 Bingham, Arthur W., 144 Harrison st., East Orange
 Birdsall, Clarence, 3 Small av., Caldwell
 Bissett, John V., 29 Hawthorne av., East Orange
 Blackburne, George, 490 Central av., Newark
 Blanchard, Kenneth, 25 S. Munn av., East Orange
 Bleick, Theo. E., 61 Van Ness pl., Newark
 Bleick, William D., 583 Prospect st., Maplewood
 Bleier, Louis, 88 Clinton av., Newark
 Blinn, Arthur B., 100 Chestnut st., East Orange
 Block, Marcus T., 177 Bloomfield av., Newark
 Block, Max, 48 N. Fullerton av., Montclair
 Block, Milton, 1472 W. Clinton av., Irvington
 Bocchini, Joseph A., 366 S. 12th st., Newark
 Bokor, Emory, 79 Shanley av., Newark
 Bonomo, Michael J., 587 S. 10th st., Newark
 Bove, Joseph, 306 Lincoln av., Orange
 Brackett, Elizabeth R., 349 Franklin av., Nutley
 Bradford, Stella S., 16 Seymour st., Montclair
 Bradshaw, John H., 27 High st., Orange
 Brakeley, Elizabeth, 71 Myrtle av., Montclair
 Braun, Gus A., 391 Bergen st., Newark
 Breitstadt, Chas. A., 563 Summer av., Newark
 Brien, Wm. M., 449 Main st., Orange
 Brim, Anne S., 74 S. Munn av., East Orange
 Broadnax, Mary E., 83 Lincoln Park, Newark
 Brodikin, Eva T., 365 Osborne ter., Newark
 Brodikin, H. A., 365 Osborne ter., Newark
 Brotman, Morton M., 90 Avon av., Newark
 Brown, Chester R., 22 Midland av., Arlington
 Brown, Chester T., Prudential Ins. Co., Newark
 Brown, Lewis W., 160 Roseville av., Newark
 Brown, Richard J., 105 Ridgewood rd., South Orange
 Buckley, J. L., 666 Franklin av., Nutley
 Bull, Louis M., 92 Heller Parkway, Newark
 Bull, Robert I., 531 W. Market st., Newark
 Bull, W. J., 98 Park st., Montclair
 Bunn, Frank C., 30 Hillyer st., Orange
 Burke, Stephen E., 212 First av., Newark
 Burne, John J., 17 Gould av., Newark
 Burpeau, Wm. P., 144 Harrison st., East Orange
 Busch, Herman, 38 Johnson av., Newark
 Bush, Archer C., 40 Union av., Montclair
 Butler, Eustace C., 249 Bloomfield av., Caldwell
 Buvinger, Chas. W., 50 Washington st., E. Orange
 Byck, Louis, 114 Lyons av., Newark
 Cacciarelli, Robt. A., 517 Roseville av., Newark
 Caggiano, A. P., 135 Grove st., Montclair
 Cahill, L. A., 353 Lafayette st., Newark
 Caldwell, J. A., 45 S. Mountain av., Montclair
 Calvert, Wm. C., 220 Central av., Orange
 Camche, L. J., 250 Renner av., Newark
 Cameron, Edwin A., 186 S. Burnett st., East Orange
 Campbell, H. B., 21 Court st., Newark
 Campbell, Wm., 144 Harrison st., East Orange
 Carbone, Francis N., 157 Hunterdon st., Newark
 Cardwell, E. P., 47 Central av., Newark
 Carlucci, A. M., 559 Bloomfield av., Newark
 Carman, Fletcher F., 31 Lincoln Park, Newark
 Carrigan, Francis P., 283 Franklin av., Nutley
 Casale, John B., 496 Highland av., Newark
 Cater, Douglas A., 57 S. Harrison st., East Orange
 Chamberlain, Aims R., 30 Lenox pl., Maplewood
 Champlin, Paul M., 885 18th av., Irvington
 Chapman, R. W., 835 Bergen st., Newark
 Chattin, John F., 671 Broad st., Newark
 Chiger, Alex. S., 621 High st., Newark
 Chisholm, Gibbs, 14 Boston st., Newark
 Chmelnik, A. G., 299 Clinton av., Newark
 Clark, J. Henry, 108 Orange rd., Montclair
 Clarken, Jos. A., 43 Lincoln Park, Newark
 Claus, C. H., 239 21st st., Irvington
 Clayton, James O., 516 Broad st., Newark
 Coburn, John W., 111 No. Oraton pkwy., E. Orange
Coe, Richard, 156 Clinton av., Newark
 Coffin, Henry, 433 Mt. Prospect av., Newark
 Coghlan, Jasper, 17 Academy st., Newark
 Cohen, I. E., 561 Elizabeth av., Newark
 Cohen, Max, 24 Johnson av., Newark
 Cohen, Maurice, 106 Valley rd., Montclair
 Cohen, Sidney L., 20 Avon av., Newark
 Cohen, Sidney Peck, 512 Franklin av., Nutley
 Cohn, G. M., 748 S. 10th st., Newark
 Cohn, Herman, 393 Clinton av., Newark
 Cohn, Royal M., 740 Clinton av., Newark
 Colmer, Meyer J., 407 Lyons av., Newark
 Colsh, LeRoy L., 612 Ridgewood rd., Maplewood
 Comando, Harry N., 690 Clinton av., Newark
 Condon, John F., 686 Mt. Prospect av., Newark
 Conlon, Philip, 25 James st., Newark
 Connamacher, H. S., 671 Springfield av., Newark
 Connolly, John J., 212 W. Market st., Newark
 Connolly, Richard N., City Hospital, Newark
 Cook, H. F., 21 Roseville av., Newark
 Cooke, Wm. H., 303 Main st., East Orange
 Cooperman, Wm., 647 Market st., Newark
 Coughlan, Ella A., 10 Oakwood av., Orange
 Coughlin, Frank J., 24 Beech st., Arlington
 Cox, John Calvin, 55 Woodland rd., Maplewood
 Cox, William W., 27 S. Fullerton av., Montclair
 Crane, Chas. G., 78 Farley av., Newark
 Crankshaw, Chas. W., Prudential Ins. Co., Newark
 Craster, Chas. V., 381 Parker st., Newark
 Crawford, Georgiana U., 28 Carnegie av., E. Orange
 Crecca, Wm. D., 111 Park av., Newark
 Crossfield, H. C., 144 Harrison st., East Orange
 Crystell, E. H., Hillside av., Nutley
 Curtis, Arthur W., 399 Lincoln av., Orange
 Curtis, Elbert A., 65 Central av., Newark
 D'Acunto, P., 141 Mt. Prospect av., Newark
 Dane, Chas., 61 Scotland rd., South Orange
 Dane, John, 61 Scotland rd., South Orange
 Danzis, Max, 31 Lincoln Park, Newark
 Darden, Walter T., 149 W. Kinney st., Newark
 Davenport, Peter B., 764 S. Orange av., Newark
 Davidson, Henry A., 31 Lincoln Park, Newark
 Davidson, Louis L., 31 Lincoln Park, Newark
 Davis, Thomas C., 16 Old Short Hills rd., Millburn
 DeFino, F. J., 463 N. 7th st., Newark
 DeFronzo, Morando, 180 Fairmount av., Newark
 Del Deo, Nicholas V., 49 State st., Newark
 Del Guercio, O., 342 Clifton av., Newark
 Denes, O. J., 402 Center st., Nutley
 Derivaux, John A., 103 Clinton av., Newark
 Deutel, Oscar K., 283 Franklin st., Bloomfield
 De Vausney, Winfield S., 50 James st., Newark
 De Vincentis, Henry, 285 Henry st., Orange
 Devlin, Frank, 617 Broadway, Newark
 Devlin, Hugh J., 72 Thomas st., Newark

- Dias, Joseph L., 17 Lombardy st., Newark
Dieffenbach, Rich'd H., 570 Mt. Prosp't av., Newark
DiGiacomo, Wm. H., 2 Prospect pl., Newark
Dinge, Ferdinand Chas., 67 S. Munn av., E. Orange
Dodd, Edward L., 157 Forest st., Belleville
Donahue, Wm. J., 173 Roseville av., Newark
Donnelly, Robt. J., 208 W. Market st., Newark
Doremus, Widmer E., 375 Mt. Prospect av., Newark
Dorn, Elliott I., 267 Vassar av., Newark
Dowd, Ambrose F., 239 Broadway, Newark
Dragonetti, E. N., 177 Clifton av., Newark
Dradow, Paul, 233 Franklin av., Nutley
Dreskin, J. L., 172 Lyons av., Newark
DuBois, M. G., 769 High st., Newark
Dulin, Everett V., 144 Harrison st., East Orange
Dunn, Theodore B., 194 Broad st., Bloomfield
Eagleton, Wells P., 15 Lombardy st., Newark
Ebenfeld, S. W., 344 High st., Newark
Eehikson, Joseph I., 845 S. 12th st., Newark
Edelen, James J., 280 S. Clinton st., East Orange
Eigen, Louis A., 358 Gregory av., West Orange
Ein, Wm. B., 31 Lincoln Park, Newark
Eisenberg, David S., 31 Lincoln Park, Newark
Ellis, Arthur J., 23 Milford av., Newark
Emerson, Linn, 310 Main st., Orange
Emmer, S. Wolfe, 31 Lincoln Park, Newark
Englander, Chas. P., 41 Hillside av., Newark
English, James R., 51 Cypress st., Newark
English, John T., 681 Stuyvesant av., Irvington
Epstein, Henry B., 31 Lincoln Park, Newark
Erler, Eugene W., 119 N. 5th st., Newark
Ervin, Millard B., 572 Prospect st., Maplewood
Etheridge, Charles H., 479 Prospect st., East Orange
Evans, Charles H., 144 Harrison st., East Orange
Ewing, Harvey M., 31 Trinity pl., Montclair
Fager, Rudolph O., 98 Broad st., Bloomfield
Failing, Brayton E., 31 Lincoln Park, Newark
Fanburg, Sol. J., 31 Lincoln Park, Newark
Farden, Jos. L., 342 Roseville av., Newark
Farr, Irving L., 214 Walnut st., Montclair
Fasano, G., 194 S. 7th st., Newark
Faughnan, Rose, 97 High st., Passaic
Fava, Philip V., 220 S. 7th st., Newark
Fechner, Julius, 138 W. Kinney st., Newark
*Federman, Phillip, 220 Fairmount av., Newark
Fein, Bernard, 585 Elizabeth av., Newark
Fendrick, Edward, 91 Watson av., East Orange
Feneck, Chas. C., 510 Roma av., Phoenix, Ariz
Ferguson, W. E., 22 James st., Newark
Fern, S. S., 122 Elizabeth av., Newark
Fewsmith, Jos. L., 120 Second av., Newark
Filippone, Ames L., 109 Parker st., Newark
Fine, Moses J., 65 Girard pl., Newark
Finesilver, Edw. M., 31 Lincoln Park, Newark
Fink, Irving E., 129 Lyons av., Newark
Finkel, Joshua, 368 Clinton av., Newark
Finkelstein, A. S., 670 Clinton av., Newark
Finkler, Rita S., 35 Leslie st., Newark
Fischman, H. H., 328 Avon av., Newark
Fitzpatrick, Edward F., 574 Warren st., Newark
Flower, M. A., 744 Broad st., Newark
Flynn, E. A., 161 Washington av., Belleville
Foley, James F., 331 N. Grove st., East Orange
Forsyth, Kenneth C., 611 Mt. Prospect av., Newark
Fort, J. Irving, 306 Roseville av., Newark
Forte, Frank S., 456 Roseville av., Newark
Fost, William H., 197 Franklin st., Belleville
Foster, Herbert W., 2 Erwin Park, Montclair
Foster, W. S., 233 Mt. Prospect av., Newark
Fowler, Royale H., 744 Broad st., Newark
Freeman, George C., 1 Lenox pl., Maplewood
Freeman, Richard D., 103 Scotland rd., S. Orange
Freinkel, Jacob, 2 Hillside av., Newark
*Frey, Albert, So. Orange av., Newark
Friedman, Harry, 721 S. 16th st., Newark
Friedman, Hyman, 1096 Sanford av., Irvington
Friedman, Milton, Beth Israel Hospital, Newark
Friedrich, Adam H., 424 Lafayette st., Newark
Froelich, J. C., 74 Ingraham pl., Newark
Froomess, Leo E., Hardy Bldg., Bethlehem, N. H.
Fuerstman, H. L., 570 High st., Newark
Furman, Benj. A., 31 Roseville av., Newark
Furst, Nathan J., 190 Johnson av., Newark
Ganley, Arthur J., 390 Park av., East Orange
Ganot, F. I., 639 Ridge st., Newark
Gantz, Emma O., 215 N. Grove st., East Orange
Gardam, J. W., 16 Longfellow av., Newark
Gardner, Kenneth E., 1 Park pl., Bloomfield
Gauch, Wm., 177 Ellwood av., Newark
Gelber, L. J., 41 Lincoln Park, Newark
Gennell, Ernest, 298 Parker st., Newark
George, M. E. W., 805 Broadway, Newark
Gerard, Patrick, 364 Roseville av., Newark
Gershenfeld, David B., 20 Hillside av., Newark
Gifford, W. Royal, 247 Park av., East Orange
Gilman, Malcolm B., 59 Seely av., Arlington
Glass, Oscar, 838 S. 12th st., Newark
Glass, William H., 144 Harrison st., East Orange
Gluckman, Saul K., 53 Johnson av., Newark
Godfrey, Alan O., 220 Roseville av., Newark
Goeller, J. D., 1165 W. Clinton av., Irvington
Goffman, Emanuel, 316 Claremont av., Montclair
Goldberg, H. H., 814 S. 10th st., Newark
Goldberg, Louis E., 31 Lincoln Park, Newark
Goldberg, Samuel A., 46 Farley av., Newark
Goldberg, Samuel M., 353 Washington av., Belleville
Golden, Clement H., 347 16th av., Irvington
Goldman, Lester M., 896 S. 16th st., Newark
Goldstein, Henry Z., 31 Lincoln Park, Newark
Goldstein, Samuel M., 40 Johnson av., Newark
Goldstein, W. H., 632 Belgrove dr., Arlington
Goodfellow, G. P., 526 Park av., East Orange
Gordon, A. J., 273 Roseville av., Newark
Grady, Wm. F., 42 N. Fullerton av., Montclair
Graham, Richard B., 90 Midland av., Arlington
Grant, William F., 162 Roseville av., Newark
Gray, John W., 142 Clinton av., Newark
Greenberg, Samuel, 46 Johnson av., Newark
Greenfield, B. H., 691 Clinton av., Newark
Greenwood, S. B., 190 Clinton av., Newark
Gregory, Ralph F., 120 Irvington av., S. Orange
Gregory, Mildred G., 21 Roseville av., Newark
Greifinger, Marcus H., 22 Vassar av., Newark
Griffin, Guy B., 197 S. Centre st., Orange
Griffith, Roy, 909 Broad st., Newark
*Griffiths, Chauncey B., 31 Lincoln Park, Newark
Grossblatt, Philip, 70 Baldwin av., Newark
Guthrie, W. G., 300 Summer av., Newark
Gutowski, W. T., 104 Grove ter., Irvington
Hagerty, John F., 212 W. Market st., Newark
Hagney, Fred W., 669 Elizabeth av., Newark
Hahn, Katherine B., 272 Thornden st., South Orange
Hahn, William, 272 Thornden st., South Orange
Halprin, Harry, 8 Washburn pl., Caldwell
Hanan, Jas. T., 11 The Crescent, Montclair
Hantman, Harold, 530 Orange st., Newark
Harden, Albert S., 540 Warren st., Newark
Harhen, Geo. E., 22 Brookside av., Caldwell
*Harris, Harry Blatt, Orange
Hart, Hugh M., 300 Mt. Prospect av., Newark
Harvey, Thos. W., 59 Main st., Orange
Harvey, Thos. W., Jr., 59 Main st., Orange
Hasney, Frederick A., 292 Main st., West Orange
Hauck, Lydia B., 644 Stuyvesant av., Irvington
Hauck, Wm. H., 644 Stuyvesant av., Irvington
Haussling, Francis R., 661 High st., Newark
Hawkes, E. Zeh, 84 Washington st., Newark
Hawkes, Stuart Zeh, 84 Washington st., Newark
Heineken, T. S., 17 Park pl., Bloomfield
Heller, Nathan B., 31 Lincoln Park, Newark

- Henle, C. B., 671 Springfield av., Newark
Henshaw, Geo. R., 49 Park st., Montclair
Hermann, John H., 197 S. Centre st., Orange
Herndon, Lewis S., 33 Johnson av., Newark
Herold, Harvey T., 850 S. 13th st., Newark
Hersh, David H., 658 Springfield av., Newark
*Hewson, James S., Newark
Hexamer, Fred, 50 Lyons av., Newark
Heyman, Arthur, 79 Baldwin av., Newark
Hicks, William H., 46 Milford av., Newark
Hill, Robert H., 332 Park av., Newark
Hilton, C. O., 598 N. 5th st., Newark
Hobart, Richard T., 191 Belleville av., U. Montclair
Holden, Edgar, Jr., 217 Broadway, Newark
Holland, Geo. A., 364 Clinton av., Newark
Holler, Henry G., 234 Montclair av., Newark
Holmes, Geo. J., 17 Elizabeth av., Newark
Horland, Aaron H., 24 Stengel av., Newark
Horn, Max, 94 Lyons av., Newark
Horsford, Fred C., 305 Broadway, Newark
Hosp, Paul H., 842 S. 12th st., Newark
Hubach, M. F., 307 Montgomery st., Bloomfield
Hubbard, Fayette E., 65 Church st., Montclair
Hubbard, Robert Y., 58 Myrtle av., Irvington
Huber, Wm. H., 15 Salem st., Newark
Huberman, John, 853 S. 12th st., Newark
Hughes, Lee W., 965 Broad st., Newark
Hulet, Albert G., 20 Hawthorne av., E. Orange
Humphries, Robert E., 637 Central av., East Orange
Hurff, Jos. W., 86 Washington st., Newark
Husserl, Siegfried, 777 Clinton av., Newark
*Ignatoff, Max R., 115 Lehigh av., Newark
Ill, Carl H., 188 Clinton av., Newark
Ill, Charles L., 188 Clinton av., Newark
Ill, Edgar A., 1004 Broad st., Newark
Ill, Edward J., 1004 Broad st., Newark
Ill, Herbert M., 188 Clinton av., Newark
Irwin, James R., 330 Washington av., Belleville
Israeloff, H. H., 7 Frederick ter., Irvington
Jackson, Albert F., 225 Hillside av., Nutley
Jackson, Geo. G., 20 Milford av., Newark
James, Bart M., 31 Lincoln Park, Newark
James, Wm. L., 31 Lincoln Park, Newark
Janifer, Clarence S., 208 Parker st., Newark
Jaso, James V., 710 Varsity rd., South Orange
Jedel, Meyer, 125 Fourth st., Newark
Jessurun, S. H., 613 High st., Newark
Jones, Edward C., 75 Midland av., Montclair
Jonitz, Robert, 157 S. Grove st., East Orange
Jost, Franz, 98 Washington st., East Orange
Judge, John F., 33 Hazelwood av., Newark
Just, Francis, 564 High st., Newark
Kaderabek, E. J., 144 Harrison st., East Orange
Kahrs, Grace M., 375 Mt. Prospect av., Newark
Kalb, S. W., 416 Clinton pl., Newark
Kalter, Geo. E., 640 Prospect st., Maplewood
Kaufman, Jerome G., 299 Clinton av., Newark
Kaufman, M. J., 103 Lyons av., Newark
*Kaufold, Frank, Leslie st., Newark
Kavanaugh, D. E., 252 Washington av., Belleville
Kearney, Edward P., 26 Forest st., Montclair
Keim, Wm. F., 25 Roseville av., Newark
Keller, Paul, 15 Washington st., Newark
Keller, Sidney C., 31 Lincoln Park, Newark
Kennedy, Wm. M., Essex Co. Sanatorium, Verona
Kenney, J. A., 132 W. Kinney st., Newark
Kern, E. Clarence, 45 Park st., Montclair
Kerns, Francis J., 556 Warren st., Newark
Kessell, J. S., 643 Central av., East Orange
Kessler, H. H., 31 Lincoln Park, Newark
Kessler, Henry B., 666 Clinton av., Newark
Kirkby, Cyril S., 98 Broad st., Bloomfield
Kirkman, Leroy G., 176 Roseville av., Newark
Kirkwood, Allan S., 53 Union st., Montclair
Klein, Edward C., Jr., 209 Littleton av., Newark
Klenk, J. P., 328 Belleville av., Bloomfield
Kolodin, A., 147 Franklin st., Bloomfield
Kraemer, Manfred, 31 Lincoln Park, Newark
Kraker, David A., 31 Lincoln Park, Newark
Krone, W. F., 31 Lincoln Park, Newark
Kruger, William, 31 Lincoln Park, Newark
Kummel, M., 31 Lincoln Park, Newark
Lafferty, Elton B., 328 Myrtle av., Irvington
Lane, Austin W., 98 Prospect st., East Orange
Lane, Frank B., 53 Woodland av., East Orange
Lawrence, Minnie J., 538 Mt. Prospect av., Newark
LeBel, Louis J. B., 165 Grant av., Nutley
Lee, John J., 66 Central av., Orange
Lee, Stephen G., 55 Halsted st., East Orange
Leonardis, Jas. V., 94 Jefferson st., Newark
Levin, Joseph, 831 S. 13th st., Newark
*Levin, M. L., 326 Avon av., Newark
Levine, Edward P., 711 Chancellor av., Irvington
Levitt, Jesse N., 26 Clinton pl., Newark
Levy, Julius, 202 Osborne ter., Newark
Lewis, Geo. R., 458 Washington av., Belleville
Leyenberger, S. B., 310 Mt. Prospect av., Newark
Liccese, Emanuel, 635 Summer av., Newark
Lindblade, Eric H., 389 Grove st., Up. Montclair
*Lippard, Alvin T., 622 Stuyvesant av., Irvington
Loder, Joseph S., 924 S. 17th st., Newark
Loeser, Lewis Henry, 31 Lincoln Park, Newark
Long, Herbert W., 102 Jefferson st., Newark
Lottridge, Dorothy, 43 S. Maple av., East Orange
Love, Leslie C., 50 S. Fullerton av., Montclair
Lovell, Frederick H., 1013 Clinton av., Irvington
Lovell, John F., 1011 Clinton av., Irvington
Lowenstein, H. A., 96 Milford av., Newark
Lowrey, Jas. H., 79 Congress st., Newark
Luban, Benjamin, 730 High st., Newark
Lundblad, Walt E., 75 Prospect st., East Orange
Lynch, A. E. O., 257 Orange rd., Montclair
Lyon, Archibald, 115 Ridge rd., North Arlington
Lyons, James V., 333 Park av., Orange
MacArthur, Clymont, 219 Roseville av., Newark
MacDonald, W. S., 56 Church st., Montclair
Macpherson, Elwood H., 12 Rawley pl., Millburn
McBride, Hesser G., 1072 S. Orange av., Newark
McCabe, Thos. S., 913 Broad st., Newark
McCauley, Francis J., 31 Lincoln Park, Newark
McCormick, Jas. E., 322 Clinton av., Newark
McCroskery, Jas. H., 396 N. Arlington av., E. Or.
McCullough, W. A., Essex Co. Hosp., Cedar Grove
*McEwen, Floy, 299 Broadway, Newark
McKim, William F., 488 Sanford av., Newark
McLellan, Geo. A., 19 Hawthorne av., East Orange
McVay, Edward A., 234 Lafayette st., Newark
Maas, Max A., 329 Clinton av., Newark
Mabey, J. Corwin, 242 Claremont av., Montclair
Maggio, Geo. A., 115 Wilson av., Newark
Magovern, Thomas, 226 S. Orange av., South Orange
Mahood, H. L., 86 Durand rd., Maplewood
Malavazos, Antonio, 635 High st., Newark
Mamlet, Alfred M., 16 Johnson av., Newark
Mancusi-Ungaro, E., 268 Mt. Prospect av., Newark
Mancusi-Ungaro, L., 156 Mt. Prospect av., Newark
Mangogna, Philip, 241 S. 7th st., Newark
Marks, Edward G., 655 Kearny av., Kearny
Marquis, Dean W., 144 Harrison st., East Orange
Marquis, W. James, 198 Clinton av., Newark
Martin, Wm. P., 25 Holland rd., South Orange
Martinetti, Carlo D., 311 Central av., Orange
Massengill, F., 31 Clinton st., Newark
Masterson, John F., 94 Myrtle av., Irvington
Matheke, O. G., 328 Sussex av., Newark
Matheson, G. E., 649 Central av., East Orange
Matthews, H. E., 504 Hillside av., Orange
Matthews, W. F., 61 S. Fullerton av., Montclair
Maurer, K. Virginia, E. Northfield rd., Livingston

- May, Ernst A., 965 Broad st., Newark
Medd, John C., 25 Curtis pl., Maplewood
Meehan, Martin M., 201 Joralemon st., Belleville
Meeker, Irving A., 581 Valley rd., Upper Montclair
Mellen, S. H., 863 Mt. Prospect av., Newark
Menk, Paul E., 31 Lincoln Park, Newark
Merkelbach, W. P., 316 Broad st., Bloomfield
Merselis, John G., 110 Irvington av., South Orange
Meurlin, Alfred, 158 Harrison st., East Orange
Mick, Edwin C., 54 Main st., Orange
Mierau, E. W., 1096 Sanford av., Irvington
Miller, Herman P., 786 S. 12th st., Newark
Miller, Jos. A., 364 Prospect st., South Orange
Minard, E. L., 140 4th av., East Orange
Minier, Carl L., 157 Harrison st., E. Orange
Minnefor, C. A., 126 Carolina av., Newark
Miningham, Wm. D., 18 Hedden ter., Newark
Mintz, Abraham, 94 Shanley av., Newark
Mishell, Daniel R., 730 Prospect st., Maplewood
Mitchell, August J., 59 South st., Newark
Mockridge, Oscar A., 8 S. Mountain av., Montclair
Moeckel, Clarence W., 34 Plymouth st., Montclair
Mohrbacher, J. J., 37 Osborne ter., Newark
Moore, Dean C., 138 N. Arlington av., East Orange
Moore, John D., 6 Washington av., Bloomfield
Moretti, John J., 576 S. Clinton st., East Orange
Morgan, Browne, 260 Liberty st., Bloomfield
Moriarty, J. J., 31 Park st., Montclair
Morris, Clement, 513 Broadway, Newark
Morrison, Caldwell, 379 7th av., Newark
Morrison, J. Bennett, 66 Milford av., Newark
Moschkowitz, Herman, 739 High st., Newark
Motzenbecker, P. F., 680 High st., Newark
Motzenbecker, Wm. J., 16 Milford av., Newark
Moulton, Chas. D., 122 Park av., East Orange
Mount, Walter B., 21 Plymouth st., Montclair
Muller, Joseph H., 867 S. 13th st., Newark
Mullin, Raymond J., 857 S. 11th st., Newark
Murray, Harold A., 624 Mt. Prospect av., Newark
Muta, Samuel A., 47 Park av., West Orange
Nagler, Bernard, 75 Shephard av., Newark
Nappi, P. E., 215 Mt. Prospect av., Newark
*Nash, Albert B., 10 South 13th st., Newark
Nash, Alexander E., 30 Forest av., Verona
Nash, Herman S., 865 S. 11th st., Newark
Nash, Wm. G., 20 Clinton st., Newark
Nataro, Joseph, 172 Littleton av., Newark
Neare, Clifford R., 2 Hawthorne av., East Orange
Nemzek, Wm. P. B., 141 Ridge rd., Arlington
Nevius, Wm. B., 61 N. Arlington av., East Orange
Newman, Grace T., 339 Grove st., Montclair
Nimaroff, Meyer, 265 Union av., Irvington
Norris, Henry M., 49 Prospect st., East Orange
Nyiri, William, 30 Van Ness pl., Newark
*Obuchowski, H. F., 86 Belmont av., Newark
O'Connor, D. F., 671 Broad st., Newark
O'Connor, M. J., 98 Shanley av., Newark
O'Crowley, Clarence R., 31 Lincoln Park, Newark
Olcott, Geo. P., 144 Harrison st., East Orange
Oleynick, S., 107 Clinton av., Newark
Olini, Joseph J., 30 W. Market st., Newark
O'Neill, Chas. L., 11 N. 7th st., Newark
Opdyke, C. P., 10 Summit rd., Verona
Opdyke, Gordon McC., 52 Claremont av., Verona
Openchowski, M., 52 Jones st., Newark
Orloff, Samuel, 97 Lyons av., Newark
Orton, Henry B., 24 Commerce st., Newark
Paddock, Royce, 965 Broad st., Newark
Palmer, Gideon H., 28 Winans st., East Orange
Palmer, H. S., 257 Mulberry st., Newark
Panitch, Wm., 352 Belmont av., Newark
Pannell, Walter L., 7 Prospect st., East Orange
Pannullo, John N., 266 Van Buren st., Newark
Parent, Sol., 924 S. 20th st., Newark
Parls, Anthony, 150 Hunterdon st., Newark
Parker, John E., 385 Park av., Orange
Parsonnet, Eugene V., 31 Lincoln Park, Newark
Pascall, Thomas M., 197 Lincoln av., Newark
Paul, G. A., 788 Lyons av., Irvington
Paul, H. Carl, 24 Hanford pl., Caldwell
Pavia, John R., 95 N. Munn av., Newark
Payne, Guy, Overbrook Hospital, Cedar Grove
Peer, Lyndon A., 965 Broad st., Newark
Pendexter, S. E., 11 S. Arlington av., E. Orange
Pennington, A. W., 182 Roseville av., Newark
Perham, Bertram S., 199 Lorraine av., Up. Montcl'r
Petry, William, 109 Treacy av., Newark
*Philhower, Geo. B., 281 Grant av., Nutley
Phillips, A. A., 13 Howard st., Newark
Pilch, Arthur G., 1 Willard av., Bloomfield
Pilloni, Louis, 27 Park pl., Bloomfield
Pinneo, Frank W., 439 Mt. Prospect av., Newark
Pizzi, Francis W., 205 Park av., Orange
Plain, Irving H., 2 Stratford pl., Newark
Plante, Amos A., 228 Dunnell rd., Maplewood
Polevski, J., 682 High st., Newark
Pollis, Nicholas, 642 High st., Newark
Polow, Benjamin, 24 Johnson av., Newark
Pomeranz, R., 31 Lincoln Park, Newark
Potter, Raymond T., 144 Harrison st., East Orange
*Potter, Robt., 25 Fulton st., Newark
Preston, Perry B., 12 Palm st., Newark
Price, Nathaniel G., 31 Lincoln Park, Newark
Pringle, F. A., 65 N. Fullerton av., Montclair
Pudney, W. K., 31 Trinity pl., Montclair
Quad, Clifford W., 53 Northfield av., West Orange
Quinby, Wm. O'Gorman, 14 James st., Newark
Rado, William, 190 Clinton av., Newark
Rados, Andrew, 299 Clinton av., Newark
Ramos, Nicholas I., 188 Market st., Newark
Randall, Chas. H., 50 3rd av., Newark
Ranson, Bris. B., Jr., 601 Ridgewood av., Maplewood
Rathgeber, Chas. F., 18 William st., East Orange
Rathgeber, Wm. M., 249 Roseville av., Newark
Ravitz, S. F., 1143 Broad st., Newark
Rawitz, Sidney B., 42 Chancellor av., Newark
Reich, A. L., 83 Lyons av., Newark
Reich, Henry, 31 Lincoln Park, Newark
Reilly, C. J., 331 13th av., Newark
Reissman, E., 31 Lincoln Park, Newark
Reitter, G. S., 144 Harrison st., East Orange
RePass, Paul E., 144 Harrison st., East Orange
Rettig, I. L., 36 Milford av., Newark
Ribbans, Robert C., 63 Central av., Newark
Rich, Charles, 191 Littleton av., Newark
Rich, Harry H., 32 Broad st., Newark
Richardson, Arthur, 60 Orange rd., Montclair
Ricketts, Henry E., 31 Lincoln Park, Newark
Riggins, Edwin N., 161 No. Arlington av., E. Orange
Ripley, Charles D., 39 Lincoln Park, Newark
Ripley, E. Warren, 7 Trinity pl., Montclair
Rizzolo, Edward M., 250 Mt. Prospect av., Newark
Robbin, Lewis, 18 Clinton pl., Newark
Robbins, Charles M., 31 Lincoln Park, Newark
Roberts, A. H., 24 S. 9th st., Newark
Roberts, David C., 55 Randolph pl., South Orange
Roberts, Frank A., 84 Arlington av., Caldwell
Roberts, W. Ashton, 11 Park av., Caldwell
Roebber, Wm. J., 21 Nesbit ter., Irvington
Rogers, Harry, 144 Harrison st., East Orange
Rogers, Richard M., 1 Wallace st., Newark
Rogers, Robert H., 49 9th av., Newark
Roh, Robert F., 671 Broad st., Newark
Rosamilia, R. E., 480 N. 7th st., Newark
Rose, Mary D., 453 Park av., Orange
Rosenberg, L. Charles, 11 Murray st., Newark
Roth, Oswald H., 210 Littleton av., Newark
Roth, Samuel R., 31 Lincoln Park, Newark
Rothenberg, Samuel, 132 Osborne ter., Newark
Rothschild, Dan. L., 585 Elizabeth av., Newark

Rothseid, Abraham, 61 Avon av., Newark
 Rothstein, I. B., 16 Lyons av., Newark
 Rubin, A. A., 379 Washington av., Belleville
 Rubinow, Saul M., 755 High st., Newark
 Ramage, Wm. T., 513 Sanford av., Newark
 Runyan, Wm. J., 106 Broad st., Bloomfield
 Russomanno, R. L., 101 Clifton av., Newark
 Samson, Norman D., 281 Kearny av., Kearny
 Samuel, Jerome H., 299 Clinton av., Newark
 Saslow, Benj., 650 Clinton av., Newark
 Satchwell, H. H., 640 Stuyvesant av., Irvington
 Sax, Max T., 84 N. Grove st., Bloomfield
 Sbarra, F., 531 W. Market st., Newark
 Schaaf, Royal A., 413 Mt. Prospect av., Newark
 Schaefer, Eugene P., 12 Harrison pl., Irvington
 Schaffer, Nathan, 172 S. Arlington av., East Orange
 Schectman, Vera, 355 Osborne ter., Newark
 Schiller, Nicholas, 29 Girard pl., Newark
 Schimmelpfennig, R. D., 56 Church st., Montclair
 Schmukler, Jacob, 29 Rutgers st., Maplewood
 Schneider, Charles A., 694 Clinton av., Newark
 Schneider, Louis, 874 S. 13th st., Newark
 Schramm, Joseph A., 23 Darcy st., Newark
 Schreck, Harry, 192 Roseville av., Newark
 Schulsinger, S., 80 Clinton av., Newark
 Schulte, H. A., 701 Clinton av., Newark
 Schultz, Anna R., 207 Summer av., Newark
 Scott, R. Hunter, 205 Roseville av., Newark
 Scudder, F. D., 65 S. Fullerton av., Montclair
 Seidler, V. B., 16 Plymouth st., Montclair
 Seidler, William F., 29 Rossmore pl., Belleville
 Seidman, E. A., 580 High st., Newark
 *Seidman, Marcus, 580 High st., Newark
 Seifert, Edwin A., 247 Claremont av., Montclair
 Sellers, Robert R., 19 Chestnut st., Newark
 Shannon, James B., 66 S. Fullerton av., Montclair
 Shannon, Lardner M., 66 S. Fullerton av., Montclair
 Shapiro, Louis, 146 Broad st., Newark
 Shaul, F. G., 10 Washington st., Bloomfield
 Sheehan, Daniel C., 12 Cliff st., Newark
 Sherman, Arthur E., 25 Prospect st., East Orange
 Sherman, Alton L., 285 Dodd st., East Orange
 Sherman, A. Russell, 671 Broad st., Newark
 Sherman, Ebert S., 671 Broad st., Newark
 Shill, Benjamin, 135 Johnson av., Newark
 Shor, David, 32 S. Munn av., East Orange
 Siegel, J. W., 96 S. 10th st., Newark
 Silver, Harry B., 190 Clinton av., Newark
 Silverstein, Benj. J., 32 Hillside av., Newark
 Silverstein, J. M., 73 Main st., Milburn
 Simmons, Albert V., 720 Prospect st., Maplewood
 Simms, Geo. F., 541 Page st., Lyndhurst
 Simon, Henry, 5 Vermont av., Newark
 Simon, Ludwig L., 201 Ferry st., Newark
 Singer, Max, 147 Johnson av., Newark
 Sisson, Nelson W., 144 Harrison st., East Orange
 Skwinsky, Joseph, 170 Hawthorne av., Newark
 Slavin, Paul, 31 Lincoln Park, Newark
 Smalley, Sara D., 530 Clifton av., Newark
 Smalzried, E. W., 167 N. Grove st., East Orange
 Smith, Byron J., 551 S. Orange av., East Orange
 Smith, Ellis L., Soho Hospital, Belleville
 Smith, George H., 136 Evergreen pl., East Orange
 Smith, Henry G., Cedar Grove
 Smith, Harold W., 179 Lincoln av., Orange
 Smith, Joseph J., 325 13th av., Newark
 Smith, Leonard H., 32 Washington st., East Orange
 Smith, Thayer A., Short Hill's
 Snively, Earl H., City Hospital, Newark
 Sobin, Julius, 24 Waverly av., Newark
 Somers, Fred L., 144 Harrison st., East Orange
 Spallone, Jos. C., 123 Mt. Prospect av., Newark
 Sprague, Edward W., 86 Washington st., Newark
 Staehle, Richard H., 34 Lyons av., Newark

Stahl, Alfred, 55 Lincoln Park, Newark
 Stahl, Charles, 659 Sanford av., Newark
 Steiner, Edwin, 19 Lincoln Park, Newark
 Stewart, Robert G., 79 Midland av., Montclair
 Stickles, Lloyd C., 49 Parkhurst st., Newark
 Stiles, Clarence C., 114 N. 19th st., E. Orange
 Stokes, Earl B., 144 Harrison st., East Orange
 Straub, Herbert H., 242 Springdale av., East Orange
 Sutton, Jos. G., Essex County Hosp., Cedar Grove
 Symes, Earl R., 161 Kearny av., Kearny
 Synnott, Martin J., 63 S. Fullerton av., Montclair
 Szerlip, L., 31 Lincoln Park, Newark
 Talbot, Herbert S., 16 Eppert st., East Orange
 Tansey, William A., 98 Lover st., Newark
 Tarbell, Harold A., 13 Pennington st., Newark
 Taylor, Edward H., 3 Woodland rd., Maplewood
 Taylor, G. Herbert, 144 Harrison st., East Orange
 Teeter, Charles E., 418 Orange st., Newark
 Teimer, Theodore, 17 Hillside av., Newark
 Tenney, Albert S., 164 Harrison st., East Orange
 Terriberry, W. K., Med. Dept. St. Oil Co. N. J., 26 B'y, N.Y.C.
 *Thayer, Henry W., Bloomfield
 Thompson, Arthur F., 157 Harrison st., East Orange
 Thompson, Austin B., 479 Highland av., Orange
 Thomson, C. S., Fair Oaks Sanatorium, Summit
 Tirrell, C. M., 725 High st., Newark
 *Titman, Russell E., 275 Dodge st., East Orange
 Tobey, F. J., 11 Hazelwood av., Newark
 Tomasulo, G. L., 225 Clifton av., Newark
 Tomec, Richard F., 55 S. Park st., Montclair
 Toye, John E., 590 Kearny av., Kearny
 *Trainor, James H., 40 Johnson av., Newark
 Trautwein, Chas. F., 19 Treacy av., Newark
 Turi, A., 57 Garside st., Newark
 Turner, C. F., 72 Cambridge rd., Montclair
 Tushnet, Leonard, 668 18th av., Irvington
 Tutschulte, Ernest, 111 Mt. Pleasant av., Newark
 Twitchell, A. B., 162 S. Orange av., South Orange
 Tymeson, Walter R., 310 Main st., Orange
 Ulan, Oscar, 170 Fleming av., Newark
 Vail, Herbert B., 301 Washington av., Belleville
 Vanderhoff, Irving M., 9 Clinton st., Newark
 Vander Veer, H. G., 295 Montgomery st., P'mfield
 Van Duzer, Reeves B., 226 N. Park st., East Orange
 Van Emburg, Geo. H., 575 Belgrove dr., Kearny
 Van Gieson, Edward J., 17 Park pl., Bloomfield
 *Van Geison, Wm. H., Franklin av., Nutley
 Vannatta, Geo. W., 226 N. Park st., East Orange
 Van Ness, H. Roy, 444 Parker st., Newark
 VonHofe, Fred'k H., 255 Conway ct., South Orange
 Voorhees, Florence E., 83 Lincoln Park, Newark
 Vreeland, Ralph D., 130 Woodland av., East Orange
 Wakeley, W. E., 521 Main st., East Orange
 Wallhauser, Henry J. F., 31 Lincoln Park, Newark
 Walsh, Chas. R., 24 Glannan rd., Livingston
 Walton, R. W., 102 Gates av., Montclair
 Wambaganss, M., 44 Devine st., Newark
 Ward, Gertrude P., 41 Park pl., Bloomfield
 Ward, Wm. R., 112 Chancellor av., Newark
 Warner, Wm. H. A., 444 Central av., East Orange
 Weber, Francis C., 286 Mt. Prospect av., Newark
 Webner, C. Fred., 71 Lincoln Park, Newark
 Weinberg, Maurice M., 377 Osborne ter., Newark
 Weinmann, Max H., 714 Scotland rd., Orange
 Weinstein, Morris, 643 Chancellor av., Irvington
 Weiss, Louis, 849 S. 11th st., Newark
 Weiss, Selma, 2 Stratford pl., Newark
 Weller, Arthur, 19 Hil'yer st., Orange
 Wheeler, W. K., 31 Lincoln Park, Newark
 Whelan, Edward P., 460 Franklin av., Nutley
 Wherry, Elmer G., 323 Clinton av., Newark
 White, Robert R., 25 S. Munn av., East Orange
 Wilkes, Arthur C., 36 Osborne ter., Newark
 Willan, E. H., 238 Elmwynd dr., Orange

Wiley, F. Parker, 5 Park st., Bloomfield
Willner, Irving, 18 Waverly av., Newark
Willson, James H., 144 Harrison st., East Orange
Williams, J. J., 88 Walnut st., Newark
Wintsch, Carl H., 841 S. 12th st., Newark
Wolfe, Jacob S., 44 Watsessing av., Bloomfield
Wolfe, William W., 383 Mulberry st., Newark
Wood, E. LeRoy, 192 Roseville av., Newark
Wort, Frederick J., 1080 Broad st., Newark
Wrench, Alex. E., 79 Valley rd., Montclair
Wyatt, Joseph H., 135 Clinton av., Newark
Wyker, Arthur W., 1 Park pl., Bloomfield
Yadowsky, Emanuel, 637 High st., Newark
Yaguda, Asher, 88 Clinton av., Newark
Yankowicz, M., 637 S. 12th st., Newark
Yates, Glen L., 330 Washington av., Belleville
Ylvisaker, L. S., Prudential Ins. Co., Newark
Young, I. H., 1203 Clinton av., Irvington
Zehnder, A. Charles, 188 Roseville av., Newark
Zimmer, William, 83 Vassar av., Newark
Zimmerman, Coler, 82 N. Arlington av., East Orange
Zimmerman, Reuben, 1 Baldwin av., Newark
Zweibel, Leonard, 29 Girard pl., Newark
Zweig, Isadore, 92 Sunnyside ter., East Orange

Associate Members

Aikman, E. M., 30 Oak lane, Essex Fells
Albano, Enrico H., 242 Clifton av., Newark
Alcorno, John H., 215 Littleton av., Newark
Baiocchi, Pascal J., 203 Hunterdon st., Newark
Bernard, Wm. J., 226 N. Grove st., East Orange
Bleiberg, Jacob, 565 Bergen st., Newark
Borsher, Irving P., 255 Broad st., Bloomfield
Caputo, Anthony R., 15 Dewitt av., Belleville
Caldwell, Donald M., Prudential Ins. Co., Newark
Carroll, Wilfred, 56 Goodwin av., Newark
Chamberlain, R. R., 30 Lenox pl., Maplewood
Clement, B. L., 31 Lincoln Park, Newark
Coleman, Russell M., 54 N. Clinton st., East Orange
Danzis, Louis, 863 18th av., Irvington
Feuer, Joseph A., 654 Elm st., Arlington
Flanagan, John J., 15 Fulton st., Newark
Gamba, Joseph, 345 Fairmount av., Newark
Gibbins, A. Leslie, 319 S. 12th st., Newark
Greenfield, L. S., 691 Clinton av., Newark
Greenwald, T. L., 1 Llewellyn pl., West Orange
Haley, Paul W., 229 Smith st., Newark
Halpern, M. M., 493 Central av., Newark
Harden, Albert S., Jr., 510 W. Market st., Newark
Heller, Abraham R., 10 Kearny av., Kearny
Hennig, Paul F., 619 Stuyvesant av., Irvington
Hewson, George F., 21 Roseville av., Newark

Heyman, Jacob, 15 Washington st., Newark
Hooton, Thomas C., 56 Church st., Montclair
Jennings, Robert E., 143 Park st., East Orange
Katzin, Eugene M., 50 Baldwin av., Newark
Kleinberger, H. H., 59 Main st., Millburn
Kingsbury, Marguerite, 207 Summer av., Newark
Lewis, Leon, 190 Clinton av., Newark
Lifland, B. D., 62 Farley av., Newark
Matheke, George A., 328 Sussex av., Newark
Macaluso, D., 531 Joralemon av., Belleville
Margulis, Alfred, 28 West End av., Newark
Miller, Lucille F., 31 Webster pl., Orange
Miller, Nathan, 990 Sanford av., Irvington
Mullin, Eugene P., 515 Sanford av., Newark
Nadel, Charles L., 151 Boulevard, Bayonne
O'Grady, Michael J., 299 Broadway, Newark
Ostrowski, S. J., 194 Broad st., Bloomfield
Pattysen, R. A., 144 Harrison st., East Orange
Pecora, Samuel, 360 Bloomfield av., Newark
Payne, Guy, Jr., 9 S. Prospect st., Verona
Reinacher, Chas. H., 24 Commerce st., Newark
Romano, P. J., 203 S. Essex av., Orange
Shaw, John J., 127 Scheerer av., Newark
Statman, Arthur J., 337 Hawthorne av., Newark
Ward, Elizabeth B., 112 Chancellor av., Newark
Wolf, Raymond E., 47 Lawrence av., West Orange
Urbach, George, 297 Seymour av., Newark
Waterman, S. M., 364 Clinton av., Newark
Zybulewski, E. A., 410 Bergen st., Newark

Transferred

Ripley, Charles, from Ocean County Medical Society
Slavin, Paul, from Hunterdon Co. Medical Society
Taylor, Edward H., from Sussex Co. Medical Society
Wilson, J. Harmon, from Sussex Co. Medical Society

Bostwick, Wallace, to Warren Co. Medical Society
Lowenstein, Aaron, to Mercer Co. Medical Society
Mangelsdorff, A. F., to Somerset Co. Medical Society
Robbins, Eugene, to Monmouth Co. Medical Society
Rosenstein, S. L., to Union County Medical Society
Thomas, Ruth B., to Penobscot County
Thomas, W. B. S., to Penobscot County

Honorary Members

Rusby, Henry H.

Number of Associate members, 54.

Number of Active Members and basis of representation, February 5, 1936, 778.

GLOUCESTER COUNTY (8)

Society organized December, 1818. Regular meetings on the third Thursday of each month, except June, July and August.
Annual Meeting in May. Annual Social Session in October.

President, Lummis, M. F., Pitman
Vice-President, to be elected in May, 1936
Secretary-Treasurer, Hollinshed, Ralph K., Westville
Reporter, Diverty, Henry B., Woodbury
Censors, *Stout, H. W., Wenonah
Knight, I. W., Pitman
Ulmer, Chester I., Gibbstown

Lummis, M. F., Pitman
Moore, Ralph L., Woodbury
Nelson, Harry, Woodbury
Patterson, I. N., Westville
Pedrick, William W., Glassboro
Pegau, Paul, Woodbury
Rogers, Dorothy, Woodbury
Ruttenberg, Louis, Mantua
Sheets, C. C., Paulsboro
Sherman, Fuller G., Woodbury
Sinexon, Henry L., Paulsboro
Stewart, Irving J., Swedesboro
*Stout, Harry Wilson, Wenonah
Ulmer, Chester I., Gibbstown
Underwood, J. Harris, Woodbury
Venturo, R. C., Glassboro
Weems, Don B., Wenonah
Wood, Oran A., Paulsboro
Wright, H. W., Pitman

Active Members

Ashcraft, Samuel F., Mullica Hill
Barrows, Victor I., Pitman
Bowersox, C. A., Woodbury
Brewer, William, Woodbury
Burkett, Wendel J., Pitman
Campbell, Duncan, Woodbury
Carpenter, William H., Woodbury
Crain, William E., Woodbury
DiMarino, A. J., Paulsboro
Diverty, Henry B., Woodbury
Downs, Elwood E., Woodbury
Fisler, Charles F., Clayton
Fooder, H. M., Williamstown
Gairdner, T. M., Gibbstown
Gillis, A. G., Clayton
Harris, W. G., Mullica Hill
Hillegass, E. Z., Mantua
Hollinshed, Ralph K., Westville
Knight, I. Warner, Pitman
Livengood, B. A., Swedesboro

Honorary Members

Pedrick, Charles D., Glassboro

Resigned

Ristine, E. R., Westville

Number of active members and basis of representation, 38.

100 per cent paid up membership, February 5th, 1936.

HUDSON COUNTY (9)

Society organized October 11, 1851. Meets first Tuesday evening of each month, October to May, inclusive. If a legal holiday, the meeting to be held on the next day. Annual Meeting in October.

President, Schuck, Traugott J., Hoboken
Vice-President, Evans, J. Lawrence, Woodcliff
Secretary, Brennock, Thomas McG., Jersey City
Treasurer, Kelley, Charles B., Jersey City
Reporter, Connell, John N., Jersey City
Censors, Ballinger, Reeve L., Arlington
Jaffin, A. E., Jersey City
Zitani, Alfred M., Hoboken

Active Members

Adams, Samuel, 29 Highland av., Jersey City
Adler, Joseph, 933 Ave. C, Bayonne
Africano, J. V., 4246 Hudson blvd., Union City
Ainsley, H. Bryson, 246 Union st., Jersey City
Alexander, Hugo, 928 Hudson st., Hoboken
Allen, Isaac L., 521 Palisade av., Union City
Alpert, Edward, 661 Jersey av., Jersey City
Alter, Nicholas M., 410 Fairmount av., Jersey City
Andreae, Paul, 52 Warner av., Jersey City
Angelo, Jos. A., 1190 Paterson Plank rd., Secaucus
Arla, Michael, 31 Glenwood av., Jersey City
Arlitz, William J., 107 Newark st., Hoboken
Ash, Arthur F., 710 Boulevard East, Weehawken
Atwell, David R., 920 Hudson st., Hoboken
Auriemma, Michele, 419 Adams st., Hoboken
Axford, W. H., Chester
Baechler, Jules, 439 16th st., West New York
Bailyn, Emanuel, 331 16th st., West New York
Ballinger, Reeve L., 659 Kearny av., Arlington
Banach, Leon, 2747 Boulevard, Jersey City

Barbarito, William N., 135 Bentley av., Jersey City
Barishaw, Samuel B., 5 Bentley av., Jersey City
Barrett, A. F., 835 Montgomery st., Jersey City
*Bauman, John J., 2672 Boulevard, Jersey City
Behrens, Herman, 312 Webster av., Jersey City
Ben-Asher, Solomon, 260 Bergen av., Jersey City
Benjamin, Harold C., 59 Crescent av., Jersey City
Berlin, Joseph L., 9 Gifford av., Jersey City
*Binder, Joseph, 422 Bergen av., Jersey City
Bitten, Robert M., 33 Romaine av., Jersey City
*Blanchard, O. R., 37 Clinton av., Jersey City
Bookrajian, Edw. N., 5459 Hudson blvd., N. Bergen
Borshaw, Hyman, 108 Bentley av., Jersey City
Bortone, Frank, 2765 Boulevard, Jersey City
Boselli, Emile H., 614 15th st., Union City
Botti, John A., 236 Summit av., Jersey City
Bowyer, Frank F., 50 Gifford av., Jersey City
Brady, Thos. S., 678 Avenue C, Bayonne
Brady, William, 412 44th st., Union City
Brandenberg, Leo W., 4260 Boulevard, Union City
Brauer, Selig, 234 Bergen av., Jersey City
Braunstein, Sigmund C., 424 13th st., West New York
Braunstein, Wm. P., 831 Boulevard E., Weehawken
Brennock, Thos. McG., 3 Webster av., Jersey City
Brick, G. J., 43 Cottage st., Jersey City
Brooke, W. W., 915 Ave. C, Bayonne
Brophy, Francis X., 2511 Boulevard, Jersey City
Brozdowski, John J., 554½ Jersey av., Jersey City
Bruder, A. J., 344 Fairmount av., Jersey City
Butler, Vincent P., 33 Bentley av., Jersey City
Callery, Wm. T., 4 Columbia ter., Weehawken
Cannon, Edw. A., 5360 Hudson blvd., N. Bergen
Caridi, Salvatore, 465 Bergenline av., West New York

- Carr, Mary B., 1 Astor pl., Jersey City
 Chapman, E. J., 203 Danforth av., Jersey City
 Chayes, Sidney, 980 Ave. C, Bayonne
 Christian, Henry A., 111 Fairview av., Jersey City
 Clark, Chas. C., 461 New York av., Union City
 Cobham, James L., 78 Brinkerhoff st., Jersey City
 Cohen, Herman, 489 Jersey av., Jersey City
 Cohen, Herman N., 714 Park av., Hoboken
 Cohen, Samuel A., 112 Mercer st., Jersey City
 Comora, Herman C., 317 16th st., West New York
 Conneli, Emmet J., 2227 Blvd., Jersey City
 Connell, John, 977 Summit av., Jersey City
 Connell, John N., 26 Carlton av., Jersey City
 Connolly, Thos. W., 921 Bergen av., Jersey City
 Conty, Anthony J., 318 48th st., Union City
 Cosgrove, Samuel A., 254 Union st., Jersey City
 Cropper, Chas. W., 2540 Hudson Blvd., Jersey City
 Culver, Geo. M., 25 Glenwood av., Jersey City
 Culver, S. Herbert, 75 Magnolia av., Jersey City
 Curtis, Grant P., 312 36th st., Union City
 D'Acerno, P., 346 Palisade av., Union City
 Daly, E. J., 921 Bergen av., Jersey City
 Davey, Thomas N., 41 West 33rd st., Bayonne
 DeFuccio, C. P., 47 Glenwood av., Jersey City
 DeFusco, G. Thos., 330 Newark av., Jersey City
 DeMeritt, C. L., 1225 Bloomfield st., Hoboken
 Dexter, Harriet E. T., 903 Avenue C, Bayonne
 Dillingham, W. I., 431 15th st., West New York
 Dodson, Louis W., 592 Jersey av., Jersey City
 Dolganos, Moses, 268 Palisade av., Jersey City
 Donohoe, Lucius F., 140 West 8th st., Bayonne
 Doody, Wm. M., 19 Bentley av., Jersey City
 Doran, Ralph J., 200 11th st., Hoboken
 Doran, Wm. G., 921 Bergen av., Jersey City
 Dougherty, Daniel D., 206 10th st., Hoboken
 Duckett, Warren J., 21 Carlton av., Jersey City
 Dukes, H. R., 220 Kearny av., Kearny
 Eckert, William, 672 Palisade av., Union City
 Edgar, Joseph A., 71 Congress st., Jersey City
 Edwards, Lena F., 358 Pacific av., Jersey City
 Elsasser, Theodore H., 906 Park av., Woodcliff
 Enright, J. G., 25 Kensington av., Jersey City
 Evans, James Lawrence, 893 Park av., Woodcliff
 Faison, John B., 45 Glenwood av., Jersey City
 Farr, J. C., 75 10th st., Hoboken
 Fattel, Henry C., 593 36th st., North Bergen
 Fellman, Morris, 118 Jewett av., Jersey City
 Ferenczi, Louis J., 33 Edwards st., Bayonne
 Fineberg, Jacob C., 50 Glenwood av., Jersey City
 Finke, Chas. H., 317 York st., Jersey City
 Finn, Frederick A., 921 Bergen av., Jersey City
 Flaherty, M. E., 36 Glenwood av., Jersey City
 Flichtenfeld, Morris, 283 4th st., Jersey City
 Forman, H. S., 640 Bergen av., Jersey City
 Frank, Morris, 920 Ave. C, Bayonne
 Frank, Nathan, 186 Bowers st., Jersey City
 Franklin, I. Harold, 191 Palisade av., Jersey City
 Franklin, Louis, 191 Palisade av., Jersey City
 Freile, Wm., 25 Tonnele av., Jersey City
 Frundt, Oscar C., 92 Bartholdi av., Jersey City
 Garibaldi, Louis J., 1016 Hudson st., Hoboken
 Ghee, Euclid P., 115 Clairmont av., Jersey City
 Ghee, Peter F., 734 Ocean av., Jersey City
 Gille, Hugo, 149 Congress st., Jersey City
 Ginsberg, George, 624 Bloomfield st., Hoboken
 Gleeson, Wm. John, 37 Monticello av., Jersey City
 Godlin, David R., 610 36th st., N. Bergen
 Goldstone, Karl, 16 18th st., West New York
 Gordon, Isaac L., 1815 Boulevard, Jersey City
 Goudy, E. S., 187 Kearny av., Kearny
 Granelli, H. A., 213 Garden st., Hoboken
 Greenberg, Philip, 1902 Hudson blvd., Jersey City
 Greene, Albert D., 195 Palisade av., Union City
 Hall, Perry O., 254 Union st., Jersey City
 Halligan, Earl J., 254 Montgomery st., Jersey City
 Halpern, Sophia L., 271 Palisade av., Union City
 Hammer, Walter P., 322 15th st., West New York
 *Hammill, E. J., 322 15th st., West New York
 Hardenberg, D. S., 347 Communipaw av., Jersey City
 Harter, Louis F., 174 Bowers st., Jersey City
 Hartwell, H. A., 777 Boulevard East, Weehawken
 Harvey, John W., 818 Ave. C, Bayonne
 Hasking, Arthur P., 318 Montgomery st., Jer. City
 Heintzelman, B. S., 19 W. 33rd st., Bayonne
 Hekimian, J. H., 468 Palisade av., Weehawken
 Hernandez, Manuel, 1974 Hudson blvd., Jersey City
 Herradora, J. R., 2787 Boulevard, Jersey City
 Higgins, Thos. A., 2616 Hudson blvd., Jersey City
 Hill, William F., 108 Grand st., Jersey City
 Hoffman, Peter, 2672 Boulevard, Jersey City
 Hollywood, Jas. L., 1818 Hudson blvd., Jersey City
 Hommell, P. E., 689 Bergen av., Jersey City
 Hoops, Harold J., 2203 Blvd., Jersey City
 Introcaso, D. A., 45 Crescent av., Jersey City
 Ishkhanian, N. I., 656 Palisade av., West New York
 Jacks, Oscar, 476 Mercer st., Jersey City
 Jaques, J. Eugenia, 74 Waverly st., Jersey City
 Jaffe, Hermann, 2600 Boulevard, Jersey City
 Jaffin, A. E., 41 Emory st., Jersey City
 Jentz, John H., 63 Sherman pl., Jersey City
 Jones, J. Morgan, Valley rd., R.F.D., Oakland
 Joseph, Benjamin M., 2771 Boulevard, Jersey City
 Justin, Arthur W., 41 Fulton st., Weehawken
 Justin, J. Clement, 413 16th st., West New York
 Kearney, John V., 331 34th st., North Bergen
 Keegan, Thos. D., 8 Gifford av., Jersey City
 Kelley, Chas. B., Trust Co. of N. J. Bldg., Jersey City
 Kelly, Bernard S., 1954 Boulevard, Jersey City
 Kelly, James E., 160 Wegman Pkwy., Jersey City
 Kerdasha, Geo. S., 131 31st st., Woodcliff
 Kiely, Eugene M., 926 Hudson st., Hoboken
 *King, Geo. W., Hud. Co. Hos. for Insane, Secaucus
 Klaus, Henry, 435 Palisade av., Union City
 Kolb, J. M., 725 10th st., Union City
 Kooperman, Barnett, 321 16th st., West New York
 Kooperstein, Samuel, 395 Ogden av., Jersey City
 Koppel, Joseph, 921 Bergen av., Jersey City
 Koppel, Leo A., 921 Bergen av., Jersey City
 Kresch, Philip, 42 W. 22nd st., Bayonne
 Kuhlmann, Alvin E., 527 37th st., Union City
 Lange, Louis C., 50 Clifton ter., Weehawken
 Larkey, Charles J., 700 Ave. C, Bayonne
 Lawing, G. Condi, 443 22nd st., West New York
 Lefkowitz, Jacob H., 445 20th st., West New York
 Leining, Albert, 1 4th st., Weehawken
 Leir, J. Krevin, 9 Garrison av., Jersey City
 Lemmerz, Theodore H., 141 Magnolia av., Jer. City
 Levine, G. I., 2017 Boulevard, Jersey City
 Lewis, Livingstone L., 712 Washington st., Hoboken
 Linden, Mortimer H., 45 Clendenny av., Jersey City
 Londrigan, Jos. F., 535 Washington st., Hoboken
 Long, Miles T., 2150 Boulevard, Jersey City
 Luczynski, Edw. W., 38 W. 26th st., Bayonne
 Luippold, E. J., 85 Columbia ter., Weehawken
 Lupin, Edward E., 727 Ave. C, Bayonne
 Lynch, Roland J., 93 Fairview av., Jersey City
 McDede, J. Searle, 215 Ege av., Jersey City
 McDonald, F. R., 79 Summit av., Jersey City
 McLean, Herbert E., 92 Fairview av., Jersey City
 McLean, Hugh A., 414 17th st., West New York
 McLoughlin, Frank J., 558 Jersey av., Jersey City
 McMenney, Claude, 113 Fairview av., Jersey City
 Madden, Wm., L., 83 Gifford av., Jersey City
 Mallalieu, Frank W., 16 Monticello av., Jer. City
 Mangone, Geo. F., 171 Palisade av., Union City
 Maras, Peter E., 80 Tonnele av., Jersey City
 Markowitz, B. B., 2157 Boulevard, Jersey City
 Markowitz, Irwin, 2157 Boulevard, Jersey City
 Marks, David M., 298 4th st., Jersey City
 Marshak, Martin I., 679 Ave. C, Bayonne

- Marshall, Frank A., 200 Jane st., Weehawken
 Matera, Joseph, 506 Garden st., Hoboken
 Mathews, Wm. J., 938 Hudson st., Hoboken
 Maturi, Vincenzo E., 814 Boulevard, Bayonne
 Maver, Wm. W., 532 Bergen av., Jersey City
 Mead, Walter G., 699 Kearny av., Arlington
 Meehan, Geo. Edw., 117 Mercer st., Jersey City
 Meltzner, Louis, 904 Hudson st., Hoboken
 Mendelsohn, Lewis, 272 Montgomery st., Jer. City
 Mersheimer, Chris. H., 15 Reservoir av., Jer. City
 Meyer, Wm., 436 New York av., Union City
 Miller, M. H., 311 16th st., West New York
 Miner, Donald, 921 Bergen av., Jersey City
 Morley, Grace C., 2787 Boulevard, Jersey City
 Morris, D. G., 11 W. 26th st., Bayonne
 Mueller, George H., 102 Summit av., Jersey City
 Murphy, Edward A., 1 Britton st., Jersey City
 Murphy, James M., 2757 Boulevard, Jersey City
 Murphy, Leo J., 374 West st., Union City
 Murphy, Patrick H. W., 27 Jefferson av., Jer. City
 Murray, Jos. A., 765 Ave. C, Bayonne
 Mustermann, Otto H., 303 48th st., Union City
 Muttart, George W., 702 Ocean av., Jersey City
 Mutter, Alfred A., 75 Beech st., Kearny
 Nafash, M. Shafeek, 402 21st st., Union City
 Nalitt, David L., 28 W. 33rd st., Bayonne
 Nevin, John, 131 Kensington av., Jersey City
 Newman, Abraham J., 70 Sherman pl., Jersey City
 Nicholson, Frank P., 895 Summit av., Jersey City
 Niemeyer, Chas. V., 4610 Boulevard, Union City
 Norton, James F., 299 Varick st., Jersey City
 Nuse, Edward F., 50½ Jersey av., Jersey City
 Ockene, Abraham, 495 Palisade av., Union City
 O'Connor, Bernard A., 314 North 4th st., Harrison
 O'Connor, John J., 434 New York av., Union City
 Oestmann, A. W., 932 Summit av., Jersey City
 O'Gorman, M. W., 880 Bergen av., Jersey City
 O'Hanlon, George, Medical Centre, Jersey City
 Older, Benj., 435 New York av., Union City
 Olpp, A. E., 318 Bergenline av., Union City
 O'Neill, John H., 270 Montgomery st., Jer. City
 Opdyke, L. A., 55 Clinton av., Jersey City
 O'Shea, John J., 135 Shippen st., Weehawken
 Oshrin, Henry, 750 Park av., West New York
 O'Sullivan, John R., 33 Hamilton av., Kearny
 Ovens, R. C., 675 Bergen av., Jersey City
 Owen, Logan S., 938 Hudson st., Hoboken
 Pacicco, Michele, 376 Monmouth st., Jersey City
 Pagliughi, John J., 401 18th st., Union City
 Pearlstein, Frank, 325 16th st., West New York
 Pellarin, John, 493 New York av., Union City
 Pentel, Louis S., 307 16th st., West New York
 Perkel, Louis L., 3263 Boulevard, Jersey City
 Perlberg, Harry J., 921 Bergen av., Jersey City
 Peters, E. A. P., 394 Bergen av., Jersey City
 Peterson, C. A., 921 Washington st., Hoboken
 Piltz, Geo. F., 153 25th st., Guttenberg
 Pindar, Fred S., 960 Park av., Woodcliff
 Pinkerton, Wm. A., 854 Ave. C, Bayonne
 Plavin, Nathan J., 5407 Hudson blvd., N. Bergen
 Pollak, B. S., Hud. Co. Tub. San., Secaucus
 Potter, Benj. Paul, Hud. Co. Tub. San., Secaucus
 Povalski, Alex. W., 1925 Boulevard, Jersey City
 Purdy, Chas. H., 35 Highland av., Jersey City
 Pyle, Louis A., 89 Fairview av., Jersey City
 Pyle, Wallace, 15 Exchange pl., Jersey City
 Quigley, Frederic J., 4622 Boulevard, Union City
 Quinn, John J., 707 Bergen av., Jersey City
 Rector, Joseph M., 681 Bergen av., Jersey City
 Reingold, Alexander, 221 Garden st., Hoboken
 Rieck, Walter R., 379 Kearny av., Kearny
 Rieman, Aloysius P., 3566 Boulevard, Jersey City
 Robbins, Henry B., 144 Mercer st., Jersey City
 Roberts, Edgar W., 760 Palisade av., W. N. Y.
 Rosecrans, James H., 826 Hudson st., Hoboken
 Rosenberg, J., 692 Bergen av., Jersey City
 Rosenstein, Jacob L., 568 Bergen av., Jersey City
 Rowe, Norman L., 828 Grand st., Jersey City
 Rundlett, Emilie V., 79 Prospect st., Jersey City
 Ruoff, Andrew C., 494 New York av., Union City
 Russell, David L., 690 Bergen av., Jersey City
 Sacco, Anthony G., 440 New York av., Union City
 Sachs, Wilbert, 921 Bergen av., Jersey City
 Santangelo, Stephen, 304 Varick st., Jersey City
 Saradarian, Albert V., 481 New York av., Union City
 Schapiro, Joseph, 712 Palisade av., Union City
 Schenker, B. N., 246 5th st., Jersey City
 Schept, Samuel S., 523 37th st., Union City
 Schlein, August, 707 Park av., Hoboken
 Schneider, Louis A., 412 17th st., West New York
 Schuchner, Wm. F., 550½ Jersey av., Jersey City
 Schuck, Traugott J., 58 9th st., Hoboken
 Schurman, E. W., 710 Ocean av., Jersey City
 Schwarz, B. T. D., 2787 Hudson blvd., Jersey City
 Schwarz, Henry J., 5560 Hudson blvd., N. Bergen
 Sciorsci, Edw. F., 609 Bloomfield st., Hoboken
 Scott, Samuel G., 141 Bergen av., Jersey City
 Selinger, S., 413 16th st., West New York
 Sesta, Jos., 242 Fulton av., Jersey City
 Sexsmith, George H., 719 Ave. C, Bayonne
 Sheeran, Vincent J., 269 Jewett Ave., Jersey City
 Shulman, Nathan L., 538 45th st., Union City
 Siegler, Julius, 646 Bergen av., Jersey City
 Simeone, Peter A., 555 38th st., Union City
 Smith, Alex. L., 2672 Boulevard, Jersey City
 Snyder, J. E. C., 1023 Garden st., Hoboken
 Spalding, H. J., 512 45th st., Union City
 Spano, Frank, 320 47th st., Union City
 Spath, George B., 722 Hudson st., Hoboken
 Spence, Henry, 2540 Blvd., Jersey City
 Sprague, Seth B., 301 York st., Jersey City
 Steadman, E. T., 107 Christopher st., Montclair
 Stein, Jacob M., 68 Columbia ter., Weehawken
 Stockfish, Robt., 3644 Boulevard, Jersey City
 Stout, J. P., 165 Jewett av., Jersey City
 Street, Daniel B., 27 Woodlawn av., Jersey City
 Stuart, William C., 518 Hudson st., Hoboken
 *Sullivan, George F., 510 Hudson st., Hoboken
 Sulouff, S. Henry, 662 Newark av., Jersey City
 Sweeney, William J., 68 Clifton ter., Weehawken
 Swiney, Merrill A., 325 Ave. C, Bayonne
 Tannert, Carl H., 331 33rd st., Woodcliff
 Tataryan, H., 422 New York av., Union City
 Temes, J. Howard, 293 Ege av., Jersey City
 Tidwell, H. F., 229 16th st., West New York
 Timlin, Jas. W., 64 Beech st., Arlington
 Tyndall, Hugh H., 83 Highwood ter., Weehawken
 Urevitz, Abraham, 495 New York av., Union City
 Visconti, Jos. A., 711 Garden st., Hoboken
 von Deesten, Henry T., 268 Palisade av., Jer. City
 Vostrosablin, Nicholas A., 121 Grand st., Jer. City
 Vreeland, Hamilton, 232 S. Irving st., Ridgewood
 Vreeland, William N., 32 Bergen av., Jersey City
 Waters, Edward G., 39 Gifford av., Jersey City
 Watman, Anthony J., 2761 Boulevard, Jersey City
 Weber, Walter D., 305 23rd st., Union City
 Wechsler, Joseph, 3342 Boulevard, Jersey City
 Weiss, Abram, 456 Palisade av., Weehawken
 Weiss, M. J., 734 Ave. C, Bayonne
 Welcher, Howard A., 5446 Hudson blvd., N. Bergen
 Wheeler, James A., 85 Van Reypen st., Jersey City
 White, Hugh M., 901 Summit av., Jersey City
 White, Thomas J., 50 Glenwood av., Jersey City
 Wilcox, Frank A., 415 16th st., West New York
 Wilkinson, George, 144 Old Bergen rd., Jersey City
 Williamson, W. L., 22 W. 22nd st., Bayonne
 Willis, John, 268 Palisade av., Jersey City
 Woelfle, Henry E., 907 Summit av., Jersey City
 Woodruff, S. R., 16 Enos pl., Jersey City

Yeaton, William L., 204 11th st., Hoboken
Yudkoff, Wm., 403 Boulevard, Bayonne
Zenneck, J. F., 17 Fourth st., Weehawken
Zitani, Alfred M., 937 Washington st., Hoboken

Associate Members

Amdur, Louis A., 834 West Side av., Jersey City
Barone, Francis A., 175 Fulton st., Jersey City
Bergmeyer, Josef T., 422 20th st., West New York
Bonanno, Peter J., 518 35th st., North Bergen
Borrone, Milton G., 2695 Boulevard, Jersey City
Buckley, Richard F., 1106 Bloomfield st., Hoboken
Coughlin, John, 43 Arlington av., Jersey City
Danielson, John J., 65 Fulton st., Weehawken
Dershimer, Frederick Wm., 546 Bergen av., Jer. C'y
Federer, John J., 821 Boulevard East, Weehawken
Flicker, David J., 342 Kearny av., Kearny
Goldowsky, Ira, 1866 Boulevard, Jersey City
Goldstein, Joseph D., 3263 Boulevard, Jersey City
Gutman, Erwin K., 980 Summit av., Jersey City
Higgins, John T., 145 Highland av., Jersey City
Holland, Moses H., 722 Hudson st., Hoboken
Howeth, John L., 14 Duncan av., Jersey City
Jaffe, Benjamin, 568 Bergen av., Jersey City
Kenyon, Thomas A., 14 4th st., Weehawken
Kimmel, M. Leonard, 142 Manhattan av., Jersey C'y
Klein, Allan, 5580 Hudson blvd., North Bergen
Kraemer, Samuel H., 309 Baldwin av., Jersey City

Landshof, Charles A., 50 Glenwood av., Jersey City
Lipshutz, Charles, 804 Avenue C, Bayonne
Lisanti, G., 660 Tyler pl., West New York
Lobban, Robert B., 2595 Boulevard, Jersey City
Mackin, John J., 596 Bergen av., Jersey City
Madison, Lewis Keith, 358 Pacific av., Jersey City
Marano, Michael A., 508 4th st., Union City
Margulies, Charles, 203 Harrison av., Jersey City
Matturri, Dominick, 174 Clinton av., Jersey City
McLoughlin, John W., 39 W. 26th st., Bayonne
Ortolano, James J., 522 Garden st., Hoboken
Padney, Edward V., 139 Montgomery st., Jer. City
Ricciardelli, Emanuel, 75 Linden av., Jersey City
Rubenstein, Eli, 79 West 32nd st., Bayonne
Rubenstein, Robert, 1885 Boulevard, Jersey City
Sandler, Samuel, 65 Tonnele av., Jersey City
Siegel, Sidney L., 29 Bentley av., Jersey City
Snyder, William Jay, 74 Columbia ter., Weehawken
Taft, Herman L., 25 Liberty pl., Weehawken
Valentine, Edwin J. G., 559 Summit av., Jersey City
Wallack, Eli A., 2012 Boulevard, Jersey City

Honorary Members

Cropper, C. W., 2540 Bulevard, Jersey City

Number of Active Members and basis of representation, 349.

Number of Associate Members, 43.

HUNTERDON COUNTY (10)

Society organized June 12, 1821. Meets on the fourth Tuesday of January, April, July and October, the latter being the Annual Meeting.

President, Lane, Edgar W., Bloomsbury
First Vice-President, Harner, R. M., High Bridge
2d Vice-President, Fuhrmann, Barclay S., Flemngt'n
Secretary, Gramsch, Louis A., Glen Gardner
Treasurer, Closson, Edward W., Lambertville
Reporter, Gramsch, A. Louis, Glen Gardner
Censors, Tompkins, G. B.
Coleman, A. H.
English, S. B.

Active Members

Apgar, Francis A., Oldwich
Baker, Philip W., High Bridge
Boothby, I. R., Clinton
Boyer, Charles Geo., Annandale
Christensen, A. H., Lebanon
Clark, Alice, Lambertville
Clark, Frank G., White House Station
Closson, Edward W., Lambertville
Coleman, A. H., Clinton
English, Samuel B., Glen Gardner
Fuhrmann, Barclay Stokes, Flemington
Garfinkle, Abraham, Flemington

Gramsch, A. Louis, Glen Gardner
Hamilton, L. A., Lambertville
Harmon, B. M., Essex Co. Sanatorium, Verona
Harmon, Harry M., Frenchtown
Harner, Ronald M., High Bridge
Heil, A., Arling, Milford
Henry, George, Flemington
Knox, Howard A., New Hampton
Lane, E. W., Bloomsbury
Tompkins, G. B., Flemington
*Tompkins, I. T., Califon

Honorary Members

Ely, Lancelot, Somerville
Haussling, Francis R., Newark
Marsh, Elias J., Paterson
Morrison, J. Bennett, Newark
Newcomb, Marcus W., Browns Mills
Quigley, Frederic J., Union City
Scammell, Frank C., Trenton
Sommer, George N. J., Trenton

Number of active members and basis of representation, 22.

100 per cent paid up February 5, 1936.

MERCER COUNTY (11)

Society organized May 23, 1848. Meets on the second Wednesday of each month, except July, August and September, at 8:30 P. M., in the Trenton Country Club. Annual Meeting in December. Annual Banquet second Wednesday in November.

President, Stone, R. G., N. J. State Hospital, Trent'n
Vice-President, D'Arcy, Walter E., Trenton
Secretary, Hutchinson, A. Dunbar, Trenton
Treasurer, North, Harry R., Trenton
Reporter, Hutchinson, A. Dunbar, Trenton
Censors, Seely, R. B., Trenton
Mitchell, C. H., Trenton
Williams, G. W., Trenton

Active Members

Abey, W. J. H. 23 N. Delaware av., Pennington
Ackley, David B., 21 N. Clinton av., Trenton
Adams, Chas. F., 34 W. State st., Trenton
Applegate, Edw. T. R., 1125 Greenw'd av., Trenton
Applestein, Robert, 569 E. State st., Trenton
Aronis, H. R., 239 E. Hanover st., Trenton
Ashley, H. H., 190 W. State st., Trenton
*Atkinson, Alvan W., 423 E. State st., Trenton
Barrows, Arthur M., 440 Hamilton av., Trenton
Barry, R. G., 908 W. State st., Trenton
Beairsto, E. B., 178 W. State st., Trenton
Belfer, J. J., 1235 Chambers st., Trenton
Belford, R. J., 90 Nassau st., Princeton
Bellis, Horace D., 437 E. State st., Trenton
Belting, Arthur W., Aleda Apts., Trenton
Berger, Harry, 921 S. Clinton av., Trenton
Berman, Jacob J., 409 Market st., Trenton
Blackwell, Enock, 28 W. State st., Trenton
Blaugrund, Samuel, 190 W. State st., Trenton
Blum, Joseph M., 128 Mill st., Trenton
Bowman, A. K., 272 Nassau st., Princeton
Buckley, R. T., Peddie School, Hightstown
Burroughs, Edmund W., 701 W. State st., Trenton
Carabelli, A. A., 434 Hamilton av., Trenton
Carroll, C. Walter, 117 Centre st., Trenton
Carroll, W. V., 211 Academy st., Trenton
Cella, C. F., 335 Hamilton av., Trenton
Chesner, W. A., 1111 Hamilton av., Trenton
Chianese, C. Chester, 464 Hamilton av., Trenton
Cohen, C. C., 217 W. Hanover st., Trenton
Cohen, Herman, 1419 Hamilton av., Trenton
Cohen, Wm., 1007 Greenwood av., Trenton
Collier, Wm. S., 1000 S. Broad st., Trenton
Collins, Henry J., 1160 Hamilton av., Trenton
Comfort, John B., 50 S. Clinton av., Trenton
Connelly, John A., 212 W. State st., Trenton
Corio, Geo. A., 307 S. Clinton av., Trenton
Corrigan, Patrick H., 1720 S. Broad st., Trenton
*Costill, Henry B., 371 Hamilton av., Trenton
Cottone, R. J., 683 Princeton av., Trenton
Cowlbeck, H. D., 224 W. State st., Trenton
Cox, Harold G., 208 Stockton st., Hightstown
D'Arcy, Walter E., 545 E. State st., Trenton
Davis, Harold L., 178 W. State st., Trenton
Davison, Royden W., 205 W. State st., Trenton
Davenport, Irwin P., 194 W. State st., Trenton
Denelsbeck, J. Otis, 878 E. State st., Trenton
Dimun, J. T., 960 S. Broad st., Trenton
Doranz, H. K., 491 Centre st., Trenton
Drezner, H. L., 521 S. Warren st., Trenton
Elias, Elmer J., 827 S. Broad st., Trenton
Epstein, Harry H., 225 Perry st., Trenton
Ernest, Richard B., 240 W. State st., Trenton
Farmer, W. D., Church st., Allentown
Fee, Elam K., Main st., Lawrenceville
Fell, Alton S., 529 E. State st., Trenton
Fessler, A. J., 1544 S. Broad st., Trenton

Fine, Sidney G., N. J. State Hospital, Trenton
Finegan, P. J., 1012 Hamilton av., Trenton
Forer, Robert, 247 Centre st., Trenton
Franzoni, A. E., 938 Brunswick av., Trenton
Friedman, M. H., 526 N. Clinton av., Trenton
Friedmann, Leonard L., 484 Princeton av., Trenton
Fuchs, Jacob N., 1267 S. Broad st., Trenton
*Funkhouser, Edgar B., State Hospital, Trenton
Goldberg, Benjamin M., 1156 E. State st., Trenton
Gordon, Clark H., 808 E. State st., Trenton
Graham, E. E., P. O. Box 195, Yardville
Guglielmelli, A. D., 449 Hamilton av., Trenton
Haggerty, D. Leo, 227 N. Warren st., Trenton
Hammell, F. M., 137 S. Main st., Allentown
Haney, John J., 167 Cooper st., Trenton
Harman, J. R., 1819 S. Broad st., Trenton
Harman, Wm. J., 740 W. State st., Trenton
Hiden, J. C., 199 Nassau st., Princeton
Hirschfield, B. A., 1404 Greenwood av., Trenton
Holland, John A., 54 Prospect st., Trenton
Hunter, F. D., 3620 Nottingham way, Hamilton Sq.
Hutchinson, A. D., 913 W. State st., Trenton
Hutchinson, G. F., Hamilton Square
Iams, Samuel H., 34 Mercer st., Princeton
Ireland, A. G., N. J. Dept. Education, Trenton
Ivins, Wm. C., 214 E. Hanover st., Trenton
Jaspan, Samuel C., 820 Division st., Trenton
Kachdorian, Vartan, 930 Brunswick av., Trenton
Klempner, Paul, 414 Market st., Trenton
Koplin, Nathan H., 142 W. State st., Trenton
Kustrup, J. F., 1435 S. Broad st., Trenton
Lavine, Barney D., 630 N. Clinton av., Trenton
Lettiere, A. J., 320 Centre st., Trenton
Levin, Louis, 140 W. State st., Trenton
Little, William R., 493 W. State st., Trenton
McCandliss, W. K., State Hospital, Trenton
McCullough, John H., 523 E. State st., Trenton
MacDermid, L. E., 506 Farnsworth av., Bordent'n
MacFarland, Burr W., Broad St.Bk. Bldg., Trenton
McGuigan, F. A., 212 N. Warren st., Trenton
McGuire, Jas. J., 122 W. State st., Trenton
Majeski, Henry J., 1015 Brunswick av., Trenton
*Marotte, Chas. L., 1417 S. Clinton av., Trenton
Martin, Elizabeth L., 293 Nassau st., Princeton
Matthews, C. B., 1158 E. State st., Trenton
Means, P. B., State Hospital, Trenton
Miller, Earle K., 2502 Nottingham way, Mercerville
Miller, G. H., N. Main st., Cranbury
Mitchell, Chas. H., 1100 W. State st., Trenton
Mitskas, T. V. J., Main st., Crosswicks
Moriconi, A. F., 438 Hamilton av., Trenton
Mras, J. N., State Hospital, Trenton
Munro, Jeannette, 293 Nassau st., Princeton
Murphy, J. A., 467 Hamilton av., Trenton
Nonziato, F. A., 50 Centre st., Trenton
North, Harry R., 160 W. State st., Trenton
O'Rourke, James J., 871 Stuyvesant av., Trenton
Panteleone, Joseph, 504 Hamilton av., Trenton
Parker, H. Norton, 72 N. Clinton av., Trenton
Pessel, J. F., 224 W. State st., Trenton
Peterson, W. R., 312 W. State st., Trenton
Phillips, Robert H. C., 144 W. State st., Trenton
Pierson, Carl L., 178 W. State st., Trenton
Pierson, Joseph R., Hopewell
Pierson, Theodore A., Hopewell
Potter, Ellen C., 301 W. State st., Trenton
Powis, Ethel M., 198 W. State st., Trenton
Poyas, M. L., 1871 Pennington rd., Trenton
Proctor, Francis E., 1245 Greenwood av., Trenton
Purcell, Ernest F., 800 Stuvesant av., Trenton

Ragany, Joseph, 966 S. Broad st., Trenton
 Rainey, W. G., 34 Bayard Lane, Princeton
 Reisinger, P. B., 369 W. State st., Trenton
 Rogers, Alvin S., 126 N. Warren st., Trenton
 Rogers, Lawrence H., Municipal Colony, Trenton
 Rogers, W. N., 1255 Brunswick av., Trenton
 Rowan, Henry M., 224 W. State st., Trenton
 Scammell, Frank G., 40 S. Clinton av., Trenton
 Scasserra, B. B., 110 Nassau st., Princeton
 Schildkraut, Jacob M., 170 W. State st., Trenton
 Schroeder, H. J. L., 110 W. State st., Trenton
 Seely, Roy B., 78 N. Clinton av., Trenton
 Seidelman, S. E., 1919 Greenwood av., Trenton
 Seitzick, Hannah E., 733 Hamilton av., Trenton
 Sekerak, Albert J., 977 S. Broad st., Trenton
 Shaw, Jos. B., 119 S. Warren st., Trenton
 Sica, Samuel, 431 E. State st., Trenton
 Sill, John B., 1129 Hamilton av., Trenton
 Silver, E. Drew, Hightstown
 Silver, George A., Hightstown
 Sinton, John Y., Imbstown
 *Sista, Chas. R., 476 Hamilton av., Trenton
 Slack, Clarence J., 230 W. State st., Trenton
 Smith, Houghton, 1063 S. Clinton av., Trenton
 Smith, W. Henley, 34 W. State st., Trenton
 Sommer, G. N. J., Jr., 120 W. State st., Trenton
 Sommer, Geo. N. J., 120 W. State st., Trenton
 Spradley, J. B., State Hospital, Trenton
 Stein, L. A., 226 W. State st., Trenton
 Stone, R. G., State Hospital, Trenton
 Storaci, F. S., 703 Hamilton av., Trenton
 Summers, A. D., 180 Nassau st., Princeton
 Swern, Nathan, 120 W. State st., Trenton
 Taylor, Walter A., 456 Rutherford av., Trenton
 Tempesto, J. A., 306 Hamilton av., Trenton
 Treiber, Benj. A., 626 Perry st., Trenton
 Turner, Irvine F. P., 224 W. State st., Trenton
 Urbanak, H. S., 883 Brunswick av., Trenton
 Vaczi, Stephen, 983 S. Broad st., Trenton
 Vanneman, Joseph S., 180 Nassau st., Princeton
 Waldron, E. L., 126 W. State st., Trenton
 Walsh, Thomas J., 514 Greenwood av., Trenton
 Warter, P. J., 626 W. State st., Trenton
 Waters, Chas. H., 928 W. State st., Trenton
 Watson, Fred S., 238 W. State st., Trenton
 Watov, S. E., 744 Beatty st., Trenton
 Watts, Wilbur, 436 E. State st., Trenton
 Wayman, B. R., 1052 Stuyvesant av., Trenton
 West, Edgar L., 443 E. State st., Trenton
 Wiesler, Howard, 491 Centre st., Trenton
 Wikoff, J. L., 799 Pennington av., Trenton
 Wilbur, William Lane, Hightstown
 Wilkes, LeRoy A., 137 E. State st., Trenton
 Williams, Geo. W., 217 N. Warren st., Trenton
 Williams, Harry D., 527 E. State st., Trenton
 Wilner, A. A., 205 Market st., Trenton

Wright, Howard E., P. O. Box 276, Princeton
 Yaeger, Leslie A., 470 Hamilton av., Trenton
 Yazujian, Dikran M., 562 E. State st., Trenton
 Zandt, Frederick B., 2 Mercer st., Hamilton Square
 Zentner, M. R., 1271 Hamilton av., Trenton
 Zimskind, Joshua N., 210 W. State st., Trenton

Honorary Members

*Clark, Wm. A., Trenton
 Moore, R. H., Trenton

Associate Members

Anthony, D. W., 201 Witherspoon st., Princeton
 Byer, M. Yale, 827 E. State st., Trenton
 Bayne, J. K., 12 Princeton av., Princeton
 Epstein, Rubie, 606 Perry st., Trenton
 Ellis, Van M., Princeton Univ., Princeton
 Engelhart, F. K., 701 Stuyvesant av., Trenton
 Friedman, Max, 822 Chambers st., Trenton
 Fiorello, J. K., 706 Princeton av., Trenton
 Fabian, P. L., 520 Princeton av., Trenton
 Fluck, D. A., 244 E. Hanover st., Trenton
 Guidotti, F. P., 432 Hamilton av., Trenton
 Hawke, Edw. K., N. J. State Hospital, Trenton
 Haines, Evelyn M., 432 Hamilton av., Trenton
 Hess, Geo. A., Titusville
 Klein, Alex, 961 S. Broad st., Trenton
 Kuch, Edw., 991 S. Broad st., Trenton
 Kondor, J. S., 978 S. Broad st., Trenton
 Lapin, S. B., 542 W. State st., Trenton
 Levy, Irvin, 329 Gardner av., Trenton
 Miller, S. R., 31 N. Main st., Pennington
 Metzger, K. F., 1430 W. State st., Trenton
 Rapp, Robt. F., Hightstown
 Salway, Benj., 321 S. Broad st., Trenton
 Swertfeger, H. W., Hopewell
 Sutnick, T. B., 801 S. Broad st., Trenton
 Wittenborn, W. F. J., 1613 Brunswick av., Trenton
 Witte, C. N., 1157 Brunswick av., Trenton

Resignations

Child, Florence C., Trenton
 D'Gianni, N. H., Trenton

Transferred

Meriwether, E. G., to Pulaski Co., Ark.
 Mewborne, E. B., to Newport News

100 per cent paid up February 5th, 1936.

Number of active members and basis of representation, 187.

Associate members, 27.

MIDDLESEX COUNTY (12)

Society organized June 11, 1816. Meets on the third Wednesday of each month, September to June inclusive. Annual Meeting in December.

President. Mann. Jacob J., Perth Amboy

Vice-President, Rowland, J. H., New Brunswick

Secretary. Urbanski, Adrian X., Perth Amboy

Treasurer. Smith, Marshall. New Brunswick

Reporter. Calvin C., Perth Amboy

Active Members

Anderson, John F., 195 College av., N. Brunswick
Applegate, Grov. T., 71 Livingston av., N. Br'ns'w'k
Avery, Phillip S., Middlesex Gen Hos., N. Bruns.
Bassett, Lavern C., 320 New Market rd., Dunellen
Beekman, Jesse H., Sayreville
Belafsky, Henry S., 472 Rahway av., Woodbridge
Berkow, Samuel G., 138 Market st., Perth Amboy
Breslow, S., 111 Market st., Perth Amboy
Brody, Morton S., 75 Livingston av., New Brunswick
Brown, Frederick L., 67 Livingston av., N. Bruns.
Burnett, Chas. B., Main st., South River
Calvin, Charles H., 80 Commerce st., Perth Amboy
Clarke, F. W., 116 New st., New Brunswick
Cohen, N. B., 232 State st., Perth Amboy
Collins, James J., Main st., Woodbridge
Condon, W. J., 50 Livingston av., New Brunswick
Cooper, I. J., 116 Livingston av., New Brunswick
Cottrell, Judson G., 159 Market st., Perth Amboy
Cronk, E. Irving, 57 Livingston av., N. Brunswick
Csoma, E. J., 151 Somerset st., New Brunswick
Degenhardt, I. H., 51 Livingston av., New Bruns.
Dieker, Howard, 78 Main st., South River
Donlan, F. A., 336 Main st., Metuchen
Fagan, Jas. L., 51 Bayard st., New Brunswick
Falcone, C., 197 Sanford st., New Brunswick
Fanelli, Antonio, 471 Laurie st., Perth Amboy
Faulkingham, R. J., 61 Livingston av., N. Bruns.
Feher, L. A. M., 177 Somerset st., N. Brunswick
Fine, H. P., 185 Market st., Perth Amboy
Fishkoff, A., 360 State st., Perth Amboy
Fithian, Geo. W., 266 High st., Perth Amboy
Forney, Norman N., Main st., Milltown
Fox, S. W., Ford av., Fords
Gauzza, Valentine P., Fords
Goldberg, H. C., 182 Market st., Perth Amboy
Goldberg, I., 303 N. Washington av., Dunellen
Grieve, James, 88 Market st., Perth Amboy
Gutowski, Jos. M., 433 Brace av., Perth Amboy
Haight, Harry W., 118 Raritan av., New Brunswick
Hauber, Eugene A., Sayreville
Haywood, Henry, 3 Elm row, New Brunswick
Henry, Frank C., Jr., 214 Smith st., Perth Amboy
Hilker, G. F., 258 Maple st., Perth Amboy
Hinton, S. H., 121 Main st., Sayreville
Hofer, Clarence J., 463 Main st., Metuchen
Hoffman, Florentine M., 91 Bay'd st., N. Bruns.
Howley, Bartholomew M., 419 George st., N. Bruns.
Hunt, A. C., 625 Middlesex av., Metuchen
Hunt, Melvin M., 16 Jackson st., South River
Jablonski, John J., 100 Main st., Sayreville
Jacobson, M. B., 241 State st., Perth Amboy
Karshmer, Nathan, 422 George st., N. Brunswick
Kemcny, Imre, 48 Pulaski av., Carteret
Kinney, Seldon T., 250 Main st., South Amboy
Kleiber, Estelle, 139 New st., New Brunswick
Klein, Alexander, 210 Market st., Perth Amboy
Klein, Edward F., 136 Market st., Perth Amboy
Klein, William, 85 Bayard st., New Brunswick
Kler, J. H., Rutgers Univer. Infirmary, N. Bruns.

Koelsch, F. J., 14 Kirkpatrick st., New Brunswick
Kovarsky, A. E., 255 State st., Perth Amboy
Kramer, S. E., 121 Market st., Perth Amboy
Leonard, Geo. F., 65 N. 5th av., New Brunswick
Lief, L. H., Jamesburg
London, William M., 255 State st., Perth Amboy
Long, Pauline A., 22 Livingston av., N. Brunswick
Longbothum, George T., 208 Dunellen av., Dun'll'n
Lund, John L., 267 High st., Perth Amboy
MacDowall, John L., 113 Market st., Perth Amboy
McCormick, Wm. H., 266 Market st., P. Amboy
McGovern, John F., 24 Livingston av., N. Brunswick
McKernan, Robt. L., 97 Bayard st., N. Brunswick
McKinstry, J. W., Jamesburg
McLeod, N. S., 729 Raritan av., Highland Park
Mann, Jacob J., 255 State st., Perth Amboy
Mark, Joseph, 102 Green st., Woodbridge
Marvin, Dorothy, 51 Livingston av., N. Brunswick
Meacham, Eugene A., 112 Stevens av., S. Amboy
Meinzer, Martin S., 147 Market st., Perth Amboy
Merrill, C. F., 16 S. 3rd av., Highland Park
Messinger, Samuel J., 31 Roosevelt av., Carteret
Molitch, Matthew, Jamesburg
Morris, Carlyle, Spring st., Metuchen
Nafey, Herbert W., 51 Livingston av., N. Bruns.
Naulty, Chas. W., Jr., 403 High st., Perth Amboy
Nieman, S. Z., 92 Bayard st., New Brunswick
Pansy, Abraham A., 12 Jackson st., South River
Paschal, Geo. W., Jr., 195 N. Main st., Milltown
Pellicane, A. J., 191 Sanford st., New Brunswick
Pinerman, R. B., 269 Bordentown av., S. Amboy
Platt, Thomas H., 215 Dunellen av., Dunellen
Reason, John J., 612 Roosevelt av., Carteret
Rona, Maurice, 159 Bayard st., New Brunswick
Rothschild, K., 49 Bayard st., New Brunswick
Rowland, John H., 159 New st., New Brunswick
Runyon, Laurence P., 80 Somerset st., N. Bruns'w'k
Sandella, J. F., 169 New st., New Brunswick
Scott, Frederick W., 103 Bayard st., New Brunswick
Sender, Fannie, 123 Main st., South River
Sherman, W. E., 88 Schureman, New Brunswick
Shull, J. V., 84 Market st., Perth Amboy
Silk, Chas. I., 189 Rector st., Perth Amboy
Sirott, Barnett H., 413 State st., Perth Amboy
Slobodien, Benjamin F., 107 Market st., P. Amboy
Smith, A. L. M., 62 Bayard st., New Brunswick
Smith, J. Vincent, 463 State st., Perth Amboy
Spencer, Ira T., 152 Main st., Woodbridge
Steffens, Charles T., Dunellen av., Dunellen
Stein, William, 73 Livingston av., New Brunswick
Strandberg, H., 94 Washington av., Carteret
Sullivan, Chas. J., 57 Paterson st., New Brunswick
Szuch, N., 68 Main st., South River
Taber, F. H., 3 Elm Row, New Brunswick
Toy, Calvert R., 22 Kirkpatrick st., N. Brunswick
Tyrrell, George W., 380 State st., Perth Amboy
Uhr, J. S., 131 Livingston av., New Brunswick
Urbanski, Adrian X., 148 Market st., P. Amboy
Urbanski, M. F., 314 Washington st., Perth Amboy
Van Dyke, Benjamin S., Cranbury
Voorhees, Howard C., 43 Bayard st., N. Brunswick
Walker, R. B., 108 Church st., New Brunswick
Watson, P. T., Milltown
Weber, J. Francis, 264 Main st., South Amboy
Wetterberg, Louis F., 389 School st., Woodbridge
Wilentz, Wm. C., 188 Market st., Perth Amboy
*Wilson, John G., 280 High st., Perth Amboy
Witmer, J. D., Elm av., Metuchen

Associate Members

Copleman, H. B., 50 Livingston av., N. Brunswick
Gessner, Gerard R., St. Peters Hosp., N. Brunswick
Glasser, Benjamin F., 316 George st., N. Brunswick
Gurshman, Sol., 344 Main st., Metuchen
Hofer, W. R., 463 Main st., Metuchen
Lazow, S. M., Broad st., Matawan
Lesh, Vincent O., 114 S. Stevens av., South Amboy
Margaretten, E. L., Perth Amboy
Rineberg, I. E., 93 Bayard st., New Brunswick
Rothfuss, C. H., 490 Rahway av., Woodbridge
Shayevitz, A., South River

Smith, Percy L., Dayton
Spritzer, Theo. D., 21 Schuyler st., New Brunswick

Transferred

Donlan, J. Albert, from Pennsylvania
Horoschak, Anne, to Union County Medical Society

Number of active members and basis of representation, 126.

Number of Associate Members, 13.

100 per cent paid up February 5, 1936.

MONMOUTH COUNTY (13)

Society organized July 24, 1816. Meets on the fourth Wednesday of each month from October to June inclusive. Annual Meeting on the fourth Wednesday in April.

(New Officers elected in May)

President, Fairbanks, W. H., Freehold
Vice-President, Rullman, Walter, Red Bank
Secretary-Treasurer, Featherstone, D. F., Asbury Park
Reporter, Pregnall, James P., Asbury Park
Censors, Brown, H. S. (Chairman)
Wilson, R. B.
Woronoff, Murray
Albright, Louis
Brown, K. G.

Active Members

Ackerman, Jas. F., 1010 Grand av., Asbury Park
*Ackerman, Joseph, 404 Asbury av., Asbury Park
Albright, Louis F., 118 Madison av., Spring Lake
Altschul, Frank Jos., 177 Garfield av., Long Branch
Baeseman, R. W., 501 Grand av., Asbury Park
Bailey, Chas. P., 422 5th av., Lakewood
Baker, Elsworth F., State Hospital, Marlboro
Becker, Sidney, 134 Maple pl., Keyport
Beveridge, W. W., 1000 Grand av., Asbury Park
Binder, Joseph, 149 Garfield av., Long Branch
Blaisdell, C. Byron, 489 Broadway, Long Branch
Boyd, John, 67 E. Front st., Red Bank
Brown, Harvey S., 5 Club pl., Freehold
Brown, Kenneth, 603 Asbury av., Asbury Park
Bullwinkel, Frederick, Ocean blvd., Atl. Highlands
Campbell, Wm. K., 96 3rd av., Long Branch
Carter, Joseph F. S., 142 Atkins av., Asbury Park
Cassidy, S. H., 50 Osborn st., Keyport
Clark, John C., 1101 Grand av., Asbury Park
Clayton, John C., 73 W. Main st., Freehold
dePons, S. C., 501 Grand av., Asbury Park
Dewis, Edwin G., 1018 Fourth av., Asbury Park
Edelson, Samuel, 1141 Corlies av., Neptune
Ellenson, S. S., 507 4th av., Asbury Park
Fairbanks, Warren H., 27 Broadway, Freehold
Featherston, Daniel F., 506 4th av., Asbury Park
Feinberg, Harry D., 384 2d av., Long Branch
Feman, J. G., 141 Main st., Keansburg
Fenton, Tennant E., 320 Ludlow av., Spring Lake
Fisher, James A., 501 Grand av., Asbury Park
Freedman, H. H., 63 W. Main st., Freehold
Gesswein, Carl A., Church st., Matawan
Goff, Frank J., 64 Maple av., Red Bank
Gordon, J. B., N. J. State Hospital, Marlboro
Graves, Charles, State Hospital, Marlboro
Haines, Emerson S., 501 Grand av., Asbury Park
Hardy, John W., 53 Main st., Farmingdale

Hausman, Samuel W., 50 W. Front st., Red Bank
Heatley, William, 335 Broad st., Red Bank
Herrman, Wm. G., 501 Grand av., Asbury Park
Holman, Francis W., 123 Broad st., Keyport
Holters, Otto R., 513 2d av., Asbury Park
Hunt, Geo. Halsey, 129 Broad st., Red Bank
Jamison, W. F., 501 Grand av., Asbury Park
Jones, Granville L., N. J. State Hospital, Marlboro
Jordan, J. C., 238 E. Main st., Manasquan
Kanes, Edmund S., 51 W. River rd., Rumson
Kazmann, Harold A., 406 Broadway, Long Branch
Krohn, Marc., Church st., Belford
Leighton, Robt. L., 401 Ludlow av., Spring Lake
Leonard, Lothair L., 615 Asbury av., Asbury Park
Lorenzo, M. J., 75 Riverside av., Red Bank
MacKenzie, R. A., 501 Grand av., Asbury Park
McDonnell, George, 80 W. Main st., Freehold
Magee, D. M. P., 407 Sewall av., Asbury Park
Makin, John B., 501 Grand av., Asbury Park
Manahan, D. V., 55 E. Front st., Red Bank
Mason, Howard B., 90 W. Main st., Freehold
Matthews, William, 139 Broad st., Red Bank
Moffat, Barclay W., Nut Swamp rd., Red Bank
Neiderhoffer, S. L., 469 B'way, Long Branch
Nichols, Stanley H., 501 Grand av., Asbury Park
Niemtzow, Frank, 45 E. Main st., Freehold
Opfermann, J. L., 167 Bay av., Highlands
Parker, James W., 175 Shrewsbury av., Red Bank
Parry, O. K., 601 Bangs av., Asbury Park
Perrine, C. C., 500 River rd., Red Bank
Pieper, Howard C., 575 Cedar av., W. Long Branch
Podell, A. Alfred, 51 E. Front st., Red Bank
Pons, C. A., 501 Grand av., Asbury Park
Pregnall, James P., 501 Grand av., Asbury Park
Quirk, Martin A., 104 Maple av., Red Bank
Reynolds, G. G., 64 W. Main st., Freehold
Robinson, E. A., 149 Atkins av., Asbury Park
Robinson, William A., 62 Main av., Ocean Grove
Rowland, James J., 321 Bay av., Highlands
Rullman, Walter, 58 W. Front st., Red Bank
Sacco, Gregory E., 191 Broad st., Red Bank
Sands, O. L., 501 Grand av., Asbury Park
Sayre, William D., 69 Maple av., Red Bank
Schmidt, Albert F., 81 Union av., Manasquan
Scott, E. A., Belle Mead San., Belle Mead
Sewell, Stephen, 212 Jersey av., Spring Lake
Slocum, Harry B., Bath av., Long Branch
Steinbock, Frederick W., 136 Garfield av., Avon
Stevenson, Geo. S., W. Front st., Red Bank
Strahan, F. G., 473 Broadway, Long Branch
Straughn, C. C., 23 Monmouth st., Red Bank
Strauss, Arthur, 130 Pavilion av., Long Branch

Traverso, Daniel, 705 D st., Belmar
 Trippe, C. M., 702 Asbury av., Asbury Park
 Upham, Helen F., 305 Third av., Asbury Park
 Villapiano, Jos. G., 701 Sunset av., Asbury Park
 Wallin, Alfred C., 166 Main st., Matawan
 Watkins, Robert E., 517 5th av. Belmar
 Wiener, Joseph, 601 Bangs av., Asbury Park
 Wilbur, Franklin L., 504 Asbury av., Asbury Park
 Wilkins, Stanley L., 41 E. Front st., Red Bank
 Wilson, R. B., 91 Broad st., Red Bank
 Wise, Lester D., 119 Morris av., Long Branch

Woodruff, Ralph, Main st., Englishtown
 Woronoff, Murray, 120 Main st., Keyport

Honorary Members

Grossman, M., 601 Bangs av., Asbury Park
 Havens, W. P., Farmingdale
 Pietri, R. 501 Grand av., Asbury Park
 Ranshoff, N., Brighton av., Long Branch

Number of active members and basis of representation, 101, February 5, 1936.

MORRIS COUNTY (14)

Society organized June 11, 1816. Meets on the third Thursday in March, June, September and December. Annual Meeting in June.

President, Costello, William F., Dover
 Vice-President, Sherman, Byron G., Morristown
 Secretary, Galasso, Attilio F., Morristown
 Treasurer, Young, George J., Morristown
 Reporter, Cury, Marcus A., Greystone Park
 Executive Committee, The Officers and
 McMahon, Bernard C., Mrsn.
 Harrington, J. H., Rockaway
 Larson, H. M., Morristown

Active Members

Ackerman, Edward, 5 Richards av., Dover
 Baker, Augustus L., 389 W. Blackwell av., Dover
 Beaver, Jennie Dean, 8 Oliphant Park, Morristown
 Bird, Frank L., Netcong
 Blanchard, C. L., 27 E. Blackwell st., Dover
 Booth, Wm. K., Boonton
 Bowers, F. Clyde, Prospect st., Mendham
 Byrne, James A., 181 South st., Morristown
 Carbery, Edw. T., Wharton
 Collins, Lawrence M., Greystone Park
 Comeau, G., Morris Plains
 Conway, J. V., Madison
 Costello, William Francis, 55 W. Blackwell st., D'v'r
 Coultas, A. B., Madison
 Crandell, Archie, Greystone Park
 Curry, Marcus A., Greystone Park
 Deichman, C., 39 Elm st., Morristown
 Donovan, J., Greystone Park
 Earp, Ruth, Bernardsville
 Eckhardt, Ralph A., Madison
 Emory, George B., 1 Franklin pl., Morristown
 Evans, E. J., Jr., Denville
 Falvello, N. A., 28 Wetmore av., Morristown
 Ferriss, Ruth, 10 De Hart st., Morristown
 Frost, I. F., 181 South st., Morristown
 Galasso, Attilio, 1 Cutler st., Morristown
 Geary, Daniel J., 40 Maple av., Morristown
 Gibb, W. Blake, 26 Maple av., Morristown
 Gilbertson, R. L., Madison
 Gordon, Charles D., Mt. Arlington
 Gregory, Marie F., Green Village rd., Madison
 Hampton, George R., Greystone Park
 Harrington, J. Henry, Rockaway
 Hatch, H. S., Shonghum Sanatorium, Morristown
 Haven, Samuel C., 14 Elm st., Morristown

Hubert, Antonio, 133 Main st., Rockaway
 Johnston, Julian F., Chatham
 King, Alden P., 44 W. Blackwell st., Dover
 Knowles, Fred E., Boonton
 Krauss, Fletcher I., Chatham
 Lane, A. G., Greystone Park
 Larson, Henry M., 35 Franklin st., Morristown
 McElroy, Ervin, Rockaway
 Mathews, R. H., 186 South st., Morristown
 Miller, T. B., Butler
 Mills, Clifford, 36 Maple av., Morristown
 Musetto, Carmelo A., Boonton
 Nicoll, George L., 400 W. Blackwell st., Dover
 Pinckney, Frank H., 186 South st., Morristown
 Pottinger, W., Mountain Lakes
 Prager, Bert A., Chatham
 Schulman, R., Aurora Health Inst., Morristown
 Scott, Harold R., 1 Cole av., Morristown
 Seward, F. H., Madison
 Sherman, B. G., 52 Maple av., Morristown
 Smith, Ivan B., 400 W. Blackwell st., Dover
 Smith, Malcolm K., Morristown
 Spencer, A., 395 Blackwell st., Dover
 Stage, Earl DeW., 11 James st., Morristown
 *Sutphen, E. Blair
 Talmage, Wm. G., Succasunna
 Teskey, S., Bernardsville
 Thomas, T. S., 26 Elm st., Morristown
 Van Sickle, Albert W., Chester
 Ward, Albert J., 39 Elm st., Morristown
 Washburn, Philip C., Greystone Park
 Williams, Louis E., Madison
 Young, George J., 60 Maple av., Morristown

Honorary Members

van Beuren, Frederick T., Morristown

Resigned

Schmitz, M., Denville

Transferred

Chilton, Forrest S., to Passaic Co. Medical Society
 Seward, William H., to Essex Co. Medical Society

Number of active members and basis of representation, 67.

March 1, 1935

OCEAN COUNTY (15)

Society organized October 28, 1903. Meets on second Wednesday of each month, October to May inclusive. Annual Meeting in November.

President, Buermann, Robert, Lakewood
Vice-President, Hayden, W. G., Toms River
Secretary, Sickel, E. M., Lakewood
Treasurer, Obert, J. E., New Egypt
Reporter, Halbach, Robert McC., Toms River
Historian, Disbrow, Harold B., Lakewood
Censors, Tilles, S., Chm., Seaside Heights
Swan, D. G., Beachwood
Tobin, A., Lakewood

Active Members

Buermann, Robert, Lakewood
Bunnell, Frederick N., Barnegat
Carmona, Louis R., Tuckerton
Disbrow, Harold B., Lakewood
Dodd, Wm. E., Beach Haven
Goldstein, A., Lakewood
Green, Thomas J., New Egypt
Halbach, Robert, 513 Main st., Toms River

Hayden, W. G., 412 Main st., Toms River
Henriksen, J. Bruce, Point Pleasant
Herbener, E. G., Lakewood
Ivory, Harry S., Point Pleasant
Lemacher, Frank, Lakewood
Menge, Carl, Toms River
Obert, J. E., New Egypt
Sawyer, Blackwell, Toms River
Sickel, E. M., Lakewood
Swan, Guy H., Beachwood
Taylor, Raymond, Lakewood
Thompson, T. F., Lakewood
Tilles, Samuel, Seaside Heights
Towbin, Adolph, Lakewood
Willis, H., Beach Haven

Resigned

Bierach, J. L., Toms River

Number of active members and basis of representation, 23.

100 per cent paid up February 5, 1936.

PASSAIC COUNTY (16)

Society organized January 14, 1944. Meets on the second Thursday evening of each month except June, July and August. Annual Meeting in October.

President, Dingman, Norman, Paterson
First Vice-President, Vosburg, Fred, Passaic
Second Vice-President, Shapiro, Louis G. Paterson
Secretary, Hall, Wayne W., Paterson
Treasurer, Leonard, E. F., Paterson
Reporter, Johnsen, S. W., Passaic
Censors, Bergin, Joseph V., Paterson
Roemer, Jacob, Paterson
Willard, Harry S., Paterson

Active Members

Allen, J. M., 657 Main av., Passaic
Armstrong, Robt. R., 114 Pennington av., Passaic
Ash, Frank W., 180 Carroll st., Paterson
Atkinson, Jas. W., 485 S. Maple av., Glen Rock
Atwood, E. A., 360 Park av., Paterson
Barlow, Frank A., 91 Lafayette av., Passaic
Barr, Joseph, 975 Madison av., Paterson
Becker, G. L., 646 E. 28th st., Paterson
Becker, Leo V., 69 Ward st., Paterson
Bender, Theo. T., 666 Broadway, Paterson
Bergin, J. V., 315 Broadway, Paterson
Beshlian, Hagop K., 7 Lee pl., Paterson
Bohl, Louis J., 320 Broadway, Paterson
Bongiorno, Henry D., 516 River st., Paterson
Bonyng, Henry A., 123 Prospect st., Ridgewood
Botbyl, B. W., 927 Madison av., Paterson
Boylan, Lawrence B., 630 Main st., Paterson
Brancato, Peter, 17 Church st., Paterson
Brevoort, H. H., 54 Main st., Lodi
Bromberg, Chas. B., 107 Lexington av., Passaic
Brooks, S. S., 62 12th av., Paterson
Bullen, V. E., 148 Hamilton av., Paterson
Butterfield, Arey A., Passaic Nat. Bk. Bldg., Passaic
Cantrell, W. C., 88 Union st., Clifton

Carlisle, John H., 129 Prospect st., Passaic
Carlough, D. J., 426 Ellison st., Paterson
Catanzaro, F., 151 Jefferson st., Passaic
Chapnick, Maurice M., 117 Paterson st., Paterson
Chase, W. E., 587 Main st., Passaic
Chester, Saul W., 634 Broadway, Paterson
Chrisman, Irving, 408 Ellison st., Paterson
Cicccone, A. C., 389 Grand st., Paterson
Clay, Thomas A., 351 Totowa av., Paterson
Cogan, Henry, 128 Carroll st., Paterson
Cole, L. Frank, 242 Broadway, Passaic
Connolly, T. Vincent, 56 Hamilton st., Paterson
Coppola, E. A., 447 Lexington av., Clifton
Cortese, A. E., 26 Ward st., Paterson
Cotton, N. T., 219 Graham av., Paterson
Cremens, John F., 144 Carroll st., Paterson
Crounse, D., 84 Broadway, Passaic
Curtis, A. M., 445 Van Houten st., Paterson
Crescente, F. J., 827 Madison av., Paterson
Dawson, Harry E., 618 24th st., Paterson
Deich, S. R., 111 Lexington av., Passaic
Delario, A. J., 56 Cross st., Paterson
De Mattia, Michael, 71 Cedar st., Paterson
De Rosa, Armond, 290 Union blvd., Totowa
De Rosa, John, 150 Fair st., Paterson
De Yoe, Leon E., 602 Broadway, Paterson
Dingman, N. M., 330 Broadway, Paterson
Drake, Daniel E., Greenw'd Lake rd., Newfoundland
Duncan, O. B., 606 E. 26th st., Paterson
Dunning, Walter L., 533 River st., Paterson
Durant, H. J., 485 Park av., Paterson
Dwyer, Henry E., 261 Madison av., Passaic
Dwyer, William A., 99 Park av., Paterson
Edlkraut, E. C., 129 Highland av., Passaic
Ehrenfeld, I., 115 Lexington av., Passaic
Ekins, Frank P., 221 Broadway, Paterson
Feigenoff, Israel, 420 Broadway, Paterson
Fisher, Samuel, 808 Madison av., Paterson

- Flitcroft, William, 510 River st., Paterson
 Gallo, J. S., 32 Zabriskie st., Haledon
 Giambra, S. M., 666 Broadway, Paterson
 Gillson, Hugh V., 21 Lee pl., Paterson
 Gillson, John T., 170 Broadway, Paterson
 Ginsberg, Samuel, 136 Broadway, Passaic
 Glasgow, Thomas, 120 Passaic av., Passaic
 Gochman, Henry M., 166 Hamilton av., Paterson
 Golding, Harry N., 180 Carroll st., Paterson
 Gordon, A., 616 Main av., Passaic
 Gordon, Osher, 119 Lexington av., Passaic
 Graham, A. F., 42 Park av., Paterson
 Graham, Theodore K., 278 Park av., Paterson
 Greengrass, Jacob J., 146 Broadway, Paterson
 Hagen, Orville R., 266 Van Houten st., Paterson
 Hall, Wayne W., 266 Van Houten st., Paterson
 Harreys, Chas. W., 714 Broadway, Paterson
 Hatem, E. J., 1046 Main st., Paterson
 Hogan, M. D., 155 Lexington av., Passaic
 Hollingsworth, H. H., 785 Main av., Clifton
 Holmes, T. J. E., 151 Fair st., Paterson
 Holster, S. G., 920 Madison av., Paterson
 Holt, Herman Harold, 285 Graham av., Paterson
 Irving, Albert, Albert Court, Radburn
 Ives, Edward L., 24 Stevens av., Little Falls
 Jahn, Albert, Passaic National Bank, Radburn
 Jani, Frank, 297 Lexington av., Passaic
 Jehl, Joseph R., 305 Clifton av., Clifton
 Joelson, Morris S., 577 Broadway, Paterson
 Johnsen, S. W., 49 Passaic av., Passaic
 Joseph, Morris, 271 Lexington av., Passaic
 Kane, Charles J., 349 Grand st., Paterson
 Keller, F. J., 297 Diamond Bridge av., Hawthorne
 Keppler, Charles, Jr., 723 Allwood rd., Clifton
 Kim, Gay Bong, 528 Totowa rd., Totowa
 Kinney, Burton O., 41 Lincoln av., Little Falls
 Kleiner, Samuel, 162 Hamilton av., Paterson
 Koerber, G., 136 Prospect st., Passaic
 Kovin, A., 123 Lexington av., Passaic
 Kuhl, John P., Hight st., Butler
 Laauwe, H. W., 198 Haledon av., Prospect Park
 Landaw, Louis, 669 Broadway, Paterson
 Lemay, A. J., 30 Church st., Paterson
 Leonard, E. F., 771 Madison av., Paterson
 Levendusky, D. E., 52 Market st., Passaic
 Levine, D. B., 647 Broadway, Paterson
 Levine, I., 215 Broadway, Paterson
 Levine, Sidney C., 459 Park av., Paterson
 Levinsohn, S. A., 584 Broadway, Paterson
 Levy, H., 219 Lexington av., Passaic
 Linares, A. C., 208 Market st., Paterson
 Lobsenz, N., 294 Broadway, Paterson
 Lomauro, Jas. R., 149 Lexington av., Passaic
 Low, Donald B., 529 Broadway, Paterson
 Lucas, Henry H., 266 Van Houten st., Paterson
 Lucent, S. Bell, 48 Main st., Little Falls
 MacAlister, Wm. W., 333 Van Houten st., Paterson
 MacLay, J. A., 239 Broadway, Paterson
 MacMillan, Wright, 23 Passaic av., Passaic
 McBride, Andrew F., 30 Church st., Paterson
 McCamey, Kenneth E., 174 Carroll st., Paterson
 McCoy, John C., 292 Broadway, Paterson
 McDede, Frank F., 922 Main st., Paterson
 McDonald, R. J., 294 Broadway, Paterson
 McPherson, A. M., 171 Diamond Bdg. av., Hawth'g
 Magennis, Bryan C., 267 Park av., Paterson
 Manly, T. E., 390 Park av., Paterson
 Maps, H. L., 53 Passaic av., Passaic
 Marini, D., 40 Henry st., Passaic
 Markel, A. G., 320 Broadway, Paterson
 Markowitz, Louis, 16 Church st., Paterson
 Marrocco, Wm., 261 Park av., Paterson
 Marsh, Elias J., 400 Van Houten st., Paterson
 Masucci, A., 34 Ward st., Paterson
 Matthews, L. M., 657 Main av., Passaic
 Meloney, Lester F., 156 2nd st., Clifton
 Mendelsohn, D. H., 576 Broadway, Paterson
 Meier, W. U., 1062 Ringwood av., Haskell
 Meneve, A., 87 Bridge st., Paterson
 Meyers, F. R., 627 E. 24th st., Paterson
 Michela, L. S., 206 Carroll st., Paterson
 Mills, Alvah V., Lindsley rd., Little Falls
 Missonellie, Wm., 404 Lafayette av., Hawthorne
 Mitchell, Charles R., 311 Broadway, Paterson
 Morrill, James P., 310 Broadway, Paterson
 Murn, Charles J., 48 Smith st., Paterson
 Neer, William, 245 Broadway, Paterson
 Nesbit, Elizabeth, N. J. Tr'n'g School, Little Falls
 Notkin, Meyer, 351 Van Houten st., Paterson
 Nye, Howard H., 174 Carroll st., Paterson
 O'Brian, J. H., 204 Madison av., Passaic
 Okin, I., 23 Passaic av., Passaic
 Oram, Joseph H., 495 Broadway, Paterson
 Pal, D. R., 32 Clark st., Paterson
 Park, M. B., 360 Park av., Paterson
 Patello, F., 232 Broadway, Paterson
 Payawall, J. L., 26 Lake st., Ramsey
 Pelusio, August N., 269 Carroll st., Paterson
 Phelps, J. E., 203 Park av., Paterson
 Piller, J., 245 Broadway, Paterson
 Polizzotti, J. L., 193 Park av., Paterson
 Polowe, David, 555 E. 27th st., Paterson
 Prince, Robert A., 272 Park av., Paterson
 Radest, L. J., 158 Hamilton av., Paterson
 Randazzo, A. P., 82 Prospect st., Passaic
 Rauschenbach, P. E., 223 Broadway, Paterson
 Reading, H. E., 538 E. 29th st., Paterson
 Reynolds, Earl C., 657 Main av., Passaic
 Reynolds, Harry C., 657 Main av., Passaic
 Roemer, Jacob, 213 Broadway, Paterson
 Roy, Jos. N., 95 17th av., Paterson
 Russell, Chas. B., 119 Hamilton av., Paterson
 Ryan, John N., 158 Lexington av., Passaic
 Sanfacon, Thomas A., 80 Park av., Paterson
 Schultz, A. M., 379 Union av., Paterson
 Scribner, Chas. H., Hamburg Tn'pk., R.D. 1, Paters'n
 Shapiro, L. G., 375 Broadway, Paterson
 Shippee, David M., Midvale
 Shippee, J. N., Midvale
 Shulman, A., 528 E. 29th st., Paterson
 Simon, Morris L., 174 Washington pl., Passaic
 Siveke, J., 106 Lexington av., Passaic
 Slaff, F., 16 Grove st., Passaic
 Smith, E. W., 657 Main av., Passaic
 Smith, Leon A., 72 Grove st., Passaic
 Spickers, William, 6 Church st., Paterson
 Stark, J., 645 Broadway, Paterson
 Stein, Harry M., 227 W. Broadway, Paterson
 Stinson, Richard, 641 E. 18th st., Paterson
 Stolz, R. R., 23 Passaic av., Passaic
 Surnamer, Isaac, 345 Broadway, Paterson
 Sutherland, W. W., 320 Broadway, Paterson
 Taber, L. R., 266 Van Houten st., Paterson
 Tellman, D. H., 120 Lexington av., Passaic
 Temple, Arthur H., 164 Jefferson st., Passaic
 Terhune, Percy H., 171 Paulison av., Passaic
 Thorne, Wm. P., 30 Main st., Butler
 Todd, Francis H., 83 Auburn st., Paterson
 Tomkins, Wm., Hohokus
 Tuers, George E., 418 Park av., Paterson
 Tweddel, George K., 239 Broadway, Paterson
 Udinsky, H. J., 29 Passaic av., Passaic
 Vanderbeek, Andrew B., 174 Broadway, Paterson
 Vander Clock, C., 23 Passaic av., Passaic
 Van Eerde, A., 339 Lafayette av., Hawthorne

Van Riper, A. Ward, 607 Main av., Passaic
Van Schott, G. J., Jr., 245 Lexington av., Passaic
Van Urk, Frederick T., 210 Lexington av., Passaic
Vosburg, Fred, 125 Prospect st., Passaic
Vreeland, Ralph J., 266 Van Houten st., Paterson
Walker, Harold G., Everett av., Wyckoff
Walton, Gordon G., 17 Church st., Paterson
Warburton, Jack C., 277 Broadway, Paterson
Ward, A. H., 404 Totowa av., Paterson
Warren, D. E., 265 Gregory av., Passaic
Wassing, Hans, 695 Broadway, Paterson
Weinert, H. V., 128 Market st., Passaic
Westerhoff, P. DeT., Jr., Highland av., Midland Pk
Willard, Harry S., 266 Van Houten st., Paterson
Williams, Hiram, 230 Lexington av., Passaic

Winters, Walter M., 288 Broadway, Paterson
Wolfson, H., 324 Broadway, Paterson
Wry, Dean A., 234 Dayton av., Clifton
Yager, J. Allen, 6 Church st., Paterson
Yates, John S., 414 Ellison st., Paterson
Zalewski, I. J., 125 Market st., Passaic

Transfers

Wideski, Alfred, to Bergen County Society
Smith, C. D., to Bergen County Society

Number of active members and basis of representation, 228.

100 per cent paid up February 5, 1936.

SALEM COUNTY (17)

Society organized May 4, 1880. Meets on the second Friday in February, April, October and December. Annual Meeting in April. Social meeting in May.

President, Fleming, C. L., Pennsgrove
Vice-President, Dunn, John S., Salem
Secretary-Treasurer, Green, D. W., Salem
Reporter, Hummel, L. C., Salem
Censors, Hummel, L. C., Salem
James, W. H., Pennsville
Hilliard, W. T., Salem

Active Members

Bramble, Halsey S., Front & Chestnut sts., Elmer
*Davis, Richard M. A., Salem
Davison, C. Spencer, Pennsville
Dunn, John S., 75 Market st., Salem
Evans, E. E., 12 Ziegler Tract, Pennsgrove
Fleming, C. L., 42 W. Main st., Pennsgrove

Green, David W., 69 Market st., Salem
Hilliard, William T., 105 Market st., Salem
Hummel, L. C., 109 W. Broadway, Salem
James, William H., Main st., Pennsville
Mackes, C. B., 46 N. Main st., Woodstown
Miller, L. H., 37 S. Main st., Woodstown
Perry, Frank L., 43 East av., Woodstown
Prigger, E. R., 39 Main st., Pennsgrove
Summerill, John M., Maple av., Pennsgrove
Suter, Harry F., 49 W. Main st., Pennsgrove
Weigel, C. B., 373 E. Broadway, Salem
Zapalla, John, 47 W. Main st., Pennsgrove

Number of active members and basis of representation, 17.

100 per cent paid up February 5, 1936.

SOMERSET COUNTY (18)

Society organized May 21, 1816. Meets on the second Thursday in February, April, June, October and December. Annual Meeting in June.

President, Hegeman, R. F., Somerville
Vice-President, Gray, William B., N. Plainfield
Secretary, Sferra, Alfred F. W., Bound Brook
Treasurer, Lawton, A. A., Somerville
Reporter, Pigott, A. W., Skillman
Censors, McConaughy, Francis, Somerville
Meigh, Josiah, Bernardsville
Flynn, T. H., Somerville

Active Members

Adams, Rayford K., Skillman
Albrecht, Wm. John, Somerville
Anderson, John E., Neshanic
Baker, Banks S., Skillman
Barbour, Geo. E., Somerville
Beekman, John B., Bedminster
Bendix, Gerhard, Bound Brook Hosp., Bound Brook
Borow, Benjamin, Bound Brook
Borow, Henry, Bound Brook
Borow, Lewis, Bound Brook
Borow, Maurice, Bound Brook
Brittain, Elmore G., Bound Brook
Cook, John, Eliz. Magee Hosp., Pittsburgh, Pa.
Cooley, Roger Logan, Dunellen
Cooper, J. Howard, East Millstone

Craig, Henry August, Somerville
Crawford, John W., Bedminster
Day, Howard F., Craig pl., N. Plainfield
Dundon, Arthur H., North Plainfield
East, I. Cooper, Skillman
Ely, Lancelot, Somerville
Field, Frank L., Far Hills
Flint, Edgar T., Raritan
Flynn, Thomas H., Somerville
Francis, Acaline M., Somerville
Gray, Wm. B., North Plainfield
Greenberg, George A., Somerville
Halstead, Charles F., Somerville
Hamblin, D. O., Bound Brook
Hancock, M. Q., Somerset Hospital, Somerville
Hegeman, Runkle F., Somerville
Hurd, Emerson F., Bound Brook
Husted, Samuel Harley, Neshanic
Kay, Clarence R., Peapack
Knight, Augustus S., Far Hills
Lawton, A. Anderson, Somerville
Levy, A., 7th st., Plainfield
Long, William H., Somerville
Lovejoy, J., Bound Brook
Lukats, E. J., Skillman
McConaughy, Francis, Somerville
Meigh, Josiah, Bernardsville
Pigott, Albert W., Skillman

Pogoloff, Samuel H., Manville
 Reale, N. P., Manville
 Renner, Dan Smith, Skillman
 Robinson, John T., Bound Brook
 Scott, Michael, Skillman
 Sferra, Alfred F. W., Bound Brook
 Shirlock, Margaret E., Vinel'd State School, Vinel'd
 Smalley, Mahlon C., Peapack
 Stillwell, Aaron L., Somerville
 Thomas, Mary L., Village for Epileptics, Skillman
 Wallach, B., North Plainfield
 Wild, Frederick A., Bound Brook
 Young, James L., Somerville
 *Zeglio, Peter J., North Plainfield

Honorary Members

All Medical Officials and Medical Staff of the
 Veterans' Hospital in Millington.

Removed from County

Massey, J. B., Somerville

Transferred

Thomas, Mary L., from Union Co. Medical Society

Number of active members and basis of representation, 56.

100 per cent paid up February 5, 1936.

SUSSEX COUNTY (19)

Society organized August 22, 1829. Meets bi-monthly, September to May inclusive, at call of President. Annual Meeting on the second Tuesday in September.

President, Scott, F. J., Franklin
 Vice-President, Smith, W. H., Newton
 Secretary, Voorhees, Lamar, Newton
 Treasurer, Drake, L. B., Franklin
 Reporter, Morrison, Frederick H., Newton
 Censors, Spurgeon, D. L., Newton
 Spencer, J. H., Newton
 Voorhees, Lamar, Newton

Active Members

Braun, David Carl, Newton
 Burn, Victor, Newton
 Cole, Blase, Newton
 Coleman, Joseph G., Hamburg
 Drake, L. B., Franklin
 Eddy, Lester R., Sussex
 Groeschel, August H., Sussex
 Jacob, Albert N., Sparta
 Johnson, George, Branchville
 Landis, Edwin W., Stillwater
 McCall, Jesse, Newton

McVeigh, Charles, Netcong
 Morrison, Frederick H., Newton
 Pellett, Thomas L., Hamburg
 Rothman, Benjamin G., Sussex
 Roy, Bert W., Sussex
 Scott, Frederick, Franklin
 Smith, Warren H., Newton
 Spencer, J. H., Jr., 23 Hospital rd., Franklin
 Spurgeon, Dorsett L., Newton
 Voorhees, Lamar, Newton
 *Wilbur, Frederick P., Franklin

Transferred

Zuck, John A., from Pennsylvania

Honorary Members

Cole, Martin H., Hainesville
 Pellet, Jackson B., Hamburg

Number of active members and basis of representation, 21.

100 per cent paid up February 5, 1936.

UNION COUNTY (20)

Society organized June 7, 1869. Meets on the second Wednesday of February, April, October and December. Annual Meeting in October.

President, Walsh, Thomas J., Elizabeth
 Vice-President, Weigel, Elmer P., Plainfield
 Secretary, Armstrong, Lorrimer B., Westfield
 Treasurer, Hoover, Alden R., Elizabeth
 Reporter, Shirrefs, Russell A., Elizabeth
 Censors, Schlichter, Charles H., Elizabeth
 Currie, N. W., Plainfield
 Prout, Thos. P., Summit
 Reiner, Jacob, Elizabeth
 Shangle, Milton, Elizabeth

Active Members

Abel, Henri E., 345 Union av., Elizabeth
 Ackerman, Arthur F., 129 Summit av., Summit
 Armstrong, Lorrimer B., 121 S. Euclid av., Westfield
 Arthur, Frances, 138 Westfield av., Elizabeth
 Austin, T. R., 16 Alden st., Cranford
 Babbitt, Hugh M., Jr., 113 W. 7th st., Plainfield
 Baker, Raymond Dewitt, 52 DeForrest av., Summit

Barr, A. H., 830 Wood av., N. Linden
 Baruch, Rudolph J., 414 Elizabeth av., Elizabeth
 Beisler, Lawrence G., 1528 N. Broad st., Hillside
 Bensley, Maynard G., 129 Summit av., Summit
 Berenson, Samuel J., 1012 E. Jersey st., Elizabeth
 Berry, Clarence H., 129 Summit av., Summit
 Birrell, R. G., 554 Westminster av., Elizabeth
 Bishop, Carl, 931 Madison av., Plainfield
 Blair, T. D., 414 Park av., Plainfield
 Bloch, Harry, 200 E. Jersey st., Elizabeth
 Blumberg, Jack, 504 Westminster av., Elizabeth
 Blythe, Roland P., 30 Springfield av., Cranford
 Booth, W. S., 318 Grier av., Elizabeth
 Boozan, Wm. E., 1139 E. Jersey st., Elizabeth
 Bourns, Edward G., 126 Harrison av., Westfield
 Bowles, Harry H., 36 Woodland av., Summit
 Boyes, J. G., 1326 Chetwynd av., Plainfield
 Brokaw, Chris. A., 1405 North av., Elizabeth
 Brown, L. Greeley, 173 Madison av., Elizabeth
 Brown, William H., 29 3rd st., Elizabeth
 Bunting, P. DuBois, 712 N. Broad st., Elizabeth

Burritt, Norman W., 30 Beechwood rd., Summit
Butenas, Jos. J., 300 1st av., Elizabeth
Byington, R., 261 Springfield av., Summit
Callahan, Edward J., 124 St. Paul st., Westfield
Canright, C. M., 34 Springfield av., Cranford
Cantini, Raphael, 924 Plainfield av., Plainfield
Card, Charles F., 100 W. Milton av., Rahway
Carlisle, Jas. M., Merck Laboratories, Rahway
Carpenter, C. C., 129 Summit av., Summit
Casilli, A. R., 618 Newark av., Elizabeth
Chaiken, Louis H., 1024 E. Jersey st., Elizabeth
*Chapman, Arthur L., Rahway
Chapman, O. P., 125 Broad st., Elizabeth
Childers, Robert J., 604 Park av., Plainfield
Cole, Walter H., Jr., 116 Chilton st., Elizabeth
Comunale, A. R., 12 Irving st., Rahway
Corbusier, H. D., 612 Park av., Plainfield
Crabtree, Loren H., 142 Bellevue st., Elizabeth
Crane, N. T., 147 E. 7th st., Plainfield
Cregar, Peter B., 420 Grant av., Plainfield
Currie, Norman W., 508 Central av., Plainfield
Daron, Simeon, 31 Lincoln Park, Newark
Davidson, E. Norwell, 102 E. Elm st., Linden
Davis, F. C., 129 Summit av., Summit
Davis, James T., 1169 Elizabeth av., Elizabeth
Davis, Stanton H., 212 E. 7th st., Plainfield
Day, Willis B., 407 E. 7th st., Plainfield
DeCesare, F. D., 500 Walnut st., Roselle Park
Decker, Charles T., 178 Elm st., Westfield
DeFreitas, Clement, 423 W. 4th st., Plainfield
Dengler, H. P., Toms River
Dennin, Jos. W., 308 Chestnut st., Roselle
Diamond, J. Geo., 812 Park av., Plainfield
Disbrow, G. Ward, 126 Mountain av., Summit
Doggett, E. Hugh, 515 W. 7th st., Plainfield
Drury, Alfred J., 268 E. 3rd av., Roselle Park
duBusc, L. C. Viotor, 399 Westfield av., Elizabeth
Durrah, Fred F., 310 Plainfield av., Plainfield
Dwoyer, Leon C., 501 N. Wood av., Linden
Eason, S. W., 48 DeForest av., Summit
Edgar, Malcolm S., 129 Summit av., Summit
Esty, Geoffrey W., 629 E. Broad st., Westfield
Ferguson, Chas., 435 Westminster av., Elizabeth
Fitch, Thomas, 724 Watchung av., Plainfield
Ford, Theodore R., 144 Harrison st., East Orange
Fordyce, C. P., 1921 C st., Lincoln, Nebraska
Fort, W. B., 147 E. 7th st., Plainfield
Foster, Frank C., 320 Springfield av., Cranford
Franklin, Jos. E., 127 Westfield av., Elizabeth
Frohwein, Ida H., 119 Morristown rd., Elizabeth
Funk, Joseph, 615 Elizabeth av., Elizabeth
Gallaway, George E., 109 Milton av., Rahway
Geary, Paul, 923 Park av., Plainfield
Gelber, Isaac, 2052 Morris av., Union
Gerendasy, J., 956 E. Jersey st., Elizabeth
Gibbs, Alice S., 339 Union av., Elizabeth
Giglio, A. S. V., 626 Elizabeth av., Elizabeth
Gittelman, Morton, 1028 E. Jersey st., Elizabeth
Glaser, Emanuel, 360 Linden av., Elizabeth
Glass, Benjamin E., 609 Watchung av., Plainfield
Glass, Harry L., 609 Watchung av., Plainfield
Glasston, H. M., 628 N. Wood av., Linden
Golden, William M., 70 Irving st., Rahway
Goldfield, Harold H., 225 E. Jersey st., Elizabeth
Goldmacher, H. B., 555 S. Broad st., Elizabeth
Goldstein, H. H., 318 W. Jersey st., Elizabeth
Gonczy, Edward J., 538 Jersey av., Elizabeth
Goodrich, S. L., 466 Highland av., Orange
*Green, James S., 463 N. Broad st., Elizabeth
Gregory, R. A., 121 E. 7th st., Plainfield
Griesmier, Zadoc L., 1143 E. Jersey st., Elizabeth
Griswold, Merton L., Jr., 949 Park av., Plainfield
Guidi, Guido M., 212 Christine st., Elizabeth

Hackett, Edward J., 566 Westfield av., Westfield
Hall, Winthrop H., 201 Tuttle Pkw., Westfield
Hallock, W. J., Berkeley Height, Summit
Hansen, Harry, 831 Madison av., Plainfield
Hanson, C. Gustave, 116 Eastman st., Cranford
Harrison, Joseph B., 302 E. Broad st., Westfield
Herrington, Lee R., 147 Central av., Westfield
Hipple, Percy L., Jr., 225 Walnut st., Roselle
Hnat, Frederick, 471 Madison av., Elizabeth
Hoffman, C. A., 302 E. 7th st., Plainfield
Holland, Ruben J., 350 Chandler av., Linden
Holmes, Grace A., 1077 E. Jersey st., Elizabeth
Holt, Evelyn, 118 Summit av., Summit
Hoover, A. R., 410 Westminster av., Elizabeth
Horoschak, Anne, 940 Park av., Plainfield
Horre, Geo. W. H., 203 W. Jersey st., Elizabeth
Hubbard, Harry H. V., 121 E. 7th st., Plainfield
Hughes, Frederick J., 706 Park av., Plainfield
Hunt, Thomas F., 528 Monroe av., Elizabeth
Hutton, F. T., 161 Crescent av., Plainfield
Imbleau, J. E. L., 2106 Morris av., Unionville
Iserman, Michael, 376 Elmora av., Elizabeth
Johnson, Harold F., 734 Park av., Plainfield
Jones, Herbert E., 612 Emerson av., Elizabeth
Jones, Lewis H., 139 Grant av. E., Roselle Park
Kapp, Carl G., 440 Westmister av., Elizabeth
Keeney, C. B., 137 Summit av., Summit
Kemper, Harry T., 224 Monmouth rd., Elizabeth
Kinch, F. A., 267 E. Broad st., Westfield
Knauer, George, 930 Elizabeth av., Elizabeth
Knepper, Orcena F., 149 Crescent av., Plainfield
Konzelman, Henry J., 50 King st., Hillside
Kramer, Douglas W., 822 Park av., Plainfield
Krans, Clara M. De H., 920 Park av., Plainfield
Krans, Edw. S., 920 Park av., Plainfield
Kreutz, Paul J., 363 Union av., Elizabeth
Kushner, Alexander, 48 Jacques av., Rahway
Labow, Joseph J., 1063 E. Jersey st., Elizabeth
Ladas, George, 305 Cherry st., Elizabeth
Laird, George S., 127 Central av., Westfield
Lance, E. W., 93 W. Milton av., Rahway
Larrabee, C. H., 30 Beechwood rd., Summit
Lathrop, Frederick W., 507 Park av., Plainfield
Laurie, Andrew L., 664 Newark av., Elizabeth
Lawrence, Wm. H., Jr., 129 Summit av., Summit
Leggett, Lindley, H. J., 330 E. Broad st., Westfield
Leggett, Thos. H., Jr., 937 Oakland pl., Plainfield
Lerman, Irving, 1024 E. Jersey st., Elizabeth
Lewis, Albert, 41 Retford av., Cranford
Liana, Stephen M., 20 E. Henry st., Linden
Lieberman, David P., 1072 North av., Elizabeth
Lieberman, Milton L., 101 Union av., Roselle Park
Linke, Julian P., 245 E. Front st., Plainfield
Livengood, Horace R., 587 Westminster av., Eliz.
Lull, Gabriel, 291 Morris av., Springfield
Lowell, M. E., 434 Summit av., Westfield
Lufburrow, C. B., 441 W. Front st., Plainfield
Lyerly, J. M., 1116 Putnam av., Plainfield
Lynch, Edward Thos., 748 Livingston rd., Eliz.
Maggio, Ross J., 200 Ross pl., Westfield
Malatesta, C. S., 741 Kingston av., Plainfield
McClintoch, Elsie, 1435 Maple av., Hillside
McElhinney, Dennis R., 110 W. Jer. st., Elizabeth
McGinn, W. J., Westfield av., Fanwood
Meineke, Wm. C., 318 Chestnut st., Roselle
Merlo, Francis A., 210 Murray st., Elizabeth
Miller, Robt. M., 382 Springfield av., Summit
Mills, Stephen D., 132 S. Euclid av., Westfield
Minnella, Thos. J., 12 Russell pl., Summit
Moister, Roger W., 382 Springfield av., Summit
Montfort, Robt. J., 1051 E. Jersey st., Elizabeth
Moress, Edward J., 1501 Maple av., Hillside
Morris, Thos. M., 503 Park av., Plainfield

Morris, Watson B., 193 Morris av., Springfield
Munger, Ray T., 727 Watchung av., Plainfield
Murphy, A. T., 1108 Anna st., Elizabeth
Murphy, Herschel S., 320 Chestnut st., Roselle
Murray, Norman L., 129 Summit av., Summit
Newman, Louis G., 316 E. Broad st., Westfield
Nittoli, R. N., 660 E. Jersey st., Elizabeth
Novello, Jos. A., 624 4th av., Elizabeth
Obester, G. E., 617 Madison av., Elizabeth
Oder, Charles, 121 S. Euclid av., Westfield
Orton, Carlton B., 235 Chestnut st., Roselle
Orton, George Lee, 98 E'm av., Rahway
Paulson, Arch. M., 160 E. 7th st., Plainfield
Peare, Sidney S., 815 Kilsyth rd., Elizabeth
Peters, Richard C., 963 Park av., Plainfield
Phelan, W. F., 124 Chilton st., Elizabeth
Polk, C. C., 114 E. 7th av., Roselle
Prout, Thos. P., 19 Prospect st., Summit
Quinn, Stephen T., 326 S. Broad st., Elizabeth
Radding, M. B., 321 Elmora av., Elizabeth
Randolph, John M., 131 Main st., Rahway
Read, Jessie D., 519 Lenox av., Westfield
Reich, Jerome J., 1420 Maple av., Hillside
Reiner, Jacob, 811 N. Broad st., Elizabeth
Ripps, Maurice L., 331 Elmora av., Elizabeth
Robertson, Grace M., 650 W. 7th st., Plainfield
Rosenstein, S. L., 2120 Springfield av., Union
Runnells, J. E., Scotch Plains
Sadoff, Joseph, 116 Elmora av., Elizabeth
Salvati, Leo H., 224 Walnut st., Westfield
Samuels, S. Lawrence, 612 W. Front st., Plainfield
Satulsky, E. M., 544 Jersey av., Elizabeth
Schenk, Jos. R., 1177 Park av., Plainfield
Schilling, A. B., 727 Jefferson av., Elizabeth
Schlichter, Chas. H., 556 N. Broad st., Elizabeth
Schwartz, Samuel H., 414 Park av., Plainfield
Schweizer, Roman G., 860 E. Jersey st., Elizabeth
Sell, Frederick W., 113 Commerce st., Rahway
Seybold, Arthur D., 302 E. 7th st., Plainfield
Shangle, Milt A., 34 Prince st., Elizabeth
Shirreffs, Russell A., 55 Broad st., Elizabeth
Singer, Bella, 411 Westminster av., Elizabeth
Sly, John L., 382 Springfield av., Summit
Spivack, David, 944 E. Jersey st., Elizabeth
Stanton, Nath. B., 734 Park av., Plainfield
Staub, E. Milton, 531 E. Broad st., Westfield
Steele, Stephen, 500 Wood av., Linden
Stein, Emil, 607 Park av., Elizabeth
Stein, George H., 411 Westminster av., Elizabeth
Stein, Isadore, 210 Elizabeth av., Elizabeth
Stein, Martin H., 153 Second st., Elizabeth
Stephenson, G. A., 145 Summit av., Summit
Stern, Arthur, 224 E. Jersey st., Elizabeth

Steuart, David F. R., 10 De Barry pl., Summit
Stillwell, Harry C., 65 W. Milton av., Rahway
Strauss, Clifton J., New Providence
Strelinger, Alexander, 689 Newark av., Elizabeth
Strom, A., 410 W. 7th st., Plainfield
Terrell, Edward E., 110 Alden st., Cranford
Tidaback, John D., 447 Springfield av., Summit
Townsend, Leslie M., 304 Chestnut av., Roselle
Turner, Wm. F., 519 Magie av., Elizabeth
Tyndall, Alice E., 519 E. Broad st., Westfield
Tyndall, Martha W., 519 E. Broad st., Westfield
Vail, Jas. Lindley, 28 Holly st., Cranford
Van Horn, Alfred F., 514 Central av., Plainfield
Vinciguerra, Michael, 604 Westminster av., Eliz.
Vitale, Dominic V., 681 Newark av., Elizabeth
Vogel, H. Austin, 1060 E. Jersey st., Elizabeth
Wacker, William F., 42 Hollywood av., Hillside
Wade, Simon F., 555 Newark av., Elizabeth
Wagner, Otto, 111 Stiles av., Elizabeth
Walsh, Ronald J., 118 E. 5th av., Roselle
Walsh, Thomas J., 335 S. Broad st., Elizabeth
Walters, Geo. M., 648 E. Broad st., Westfield
Ward, Leo J., 137 W. Jersey st., Elizabeth
Warneke, F. H., 523 Westfield av., Elizabeth
Wegryn, Louis S., 254 First av., Elizabeth
Weigel, Edgar Wm., 970 Park av., Elizabeth
Weigel, Elmer P., 727 Watchung av., Plainfield
Western, Fred'k B., 1227 Morris av., Townley
White, Harry J., Bonnie Burn San., Scotch Plains
Williams, Frank A., 324 W. Jersey st., Elizabeth
Williams, L. D., 518 Park av., Plainfield
Wolgin, Philip A., 445 Elmora av., Elizabeth
Wood, Fiske, 115 Central av., Westfield
Woody, McIver, 458 Union av., Elizabeth
Yood, Raphael, 401 Grant av., Plainfield
Young, Franklin C., 120 Summit av., Summit
Yuckman, Robert O., 224 W. Jersey st., Elizabeth
Yuckman, William, 224 W. Jersey st., Elizabeth
Zeitlin, H. H., 943 N. Wood av., Linden

Honorary Members

Ard, Frank C., Plainfield

Received on Transfer

Horoschak, Anne, from Middlesex Co. Med. Society
Rosenstein, Saivel L., from Essex Co. Med. Society

Number of active members and basis of representation, 265.

100 per cent paid up February 5, 1936.

*Deceased.

WARREN COUNTY (21)

Society organized February 15, 1826. Meets on the third Tuesday of January, April, July and October; the last named being the Annual Meeting.

President, Leon W. Hackett, Washington

Vice-President, Frank W. Curtis, Stewartsville

Secretary, Skinner, William F., Washington

Treasurer, Cummins, G. Wyckoff, Belvidere

Reporter, Bossard H., Phillipsburg

Censors, Bossard, H. B., Phillipsburg

Curtis, F. W., Stewartsville

Lyon, C. H., Phillipsburg

Active Members

Albertson, W. C., Belvidere

*Allen, William C., Blairstown

Baldauf, Herman, Belvidere

Bloom, Lawrence H., 8 Market st., Phillipsburg

Bossard, Henry B., Phillipsburg

Bostwick, Wallace, Blairstown

Brasefield, Edgar N., Phillipsburg

Buchanan, R. McK. LaS., Phillipsburg

Cummins, G. Wyckoff, Belvidere

Curtis, Frank W., Stewartsville
Drake, Paul F., Phillipsburg
Hackett, Leon W., Washington
*Hoagland, Louis B., Oxford
Krausz, Emery, Phillipsburg
Lemmon, T. M., Washington
McMurtrie, William A., Hackettstown
Pursell, William Dana, Phillipsburg
Shimer, Floyd A., Phillipsburg

Skinner, William F., Washington
Spilane, T. H., Phillipsburg
Vail, Wm. Penn., Blairstown
Varney, W. H., Washington
Weres, James, Alpha
Wing, Raymond, Blairstown
Zuck, A. C., Washington

Number of active members and basis of representation, 24, February 5, 1936.

SUMMARY

Active Members

ATLANTIC	111
BERGEN	135
BURLINGTON	57
CAMDEN	156
CAPE MAY	25
CUMBERLAND	55
ESSEX	778
GLOUCESTER	38
HUDSON	349
HUNTERDON	22
MERCER	187
MIDDLESEX	125
MONMOUTH	101
MORRIS	67
OCEAN	23
PASSAIC	228
SALEM	17
SOMERSET	56
SUSSEX	21
UNION	265
WARREN	24
<hr/>	
	2840

The State Society carries no delinquent members. Those County Societies reporting as many members as were paid up last year are carried in the 100 per cent paid up column.
Burlington
Cape May
Camden
Cumberland
Essex
Gloucester
Hunterdon
Mercer
Middlesex
Morris
Ocean
Passaic
Salem
Somerset
Sussex
Union

This just equals the number 100 per cent paid up last year.

Associate Members

ATLANTIC	0
BERGEN	6
BURLINGTON	0
CAPE MAY	0
CAMDEN	0
CUMBERLAND	9
ESSEX	54
GLOUCESTER	0
HUDSON	43
HUNTERDON	0
MERCER	27
MIDDLESEX	13
MONMOUTH	0
MORRIS	0
OCEAN	0
PASSAIC	0
SALEM	0
SOMERSET	0
SUSSEX	0
UNION	0
WARREN	0
<hr/>	
	144

Number of New Members elected during the year	140
Number of Associate Members in all Component Societies	144
Number of deaths	41

While there is an apparent small drop in Active Membership, the Official List has never before been closed on Feb. 5th, and our membership by April 1st will be about 3090, or 3100.

To the total membership appearing in this Official List there will be added on April 1st 153 names of new and reinstated members making a total on that date of 3177.

Number of members on Official List, Feb. 5, 1936

Active	2840
Associate	144
Total Membership	3024
Number on Official List April, 1935	3055

Respectfully submitted,

J. B. MORRISON,
Secretary.

DATES OF ORGANIZATIONS OF THE COUNTY SOCIETIES

The Medical Society of New Jersey was founded on July 23, 1766, and at once authorized the formation of four "District Societies", which were established without reference to county lines. These societies functioned irregularly until 1816, when a State Law was passed on February 16 authorizing the establishment of a county

society in each county under the auspices of the State Society. The specific object of the county society was to examine and license candidates to practice medicine. Under that and succeeding laws, the present county medical societies were organized on a permanent basis on the following dates:

Somerset—May 21, 1816
Essex—June 4, 1816
Middlesex—June 11, 1816
Morris—June 11, 1816
Cumberland—June 16, 1816
Monmouth—July 24, 1816
Gloucester—Dec. 8, 1818
Hunterdon—June 12, 1821
Warren—Feb. 15, 1826
Burlington—May 19, 1829
Sussex—Aug. 22, 1829

Passaic—Jan. 14, 1844
Camden—Aug. 14, 1846
Mercer—May 23, 1848
Hudson—Oct. 11, 1851
Bergen—Feb. 28, 1854
Union—June 7, 1869
Salem—May 4, 1880
Atlantic—June 7, 1880
Cape May—Dec. 18, 1883
Ocean—Oct. 28, 1903

MEETINGS OF THE COUNTY SOCIETIES

Atlantic County.—Meets second Friday evening monthly, except in June, July, August and September. Annual Meeting in December.

Bergen County.—Meets on second Tuesday each month except July and August. Annual Meeting in May.

Burlington County.—Meets second Thursday evening of each month except June, July and August. Annual meeting in November.

Camden County.—Meets first Tuesday in each month October to May inclusive, with an outing in June. Annual Meeting in May.

Cape May County.—Four regular meetings each year. Meets on first Tuesday in April and October. Annual Meeting in October. Semi-annual meeting in April. Other two meetings at call of the President.

Cumberland County.—Meets on the second Tuesday in October, December, February, April and June. Annual meeting in April.

Essex County.—Annual Meeting is the second Thursday in October. Other meetings on the second Thursday of each month, November to May, inclusive.

Gloucester County.—Regular meetings on the third Thursday of each month except June, July and August. Annual Meeting in May. Annual Social Session in October.

Hudson County.—Meets first Tuesday evening of each month, October to May, inclusive. If a legal holiday, the meeting is held on the next day. Annual Meeting in October.

Hunterdon County.—Meets on the fourth Tuesday of January, April, July and October, the latter being the Annual Meeting.

Mercer County.—Meets on the second Wednesday of each month, except July, August and September, at 8.30 p. m., in the Trenton Country Club. Annual Meeting in December. Annual Banquet second Wednesday in November.

Middlesex County.—Meets on third Wednesday of each month, September to June inclusive. Annual Meeting in December.

Monmouth County.—Meets on the fourth Wednesday in each month from October to June, inclusive. Annual Meeting on 4th Wednesday in April.

Morris County.—Meets on the third Thursday in March, June, September and December. Annual Meeting in June.

Ocean County.—Meets second Wednesday each month except June, July, August and September. Annual Meeting in November.

Passaic County.—Meets on the second Thursday evening of each month, except June, July and August. Annual Meeting in October.

Salem County.—Meets on the second Friday in February, April, October and December. Annual Meeting in April. Social Meeting in May.

Somerset County.—Meets on the second Thursday evening in February, April, June, October and December. Annual Meeting in June.

Sussex County.—Annual Meeting on the second Tuesday in September; other meetings bi-monthly, September to May inclusive, at call of President.

Union County.—Meets second Wednesday of February, April, October and December. Annual Meeting in October.

Warren County.—Meets on third Tuesday of January, April, July and October; the last named being the Annual Meeting.

An Alphabetical List of the Members of the Medical Society of New Jersey

Compiled March 1936

The figures in parenthesis refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

*Deceased.

ACTIVE MEMBERS

Abel, Arthur R., 144 Harrison st., E. Orange (7)
Abel, Henri E., 345 Union av., Elizabeth (20)
Abey, W. J. H., 23 N. Delaware av., Pennington (11)
Abrams, A. B., 668 Clinton av., Newark (7)
Ackerman, Arthur F., 129 Summit av., Summit (20)
Ackerman, Edward, 5 Richards av., Dover (14)
Ackerman, James F., 1010 Grand av., Asb'y P'k (13)
*Ackerman, Joseph, 404 Asbury av., Asb'y P'k (13)
Ackley, David H., 21 Clinton av., Trenton (11)
Adams, Chas. F., 34 W. State st., Trenton (11)
*Adams, Flora, 259 Union st., Hackensack (2)
Adams, John K., 3 Prospect st., East Orange (7)
Adams, Rayford K., Skillman (18)
Adams, Samuel, 29 Highland av., Jersey City (9)
Adler, Joseph, 933 Ave. C, Bayonne (9)
Africano, J. V., 4246 Hudson blvd., Union City (9)
Agnew, Hobart M., 27 S. Fullerton av., M'ntcl'r (7)
Ainsley, H. Bryson, 246 Union st., Jersey City (9)
Albano, Joseph, 535 N. 7th st., Newark (7)
Albertson, W. C., Belvidere (21)
Albrecht, Wm. John, Somerville (18)
Albright, L. F., 118 Madison av., Spring Lake (13)
Alexander, Hugo, 928 Hudson st., Hoboken (9)
Alexander, Samuel, Main st., Park Ridge (2)
Alexander, Walter G., 48 Webster pl., Orange (7)
Alford, Ralph I., 9 N. Mountain av., Montclair (7)
Allan, James S., 49 Prospect st., East Orange (7)
Allen, G. Herbert, 181 Roseville av., Newark (7)
Allen, Isaac L., 521 Palisade av., Union City (9)
Allen, James M., 657 Main av., Passaic (16)
*Allen, William C., Blairstown (21)
Alling, Frederick A., 15 Washington st., Newark (7)
Allman, David B., 104 St. Charles pl., Atl. City (1)
Alpert, Edward, 661 Jersey av., Jersey City (9)
Alter, Nicholas, 410 Fairmount av., Jersey City (9)
Altman, Chas. D., 301 Highland av., Newark (7)
Altchul, F. Jos., 177 Garfield av., Long Branch (13)
Ambrose, Anthony, 71 Congress st., Newark (7)
Anderson, John E., Neshanic (18)
Anderson, John F., 195 College av., N. Bruns. (12)
Anderson, R. M., 408 Main st., Hackensack (2)
Anderson, Richard D., Burlington (3)
Anderson, Wm., 20 Kings hwy., Haddonfield (4)
Andreae, Paul, 52 Warner av., Jersey City (9)
Andrews, Clarence L., 1616 Pacific av., Atl. City (1)
Andrus, David L., 805 Cooper st., Camden (4)
Angelillis, P., 76 State st., Hackensack (2)
Angelo, Jos. A., 1190 Paterson Pl'k rd., Secaucus (9)
Antonius, N. A., 27 W. Market st., Newark (7)
Anuario, Chas. B., 283 S. Centre st., Orange (7)
Apgar, Francis A., Oldwick (10)
Applebaum, I. L., 152 Clinton av., Newark (7)

Applegate, Edw. T. R., 1125 Greenw'd av., Tr'nt'n (11)
Applegate, Grover, 71 Liv'gst'n av., N. Br'ns'w'k (12)
Applestein, Robert, 569 E. State st., Trenton (11)
Appold, Geo. D., 60 Church st., Bergenfield (2)
Areson, Wm. H., 153 Belleville av., U. Montcl'r (7)
Ard, Frank C., Plainfield (20)
Aria, Michael, 31 Glenwood av., Jersey City (9)
Arlitz, William J., 107 Newark st., Hoboken (9)
Armstrong, L. B., 121 S. Euclid av., Westfield (20)
Armstrong, Robt. R., 114 Penn'gt'n av., Passaic (16)
Aronis, H. R., 239 E. Hanover st., Trenton (11)
Arthur, Frances, 138 Westfield av., Elizabeth (20)
Ash, Arthur F., 710 Blvd. E., Weehawken (9)
Ash, Frank W., 180 Carroll st., Paterson (16)
Ashcraft, Samuel F., Mullica Hill (8)
Asher, Maurice, 186 Clinton av., Newark (7)
Ashley, H. H., 190 W. State st., Trenton (11)
Aszody, Paul, 340 Waverly av., Newark (7)
*Atkinson, Alvan W., 423 E. State st., Trenton (11)
Atkinson, Jas. W., 485 S. Maple av., Glen Rock (16)
Atwell, David R., 920 Hudson st., Hoboken (9)
Atwood, E. A., 360 Park av., Paterson (16)
Aurjemma, Michele, 419 Adams st., Hoboken (9)
Austin, T. R., 16 Alden st., Cranford (20)
Avery, Phillip S., Mid'es'x Gen. Hosp., N. Bruns. (12)
Avidan, Maurice S., 30 Stratford pl., Newark (7)
Axford, W. H., Chester (9)
Axilrod, Maurice, 2620 Pacific av., Atlantic City (1)

ASSOCIATE MEMBERS

Aikman, E. M., 30 Oak lane, Essex Fells (7)
Albano, Enrico H., 242 Clifton av., Newark (7)
Alcamo, John H., 215 Littleton av., Newark (7)
Amdur, Louis A., 834 Westside av., Jersey City (9)
Anthony, D. W., Jr., 201 With'rsp'n st., Princ't'n (11)

ACTIVE MEMBERS

Babbitt, Hugh M., Jr., 113 W. 7th st., Plainfield (20)
Bachmann, Wm., 87 Hilcrest ter., East Orange (7)
Bacon, Mary, 278 E. Commerce st., Bridgeton (6)
Baechler, Jules, 439 16th st., West New York (9)
Baeseman, R. W., 501 Grand av., Asbury Park (13)
Bagg, Linus W., 31 Lincoln Park, Newark (7)
Bailey, Chas. P., 422 Fifth st., Lakewood (13)
Bailey, Wilson G., 512 Broadway, Camden (4)
Bailyn, Emanuel, 331 16th st., West New York (9)
Baird, T. M., 124 Grand pl., Arlington (7)
Baker, Augustus L., 389 W. Bl'kwel av., Dover (14)
Baker, Banks S., Skillman (18)
Baker, Chas. F., 198 Clinton av., Newark (7)
Baker, Elsworth F., State Hosp., Marlboro (13)
Baker, Hugh W., Vineland (6)

- Baker, Maurice E., 1149 Kaighn av., Camden (4)
 Baker, Philip W., High Bridge (10)
 Baker, Raymond DeWight, 52 DeFurr'st av., Sum't (20)
 Baketel, H. S., 155 Van Wagenen st., Jersey City (2)
 Baldauf, Herman, Belvidere (21)
 Baldwin, J. F., 51 E. Clinton av., Bergenfield (2)
 Baldwin, Samuel H., 626 Clinton av., Newark (7)
 Ballinger, Reeve, 659 Kearny av., Kearny (9)
 Banach, Leon, 2747 Blvd., Jersey City (9)
 Banks, Winifred D., 6 N. Munn av., East Orange (7)
 Barb, K. B., Kaighn & Princess avs., Camden (4)
 Barbarito, Wm. N., 135 Bentley av., Jersey City (9)
 Barbash, Samuel, 1902 Pacific av., Atlantic C'y (1)
 Barbour, George E., Somerville (18)
 Barishaw, S. B., 5 Bentley av., Jersey City (9)
 Barkhorn, Chas. W., 223 Roseville av., Newark (7)
 Barkhorn, Henry C., 45 Johnson av., Newark (7)
 Barlow, Frank A., 91 Lafayette av., Passaic (16)
 Barlow, G. B., Spring lane, Englewood (2)
 Barnes, J. W., 155 Engle st., Englewood (2)
 Barnshaw, Harold D., 2626 Federal st., Camden (4)
 Barr, A. H., 830 Wood av., N. Linden (20)
 Barr, Joseph, 975 Madison av., Paterson (16)
 Barrett, A. F., 835 Montgomery st., Jersey City (9)
 Barrett, Joseph F., 230 Parker av., Maplewood (7)
 Barrows, Arthur M., 440 Hamilton av., Trenton (11)
 Barrows, Victor L., Pitman (8)
 Barry R. G., 908 W. State st., Trenton (11)
 Bartlett, Clara K., 4301 Atlantic av., Atlantic City (1)
 Baruch, Rudolph J., 414 Elizabeth av., Elizabeth (20)
 Basset, Lavern C., 320 New Market rd., Dunellen (2)
 Bassett, Norman H., Prof. Arts Bldg., Atl. C'y (1)
 Bauer, Harry W., Palmyra (3)
 Baum, Felix, 765 S. 10th st., Newark (7)
 Baum, Samuel, 10 Osborne ter., Newark (7)
 Bearisto, E. B., 175 W. State st., Trenton (11)
 Beaver, Jennie Dean, 8 Oliphant Park, Mor'st'n (14)
 Becker, C. Fred, 620 Benson st., Camden (4)
 Becker, Fred W., 14 Clinton pl., Newark (7)
 Becker, G. L., 646 E. 28th st., Paterson (16)
 Becker, Leo V., 69 Ward st., Paterson (16)
 Becker, Sidney D., 134 Maple av., Keyport (13)
 Beckett, Geo. C., 350 Springdale av., E. Orange (7)
 Beekman, Jesse H., Sayreville (12)
 Beekman, John B., Bedminster (18)
 Behrens, Herman, 312 Webster av., Jersey City (9)
 Beideman, Casper M., 5 W. Maple av., Merch'tv'le (4)
 Beir, I. R., Haverford Apts., Atlantic City (1)
 Beisler, Lawrence G., 1528 N. Broad st., Hillside (20)
 Belafski, Henry S., 572 Rahway av., Woodbridge (12)
 Belfer, J. J., 1235 Chamber st., Trenton (11)
 Belford, R. J., 90 Nassau st., Princeton (11)
 Beling, C. Abbott, 111 Clinton av., Newark (7)
 Beling, Chris. C., 111 Clinton av., Newark (7)
 Bell, J. Finley, 83 E. Palisade av., Englewood (2)
 Bell, Thomas, 340 Belmont av., Newark (7)
 Bellak, Ellis R., Leesburg (6)
 Bellis, Horace D., 437 E. State st., Trenton (11)
 Belting, Arthur W., Aleda Apts., Trenton (11)
 Ben-Asher, Solomon, 260 Bergen av., Jersey City (9)
 Bender, Theo., 666 Broadway, Paterson (16)
 Bendix, Gerhard, Bound Brook Hosp., B'd Br'k (18)
 Bengelsdorf, A., 29 Clinton pl., Newark (7)
 Benjamin, Harold C., 59 Crescent av., Jersey City (9)
 Bennett, Samuel D., Millville (6)
 Bennett, W. F., Essex Mountain San., Verona (7)
 Bensley, Maynard G., 129 Summit av., Summit (20)
 Berntley, David F., Jr., 406 Cooper st., Camden (4)
 Berardinelli, C. G., 92 8th av., Newark (7)
 Berenson, Samuel J., 1012 E. Jersey st., Elizab'th (20)
 Berg, S., 156 Roseville av., Newark (7)
 Berger, Harry, 921 S. Clinton av., Trenton (11)
 Berger, W. A., 346 Roseville av., Newark (7)
 Bergin, J. V., 315 Broadway, Paterson (16)
 Bergman, M. W., 825 S. 10th st., Newark (7)
 Berkow, Samuel G., 138 Market st., Perth Amb'y (12)
 Berlin, J. L., 9 Gifford av., Jersey City (9)
 Berman, Jacob J., 409 Market st., Trenton (11)
 Bernstein, Julius, 5 Farley av., Newark (7)
 Berry, Clarence H., 129 Summit av., Summit (20)
 Beshlian, Hagop K., 7 Lee pl., Paterson (16)
 *Betancourt, R. R., 406 Cooper st., Camden (4)
 Beveridge, W. W., 100 Grand av., Asbury Park (13)
 Beyer, O. J., 42 Laurel av., Irvington (7)
 Bianchi, Angelo R., 228 S. 7th st., Newark (7)
 Bien, Frank A., 999 Clinton av., Irvington (7)
 Bigelow, Elizabeth F., 117 Irvington av., S. Or. (7)
 Bigelow, N. S., 117 Irvington av., S. Orange (7)
 *Binder, Joseph, 422 Bergen av., Jersey City (9)
 Binder, Joseph, 149 Garfield av., Long Branch (13)
 Bingham, Arthur W., 144 Harrison st., E. Or. (7)
 Bird, Frank L., Netcong (14)
 Birdsall, Clarence, 3 Small av., Caldwell (7)
 Birrell, R. G., 554 Westminster av., Elizabeth (20)
 Bishop, Carl, 831 Madison av., Plainfield (20)
 Bissett, John V., 29 Hawthorne av., E. Orange (7)
 Bitten, Robert M., 33 Romaine av., Jersey City (9)
 Blackburne, George, 490 Central av., Newark (7)
 Blackwell, Enoch, 28 W. State st., Trenton (11)
 Blair, T. D., 414 Park av., Plainfield (20)
 Blaisdell, C. Byron, 489 Broadway, Long Branch (13)
 Blampin, Winifred A., Galen Hall, Atlantic City (1)
 Blanchard, C. L., 27 E. Blackwell st., Dover (14)
 Blanchard, Kenneth, 25 S. Munn av., E. Orange (7)
 Blaugrund, Samuel, 190 W. State st., Trenton (11)
 Bleick, Theo. E., 61 Van Ness pl., Newark (7)
 Bleick, Wm. D., 583 Prospect av., Maplewood (7)
 Bleier, Louis, 88 Clinton av., Newark (7)
 Blenkle, V. A., 846 Garrison st., Teaneck (2)
 Binn, Arthur B., 100 Chestnut st., E. Orange (7)
 Bloch, Harry, 200 E. Jersey st., Elizabeth (20)
 Block, Marcus T., 177 Bloomfield av., Newark (7)
 Block, Max, 48 N. Fullerton av., Montclair (7)
 Block, Milton, 1472 W. Clinton av., Irvington (7)
 Bloom, Lawrence H., 8 Market st., Phillipsburg (21)
 Blum, Joseph M., 128 Mil st., Trenton (11)
 Blumberg, Jack, 504 Westminster av., Elizabeth (20)
 Blythe, Roland P., 30 Springfield av., Cranford (20)
 Bocchini, Jos. A., 366 South 12th st., Newark (7)
 Bohl, Louis J., 320 Broadway, Paterson (16)
 Boker, Emery, 79 Shanley av., Newark (7)
 Bongiorno, Henry D., 516 River st., Paterson (16)
 Bono, J. J., Paris av., Northvale (2)
 Bonomo, Michael J., 587 S. 10th st., Newark (7)
 Bonyng, Henry A., 123 Prospect st., Ridgewood (16)
 Bookrajian, Edw. N., 5459 Blvd., N. Bergen (9)
 Bookstaver, B. S., 193 Norma rd., Teaneck (2)
 Booth, W. S., 318 Grier av., Elizabeth (20)
 Booth, William K., Boonton (14)
 Boothby, I. R., Clinton (10)
 Boozan, Wm. E., 1139 E. Jersey st., Elizabeth (20)
 Borow, Benjamin, Bound Brook (15)
 Borow, Henry, Bound Brook (18)
 Borow, Lewis, Bound Brook (18)
 Borow, Maurice, Bound Brook (18)
 Borshaw, Hyman, 108 Bentley av., Jersey City (9)
 Bortone, Frank, 2765 Blvd., Jersey City (9)
 Boselli, Emile H., 614 15th st., Union City (9)
 Bossard, Henry B., Phillipsburg (21)
 Bossert, Charles L., 4021 Atl. av., Atlantic C'y (1)
 Bostwick, Delazon S., Bridgeton (6)
 Bostwick, Wallace, Birstown (21)
 Botbyl, B. W., 927 Madison av., Paterson (16)
 Botti, John A., 236 Summit av., Jersey City (9)
 Bourns, Edward G., 125 Harrison av., Westfield (20)
 Bove, Joseph, 306 Lincoln av., Orange (7)

Bowers, F. Clyde, Mendham (14)
Bowersox, C. A., Woodbury (8)
Bowles, Harry H., 36 Woodland av., Summit (20)
Bowman, A. K., 272 Nassau st., Princeton (11)
Bowyer, Frank F., 50 Gifford av., Jersey City (9)
Boyd, John P., 67 E. Front st., Red Bank (13)
Boyer, Chas. Geo., Annandale (10)
Boyes, J. G., 1326 Chetwynd av., Plainfield (20)
Boylan, Lawrence B., 630 Main st., Paterson (16)
Brackett, Eliz. R., 349 Franklin av., Nutley (7)
Bradford, Stella S., 16 Seymour st., Montclair (7)
Bradley, Robert A., 1616 Pacific av., At'lantic C'y (1)
Bradshaw, John H., 27 High st., Orange (7)
Brady, Thomas S., 678 Ave. C., Bayonne (9)
Brady, William A., 412 44th st., Union City (9)
Brakeley, Elizabeth, 71 Myrtle av., Montclair (7)
Bramble, Halsey S., Front & Chestnut sts., E'mer (17)
Brancato, Peter, 17 Church st., Paterson (16)
Brandenberg, Leo W., 4260 Boulevard, Union C'y (9)
Branin, Howard S., Millville (6)
Brasefield, Edgar N., Phillipsburg (21)
Brauer, Selig, 234 Bergen av., Jersey City (9)
Braun, David Carl, Newton (19)
Braun, Gus A., 391 Bergen st., Newark (7)
Braunstein, S. C., 424 13th st., West New York (9)
Braunstein, Wm. P., 831 Blvd. E., Weehawken (9)
Bray, William E., Pemberton (3)
Breitstalt, Chas. A., 563 Summer av., Newark (7)
Brennan, Chas. L. S., 14 S. Broadway, Gloucester (4)
Brennan, John F., 429 Cooper st., Camden (4)
Brennock, Thos. McG., 3 Webster av., Jersey City (9)
Breslow, S., 111 Market st., Perth Amboy (12)
Brevoort, H. H., 54 Main st., Lodi (16)
Brewer, William, Woodbury (8)
Brick, G. J., 43 Cottage st., Jersey City (9)
Brien, Wm. M., 449 Main st., Orange (7)
Brin, Anne J. S., 74 S. Munn av., Newark (7)
Brittain, E'more G., Bound Brook (18)
Broadnax, Mary E., 83 Lincoln Park, Newark (7)
Brodtkin, Eva T., 365 Osborn ter., Newark (7)
Brodtkin, H. A., 365 Osborne ter., Newark (7)
Brody, Morton, 75 Livingston av., New Bruns. (12)
Brokaw, Chris. A., 1405 North av., Elizabeth (20)
Bromberg, Chas. B., 107 Lexington av., Passaic (16)
Brooke, W. W., 915 Ave. C., Bayonne (9)
Brooks, George, Cape May Court House (5)
Brooks, S. S., 62 12th av., Paterson (16)
Brophy, Francis N., 2511 Blvd., Jersey City (9)
Brotman, Morton M., 90 Avon av., Newark (7)
Brown, Chester R., 22 Midland av., Arlington (7)
Brown, Chester T., Pru. Ins. Co., Newark (7)
Brown, Fred L., 67 Livingston av., New Bruns. (12)
Brown, Harvey S., 5 Club pl., Freehold (13)
Brown, J. Carlisle, 101 S. Indiana av., Atl. C'y (1)
Brown, J. L., 647 Anderson av., Cliffside Park (2)
Brown, Kenneth, 603 Asbury av., Asbury Park (13)
Brown, L. Greeley, 173 Madison av., Elizabeth (20)
Brown, Lewis W., 160 Roseville av., Newark (7)
Brown, Richard J., 105 Ridgewood rd., S. Orange (7)
Brown, Stanley, Glen av., Laurel Springs (4)
Brown, Wm. H., 29 3rd st., Elizabeth (20)
Browning, W. K., 120 N. Centre st., Merchantville (4)
Browning, Wm. J., 134 N. Centre st., Merchantville (4)
Brozdowski, John J., 554¹/₂ Jersey av., Jersey City (9)
Bruder, A. J., 344 Fairmount av., Jersey City (9)
Buchanan, R. McK., Phillipsburg (21)
Buckley, J. L., 666 Franklin av., Nutley (7)
Buckley, R. T., Peddie School, Hightstown (11)
Buermann, Robert, Lakewood (15)
Bull, Louis M., 92 Heller pkwy., Newark (7)
Bull, Robt. I., 531 W. Market st., Newark (7)
Bull, W. J., 98 Park st., Montclair (7)

Bullen, V. E., 148 Hamilton av., Paterson (16)
Bulwinkle, Fred, Ocean b'v'l., Atl. Highlands (13)
*Bumsted, Clarence, 235 Grafton av., Newark (7)
Bunn, Frank C., 30 Hillyer st., Orange (7)
Bunnell, Frederick N., Barnégat (15)
Bunting, P. DuBois, 712 N. Broad st., Elizabeth (20)
Burbank, H. E., 262 Stuyvesant av., Lyndhurst (2)
Burke, Stephen E., 212 First av., Newark (7)
Burkett, Wendell J., Pitman (8)
Burkowitz, Benjamin, Bridgeton (6)
Burn, Victor, Newton (19)
Burne, John J., 17 Gould av., Newark (7)
Burnett, Chas. B., Main st., South River (12)
Burnham, L., 229 Engle st., Englewood (2)
Burns, G. C. H., County rd., Demarest (2)
Burns, Wilmer F., 267 White Horse Pk., Audubon (4)
Burpeau, Wm. P., 144 Harrison st., E. Orange (7)
Burritt, Norman W., 30 Beechwood rd., Summit (20)
Burrroughs, Edm. W., 701 W. State st., Trenton (11)
Busansky, Samuel T., New Lisbon (3)
Busch, Herman, 38 Johnson av., Newark (7)
Bush, Archer C., 40 Union av., Montclair (7)
Bush, Ralph K., 131 E. Park av., Merchantville (4)
Busicco, P. S., 131 Liberty rd., Englewood (2)
Butcher, Charles, Heislerville (6)
Butenas, Jos. J., 300 First st., Elizabeth (20)
Butler, Eustace C., 249 B'oomfield av., Caldwell (7)
Butler, Vincent P., 33 Bentley av., Jersey City (9)
Butterfield, Arey A., Pas. Nat. B'k Bldg., Passaic (16)
Buvinger, Chas. W., 50 Washington st., E. Or. (7)
Buzby, B. Franklin, 414 Cooper st., Camden (4)
Byck, Louis, 114 Lyons av., Newark (7)
Byington, R., 261 Springfield av., Summit (20)
Byrne, James A., 181 South st., Morristown (14)

ASSOCIATE MEMBERS

Baiocchi, Pascal, 203 Hunterdon st., Newark (7)
Barab, Barney B., 1616 Pacific av., Atlantic City (1)
Barone, Francis A., 175 Fulton st., Jersey City (9)
Bayne, J. K., 12 Princeton av., Princeton (11)
Bergmeyer, Jos. T., 422 20th st., W. New York (9)
Bernard, Wm. J., 226 N. Grove st., E. Orange (7)
Blierberg, Jacob, 565 Bergen st., Newark (7)
Bonanno, Peter J., 518 35th st., N. Bergen (9)
Borrone, Milton, 2695 Blvd., Jersey City (9)
Borsher, Irving P., 255 Broad st., Bloomfield (7)
Buckley, Richard F., 1106 Bloomfield st., Hobok'n (9)
Burtin-Opitz, R., 218 Brindle way, Palisade (2)
Byer, M. Yale, 827 E. State st., Trenton (11)

ACTIVE MEMBERS

Cacciarelli, Robt. A., 517 Roseville av., Newark (7)
Caggiano, A. P., 135 Grove st., Montclair (7)
Cahill, L. A., 353 Lafayette st., Newark (7)
Calabrese, J., Rochelle Park (2)
Caldronay, T. L., 66 Bergen av., Ridgefield Park (2)
Caldwell, J. A., 45 S. Mountain av., Montclair (7)
Callahan, Edward J., 124 St. Paul st., Westfield (20)
Callery, W. T., 4 Columbia ter., Weehawken (9)
Calvert, William C., 220 Central av., Orange (7)
Calvin, Charles, 80 Commerce st., Perth Amboy (12)
Camche, L. J., 250 Renner av., Newark (7)
Cameron, Edwin A., 186 S. Burnett st., E. Orange (7)
Campbell, Duncan, Woodbury (8)
Campbell, H. B., 21 Court st., Newark (7)
Campbell, J. M., 68 N. Central av., Ramsey (2)
Campbell, William, 144 Harrison st., E. Orange (7)
Campbell, Wm. K., 96 3rd av., Long Branch (13)
Cannon, Edward A., 5360 Hudson blvd., N. Bergen (9)
Canright, C. M., 34 Springfield av., Cranford (20)
Cantini, Raphael, 924 Plainfield av., Plainfield (20)

- Cantrell, W. C., 88 Union st., Clifton (16)
 Carabelli, A. A., 434 Hamilton av., Trenton (11)
 Carberry, Edward T., Wharton (14)
 Carbone, Francis N., 157 Hunterdon st., Newark (7)
 Card, Chas. F., 100 W. Milton av., Rahway (20)
 Cardwell, E. P., 47 Central av., Newark (7)
 Caridi, Salvatore, 465 Bergenline av., W. New Y'k (9)
 Carlisle, John H., 129 Prospect st., Passaic (16)
 Carlisle, James M., Merck Co., Rahway (20)
 Carlough, D. J., 426 Ellison st., Paterson (16)
 Carlucci, A. M., 559 Bloomfield av., Newark (7)
 Carman, Fletcher F., 31 Lincoln Park, Newark (7)
 Carmona, Louis R., Tuckerton (15)
 Carpenter, C. C., 129 Summit av., Summit (20)
 Carpenter, Wm. H., Woodbury (8)
 Carr, Mary B., 1 Astor pl., Jersey City (9)
 Carrigan, Francis P., 228 Franklin av., Nutley (7)
 Carrington, Wm. J., 905 Pacific av., Atlantic City (1)
 Carroll, C. Walter, 117 Centre st., Trenton (11)
 Carroll, W. V., 211 Academy st., Trenton (11)
 Carter, Jos. F. S., 142 Atkins av., Asbury Park (13)
 Casale, John B., 496 Highland av., Newark (7)
 Casilli, A. R., 618 Newark av., Elizabeth (20)
 Casselman, Arthur J., 301 N. 2nd st., Camden (4)
 Cassidy, S. H., Osborn st., Keyport (13)
 Catanzaro, F., 151 Jefferson st., Passaic (16)
 Cater, Douglas A., 57 Harrison st., E. Orange (7)
 Cella, C. F., 335 Hamilton av., Trenton (11)
 Chaiken, Louis H., 1024 Jersey st., Elizabeth (20)
 Chamberlain, Aims R., 30 Lenox pl., Maplewood (7)
 Champlin, Paul M., 885 18th ex., Irvington (7)
 *Chapman, A. L., Rahway (20)
 Chapman, E. J., 203 Danforth av., Jersey City (9)
 Chapman, O. P., 125 Broad st., Elizabeth (20)
 Chapman, R. W., 835 Bergen st., Newark (7)
 Chapnick, Maurice M., 117 Peerson st., Paterson (16)
 Charlton, C. Coulter, 124 Illinois av., Atlantic City (1)
 Chase, W. E., 587 Main st., Passaic (16)
 Chattin, John F., 671 Broad st., Newark (7)
 Chayes, Sydney, 980 Ave. C, Bayonne (9)
 Chesner, W. A., 1111 Hamilton av., Trenton (11)
 Chester, Saul W., 634 Broadway, Paterson (16)
 Chew, Elisha C., 603 Pacific av., Atlantic City (1)
 Chianese, C. Chester, 464 Hamilton av., Trenton (11)
 Chiger, Alex. S., 621 High st., Newark (7)
 Childers, Robt. J., 604 Park av., Plainfield (20)
 Chisholm, Gibbs, 14 Boston st., Newark (7)
 Chmelnik, A. G., 299 Clinton av., Newark (7)
 Chrisman, Irving, 408 Ellison st., Paterson (16)
 Christenson, A. H., Lebanon (10)
 Christian, Henry A., 111 Fairview av., Jer. City (9)
 Ciccone, A. C., 389 Grand av., Paterson (16)
 Cibberti, Frank J., 5th & High sts., Camden (4)
 Clark, Alice, Lambertville (10)
 Clark, Charles C., 461 New York av., Union City (9)
 Clark, Ernest, 209 Haddon av., Westmont (4)
 Clark, Frank G., White House Station (10)
 Clark, J. Henry, 108 Orange rd., Montclair (7)
 Clark, John C., 1101 Grand av., Asbury Park (13)
 Clark, S. Worth, 152 S. North Carolina av., Atl. C. (1)
 *Clark, Wm. A., Trenton (11)
 Clarke, Edward W., 435 Warwick av., W. Englew'd (2)
 Clarke, F. M., 116 New st., New Brunswick (12)
 Clarken, Jos. A., 43 Lincoln Park, Newark (7)
 Claus, C. H., 239 21st st. Irvington (7)
 Clay, Thos. A., 351 Totowa av., Paterson (16)
 Clayton, Jas. O., 516 Broad st., Newark (7)
 Clayton, John C., 73 W. Main st. Freehold (13)
 Cleary, Joseph P., Minotola (1)
 Clement, John B., Beverly (3)
 Clement, L. B., 214 Kings hwy., W. Haddonfield (4)
 Clippinger, R. D., Vineland (6)
 Clock, Ralph O., 433 E. 51st st., New York City (2)
 Closson, Edward W., Lambertville (10)
 Cloud, A. W., Huguenot av., Englewood (2)
 Cobham, J. L., 78 Brinkerhoff av., Jersey City (9)
 Coburn, John W., 111 N. Oraton pkwy., E. Orange (7)
 Cochrane, Cleland C., Main st., Closter (2)
 Coe, Richard, 156 Clinton av., Newark (7)
 Coffin, Henry, 433 Mt. Prospect av., Newark (7)
 Cogan, Henry, 128 Carroll st., Paterson (16)
 Coghlan, Jasper, 17 Academy st., Newark (7)
 Cohen, C. C., 217 W. Hanover st., Trenton (11)
 Cohen, Herman, 489 Jersey av., Jersey City (9)
 Cohen, Herman, 1419 Hamilton av., Trenton (11)
 Cohen, Herman N., 714 Park av., Hoboken (9)
 Cohen, I. E., 561 Elizabeth av., Newark (7)
 Cohen, Maurice, 106 Valley rd., Montclair (7)
 Cohen, Max, 24 Johnson av., Newark (7)
 Cohen, N. B., 232 State st., Perth Amboy (12)
 Cohen, Samuel A., 112 Mercer st., Jersey City (9)
 Cohen, Sidney L., 20 Avon av., Newark (7)
 Cohen, Sidney Peck, 512 Franklin av., Nutley (7)
 Cohen, William, 1007 Greenwood av., Trenton (11)
 Cohn, G. M., 748 S. 10th st., Newark (7)
 Cohn, Herman, 393 Clinton av., Newark (7)
 Cohn, Royal M., 740 Clinton av., Newark (7)
 Cole, Blase, Newton (19)
 Cole, L. Frank, 242 Broadway, Passaic (16)
 Cole, Walter H., Jr., 116 Chilton st., Elizabeth (20)
 Coleman, A. H., Clinton (10)
 Coleman Joseph G., Hamburg (19)
 Collier, Martin H., Camden Co. Hosp., Lakeland (4)
 Collier, Wm. S., 1000 S. Broad st., Trenton (11)
 Collins, Henry J., 1160 Hamilton av., Trenton (11)
 Collins, James J., Main st., Woodbridge (12)
 Collins, Lawrence M., Greystone Park (14)
 Colmer, Meyer J., 407 Lyons av., Newark (7)
 Colsh, LeRoy L., 612 Ridgewood rd., Maplewood (7)
 Comando, Harry N., 690 Clinton av., Newark (7)
 Comeau, G., Morris Plains (14)
 Comfort, John B., 50 S. Clinton av., Trenton (11)
 Comora, Herman C., 317 16th st., W. New York (9)
 Comunale, A. R., 12 Irving st., Rahway (20)
 Conaway, Walt P., Pacific & Indiana avs., Atl. C. (1)
 Condon, John F., 686 Mt. Prospect av., Newark (7)
 *Condon, W. J., 50 Livingston av., New Bruns. (12)
 Conlon, Philip, 25 James st., Newark (7)
 *Conoly, Lacy N., 601 Walnut st., Camden (4)
 Connamacher, H. S., 671 Springfield av., Newark (7)
 Connell, Emmet J., 2227 Boulevard, Jersey City (9)
 Connell, John, 977 Summit av., Jersey City (9)
 Connell, John N., 26 Carlton av., Jersey City (9)
 Connelly, John A., 212 W. State st., Trenton (11)
 Connelly, T. Vincent, 56 Hamilton st., Paterson (16)
 Connelly, Thomas W., 921 Bergen av., Jersey City (9)
 Connolly, John J., 212 Market st., Newark (7)
 Connolly, Richard N., City Hospital, Newark (7)
 Connor, Clarence A., 1586 Center av., Fort Lee (2)
 *Conoly, J. Holbert, 300 Monmouth st., Gloucester (4)
 Conover, E. E., 267 Madison av., Hasbr'ck Hgts. (2)
 Conroy, John S., Burlington (3)
 Conway, J. V., Madison (14)
 Conty, Anthony J., 318 48th st., Union City (9)
 Cook, H. F., 21 Roseville av., Newark (7)
 Cook, John, Eliz. Magee Hosp., Pittsburgh, Pa. (18)
 Cooke, Wm. H., 303 Main st., East Orange (7)
 Cooley, Roger Logan, Dunellen (18)
 Cooper, H. M., 37 Ridge rd., Rutherford (2)
 Cooper, I. J., 116 Livingston av., N. Brunswick (12)
 Cooper, J. Howard, East Millstone (18)
 Cooperman, Wm., 647 Market st., Newark (7)
 Coppola, Edward A., 447 Lexington av., Clifton (16)
 Corbusier, H. D., 612 Park av., Plainfield (20)
 Corio, George A., 307 S. Clinton av., Trenton (11)
 Corn, David, 119 Park st., Ridgefield Park (2)

- Cornwell, Alfred W., 265 N. Laurel st., Bridgeton (6)
Corrigan, Patrick H., 1720 S. Broad st., Trenton (11)
Corson, Allen, Ocean City (5)
Corson, Elton S., Bridgeton (6)
Corson, Filbert R., 101 S. Indiana av., Atl. City (1)
Corson, Kenneth E., Vineland (6)
Cortese, A. E., 26 Ward st., Paterson (16)
Cosgrove, Samuel A., 254 Union st., Jersey City (9)
Costell, William Francis, Dover (14)
*Costill, Henry B., 371 Hamilton av., Trenton (11)
Cotton, N. T., 219 Graham av., Paterson (16)
Cottone, R. J., 683 Princeton av., Trenton (11)
Cottrell, Judson G., 159 Market st., P. Amboy (12)
Coughlan, Ella A., 10 Oakwood av., Orange (7)
Coughlan, Francis J., 24 Beech st., Arlington (7)
Coultas, A. B., Madison (14)
Cowlbeck, H. D., 224 W. State st., Trenton (11)
Cox, Harold C., 208 Stockton st., Hightstown (11)
Cox, John Calvin, 55 Woodland rd., Maplewood (7)
Cox, William W., 27 S. Fullerton av., Montclair (7)
Coxson, H. P., Laurel rd., Stratford (4)
Crabtree, Loren H., 142 Bellevue st., Elizabeth (20)
Craig, Henry Augustus, Somerville (18)
Crain, W. E., Woodbury (8)
Crandall, John K., 200 Main st., Fort Lee (2)
Crane, Bernard, 306 Pacific av., Atlantic City (1)
Crane, Charles G., 78 Farley av., Newark (7)
Crane, N. T., 147 E. 7th st., Plainfield (20)
Crandell, Charles Archie, Greystone Park (14)
Crankshaw, Chas. W., Pru. Ins. Co., Newark (7)
Craster, Charles V., 381 Parker st., Newark (7)
Crawford, Georgiana U., 28 Carnegie av., E. Or. (7)
Crawford, John W., Bedminster (18)
Crecca, William D., 111 Park av., Newark (7)
Cregar, Peter B., 420 Grant av., Plainfield (20)
Cremens, John F., 144 Carroll st., Paterson (16)
Crescente, F. J., 827 Madison av., Paterson (16)
Crist, Walter A., 725 Collings av., W. Collingsw'd (4)
Cronk, E. Irving, 57 Livingston av., N. Brunswick (12)
Cropper, Chas. W., 2540 Hudson blvd., Jersey City (9)
Crossfield, H. C., 491 South Orange av., S. Orange (7)
Crounse, D. R., 84 Broadway, Passaic (16)
Crowe, Aldrich C., Ocean City (5)
Cryder, Millard, Cape May Court House (5)
Crystell, E. H., Hillside av., Nutley (7)
Csema, E. J., 151 Somerset st., New Brunswick (12)
Culver, George M., 25 Glenwood av., Jersey City (9)
Culver, S. Herbert, 75 Magnolia av., Jersey City (9)
Cummins, G. Wyckoff, Belvidere (21)
Cunningham, Chas. Jr., Vineland (6)
Currie, Norman W., 508 Central av., Plainfield (20)
Curry, Marcus A., Greystone Park (14)
Curtis, Arthur W., 399 Lincoln av., Orange (7)
Curtis, A. M., 445 Van Houten st., Paterson (16)
Curtis, Elbert A., 65 Central av., Newark (7)
Curtis, Frank W., Stewartsville (21)
Curtis, Grant P., 312 36th st., Union City (9)
Curtis, Howard C., Moorestown (3)

ASSOCIATE MEMBERS

- Caldwell, Donald M., Pru. Ins. Co., Newark (7)
Caputo, Anthony R., 15 DeWitt av., Belleville (7)
Carroll, Wilfred, 56 Goodwin av., Newark (7)
Chamberlain, R. R., 30 Lenox pl., Maplewood (7)
Clement, B. L., 31 Lincoln Park, Newark (7)
Copleman, H. B., 50 Livingston av., New Bruns (12)
Coughlin, John, 43 Arlington av., Jersey City (9)

ACTIVE MEMBERS

- D'Acerno, P., 346 Palisade av., Union City (9)
D'Acunto, P., 141 Mt. Prospect av., Newark (7)
D'Agostin, Henry, 245 Fulton ter., Cliffside Pk (2)
Dalton, S. Eugene, 117 S. Illinois av., Atlantic City (1)
Daly, E. J., 921 Bergen av., Jersey City (9)
Dandois, George F., Wildwood (5)
Dane, Charles, 61 Scotland rd., S. Orange (7)
Dane, John, 61 Scotland rd., South Orange (7)
Danzis, Max, 31 Lincoln Park, Newark (7)
Darby, Charles Eugene, Ocean City (5)
D'Arcy, Walter E., 545 E. State st., Trenton (11)
Darden, Walter T., 149 W. Kinney st., Newark (7)
Darlington, Emlen P., New Lisbon (3)
Darnall, Wm. Edgar, 5 S. Morris av., Atl. City (1)
Daron, Simeon, 31 Lincoln Park, Newark (20)
Davenport, Irwin P., 194 W. State st., Trenton (11)
Davenport, Peter B., 764 S. Orange av., Newark (7)
Davey, Thomas N., 41 W. 33rd st., Bayonne (9)
Davidson, E. Norwell, 102 Elm st., Linden (20)
Davidson, Harold S., 101 S. Indiana av., Atl. City (1)
Davidson, Henry A., 31 Lincoln Park, Newark (7)
Davidson, Louis L., 31 Lincoln Park, Newark (7)
Davies, George A., Elmer (6)
Davis, Albert B., 511 Cooper st., Camden (4)
Davis, Byron G., 1500 Pacific av., Atl. City (1)
Davis, E. Vernon, Vincentown (3)
Davis, F. C., 129 Summit av., Summit (20)
Davis, Harold L., 178 W. State st., Trenton (11)
Davis, Jacob M., Burlington (3)
Davis, James T., 1169 Elizabeth av., Elizabeth (20)
*Davis, Richard M. A., Salem (17)
Davis, Stanton H., 212 E. 7th st., Plainfield (20)
Davis, Thomas C., 16 Old Short Hills rd., Millburn (7)
Davis, W. Cole, 124 S. Illinois av., Atlantic City (1)
Davison, C. Spencer, Pennsville (17)
Davison, Royden W., 205 W. State st., Trenton (11)
Dawson, Harry, 618 24th st., Paterson (16)
Day, Grafton E., Frazier & N. J. avs., Collingsw'd (4)
Day, Hayward F., 37 Craig pl., N. Plainfield (18)
Day, Samuel Thomas, Port Norris (6)
Day, Willis B., 407 E. 7th st., Plainfield (20)
Dayton, S. T., 86 Demarest av., Englewood (2)
DeCesare, F. J., 500 Walnut st., Roselle Park (20)
Decker, Chas. T., 178 Elm st., Westfield (20)
Decker, Henry B., 527 Penn st., Camden (4)
De Fino, F. J., 463 N. 7th st., Newark (7)
De Freitas, Clement, 423 W. 4th st., Plainfield (20)
DeFronzo, Morando, 180 Fairmount av., Newark (7)
DeFuccio, C. P., 47 Glenwood av., Jersey City (9)
DeFusco, G. Thomas, 330 Newark av., Jersey City (9)
DeGehardt, I. H., 51 Livingston av., N. Bruns. (12)
deHellebranth, R. T., 104 S. Frank't av., Ventnor (1)
Deibert, Irvin E., 618 Benson st., Camden (4)
Deich, S. R., 111 Lexington av., Passaic (16)
Diechman, Charles H., 39 Elm st., Morristown (14)
Delario, A. J., 56 Cross st., Paterson (16)
DeDeo, Nicholas V., 49 State st., Newark (7)
Del Duca, Vincent, 406 Cooper st., Camden (4)
Del Guercio, O., 342 Clifton av., Newark (7)
DeMattia, Michael, 71 Cedar st., Paterson (16)
DeMeritt, C. L., 1225 Bloomfield st., Hoboken (9)
Denbo, Elica, 854 Haddon av., Camden (4)
Denelsbeck, J. Otis, 878 E. State st., Trenton (11)
Denes, O. J., 402 Centre st., Nutley (7)
Dengler, H. P., Toms River (20)
Dennin, Jos. W., 308 Chestnut st., Roselle (20)
DePons, Isabella S., 501 Grand av., Asbury Park (13)
Derivaux, John A., 103 Clinton av., Newark (7)
DeRosa, Armond, 290 Union blvd., Totowa (16)
DeRosa, John, 150 Fair st., Paterson (16)
Deutel, Oscar R., 283 Franklin st., Bloomfield (7)
DeVausney, Winfield S., 50 James st., Newark (7)
DeVincentis, Henry, 285 Henry st., Orange (7)
Devlin, Frank, 617 Broadway, Newark (7)
Devlin, Hugh J., 72 Thomas st., Newark (7)
Dewis, Edwin G., 1018 4th av., Asbury Park (13)
Dexter, Harriet E. T., 903 Ave. C, Bayonne (9)

- DeYoe, Leon E., 602 Broadway, Paterson (16)
 Diamond, J. George, 812 Park av., Plainfield (20)
 Dias, Joseph L., 17 Lombardy st., Newark (7)
 Dickson, J. D., 202 Larch av., Bogota (2)
 Dieffenbach, Rich. H., 570 Mt. Prospect av., Nwk. (7)
 Dieker, Howard E., 78 Main st., South River (12)
 DiGiacomo, Wm. H., 2 Prospect pl., Newark (7)
 Dillingham, W. L., 431 15th st., W. New York (9)
 DiMarino, A. J., Paulsboro (8)
 Dimun, J. T., 960 S. Broad st., Trenton (11)
 Dinger, Ferdinand Chas., 67 S. Munn av., E. Or. (7)
 Dingman, N. M., 330 Broadway, Paterson (16)
 Disbrow, G. Ward, 126 Mountain av., Summit (20)
 Disbrow, Harold B., Lakewood (15)
 Diverty, Henry B., Woodbury (8)
 Dodd, Edward L., 151 Forest st., Belleville (7)
 Dodd, William E., Beach Haven (15)
 Dodson, Louis W., 592 Jersey av., Jersey City (9)
 Dogget, E. Hugh, 515 W. 7th st., Plainfield (20)
 Dolganos, Moses, 268 Palisade av., Jersey City (9)
 Donahue, Wm. J., 173 Roseville av., Newark (7)
 Donlan, F. A., 336 Main st., Metuchen (12)
 Donnelly, Robert J., 208 W. Market st., Newark (7)
 Donohoe, Lucius F., 149 W. 8th st., Bayonne (9)
 Donovan, J., Greystone Park (14)
 Doody, William M., 19 Bentley av., Jersey City (9)
 Doran, Ralph J., 200 11th st., Hoboken (9)
 Doran, W. G., 921 Bergen av., Jersey City (9)
 Doranz, H. K., 491 Centre st., Trenton (11)
 Doremus, Widmer E., 375 Mt. Prospect av., Nwk. (7)
 Dorn, Elliot I., 267 Vassar av., Newark (7)
 Dougherty, Daniel D., 206 10th st., Hoboken (9)
 Dowd, Ambrose F., 239 Broadway, Newark (7)
 Dowds, Elwood E., Woodbury (8)
 Downs, Rocius I., Riverside (3)
 Dragonetti, E. N., 177 Clifton av., Newark (7)
 Drake, Daniel E., Gr'w'd Lake rd., New Found'd (16)
 Drake, Leo B., Franklin (19)
 Drake, Paul F., Phillipsburg (21)
 Dranow, Paul, 233 Franklin av., Nutley (7)
 Dreskin, J. L., 172 Lyons av., Newark (7)
 Drezner, H. L., 521 S. Warren st., Trenton (11)
 Driscoll, Chas. D., 6 White Horse pk., HaddonHts. (4)
 Drury, Alfred J., 268 E. 3rd av., Roselle (20)
 DuBois, M. G., 769 High st., Newark (7)
 DuBusc, L. C. Victor, 399 Westfield av., Elizab'h (20)
 Dukes, H. R., 220 Kearny av., Kearny (9)
 Duckett, Warren J., 21 Carlton av., Jersey City (9)
 Dulin, Everett K., 144 Harrison st., East Orange (7)
 Duncan, O. B., 606 E. 26th st., Paterson (16)
 Dundon, Arthur H., North Plainfield (18)
 Dunn, John S., 75 Market st., Salem (17)
 Dunn, Theodore B., 194 Broad st., Bloomfield (7)
 Dunning, Walter L., 533 River st., Paterson (16)
 Durant, H. J., 485 Park av., Paterson (16)
 Durham, Royal E., 130 S. Illinois av., Atl. City (1)
 Durrah, Fred F., 310 Plainfield av., Plainfield (20)
 Dwyer, Leon C., 801 N. Wood av., Linden (20)
 Dwyer, Henry E., 261 Madison av., Passaic (16)
 Dwyer, William A., 99 Park av., Paterson (16)
 Dyer, Ed. H., Victoria & Atlantic avs., Ventnor (1)
 East, I. Cooper, Skillman (18)
 Eaton, Arthur T., 201 4th st., Haddon Heights (4)
 Ebenfield, S. W., 344 High st., Newark (7)
 Echkson, Joseph I., 845 S. 12th st., Newark (7)
 Eckert, W. L., 720 Shore rd., Somers Point (1)
 Eckert, William, 672 Palisade av., Union City (9)
 Eckhardt, Ralph A., Madison (14)
 Eddy, Lester R., Sussex (19)
 Edelen, James J., 280 S. Clinton st., E. Orange (7)
 Edelson, Samuel, 1141 Corlies av., Neptune (13)
 Edgar, Joseph A., 71 Congress st., Jersey City (9)
 Edgar, Malcolm S., 129 Summit av., Summit (20)
 Edlkrut, E. C., 129 Highland av., Passaic (16)
 Edwards, James B., 144 Woodbridge pl., Leonia (2)
 Edwards, Lena F., 368 Pacific av., Jersey City (9)
 Ehrenfeld, Edward, 115 Lexington av., Passaic (16)
 Eigen, Louis A., 358 Gregory av., W. Orange (7)
 Ein, William B., 31 Lincoln Park, Newark (7)
 Eisenberg, David S., 31 Lincoln Park, Newark (7)
 Ekings, Frank P., 221 Broadway, Paterson (16)
 Elias, Elmer J., 827 S. Broad st., Trenton (11)
 Ellenson, S. S., 507 4th av., Asbury Park (13)
 Elliott, Frazer J., 10 N. 2nd st., Hammonton (1)
 Ellis, Alexander, 513 Broadway, Camden (4)
 Ellis, Arthur J., 282 Broad st., Newark (7)
 Elsasser, Theo. H., 906 Park av., Woodcliff (9)
 Elmer, Matthew K., Bridgeton (6)
 Elwell, Alred M., 407 Cooper st., Camden (4)
 Ely, Lance'ot, Somerville (18)
 Emerson, Linn, 310 Main st., Orange (7)
 Emmer, S. Wolfe, 31 Lincoln Park, Newark (7)
 Emory, George B., 1 Franklin pl., Morristown (14)
 Englander, Chas. P., 41 Hillside av., Newark (7)
 English, James R., 51 Cypress st., Newark (7)
 English, John T., 681 Stuyvesant av., Irvington (7)
 English, Samuel B., Glen Gardner (10)
 Enright, J. G., 25 Kensington av., Jersey City (9)
 Epstein, Harry H., 225 Perry st., Trenton (11)
 Epstein, Harry B., 31 Lincoln Park, Newark (7)
 Erler, Eugene W., 119 N. 5th st., Newark (7)
 Ernest, Richard B., 240 W. State st., Trenton (11)
 Ervin, Millard B., 572 Prospect st., Maplewood (7)
 Essertier, Edward P., 273 State st., Hackensack (2)
 Esty, Geoffrey W., 629 E. Broad st., Westfield (20)
 Ethridge, Chas. H., 479 Prospect st., E. Orange (7)
 Evans, Charles H., 144 Harrison st., East Orange (7)
 Evans, E. E., Pennsgrove (17)
 Evans, E. J., Jr., Denville (14)
 Evans, James L., 893 Park av., Woodcliff (9)
 Evans, Winborne D., 2704 Westfield av., Camden (4)
 Evans, Arthur E., 3600 Pacific av., Atlantic City (1)
 Ewing, Harvey M., 31 Lincoln Park, Newark (7)
 Ewing, Leslie H., Broad st., Berlin (4)
 Eynon, Harold K., 579 Haddon av., Collingsw'd (4)

ASSOCIATE MEMBERS

- Ellis, Van M., Princeton Univ. Infirmary, Pr'ct'n (11)
 Engelhart, F. K., 701 Stuyvesant av., Trenton (11)
 Epstein, Rubie, 606 Perry st., Trenton (11)

ACTIVE MEMBERS

- Danielson, John J., 65 Fulton st., Weehawken (9)
 Danzis, Louis, 863 18th av., Irvington (7)
 Dersheimer, Fred'k W., 546 Bergen av., Jer. City (9)

ACTIVE MEMBERS

- Eagleton, Wells P., 15 Lombardy st., Newark (7)
 Earp, Ruth, Bernardsville (14)
 Eason, S. W., 48 DeForest av., Summit (20)

- Fagan, James L., 51 Bayard st., New Brunsw'k (12)
 Fager, Rudolph O., 98 Broad st., Bloomfield (7)
 Fahrenbruch, F. D., Mount Holly (3)
 Failing, Brayton, 31 Lincoln Park, Newark (7)
 Fairbanks, Warren H., 27 Broadway, Freehold (13)
 Faison, John B., 45 Glenwood av., Jersey City (9)
 Falcone, C., 195 Sanford av., New Brunswick (12)
 Falvello, N., 28 Wetmore av., Morristown (14)
 Fanburg, Sol J., 31 Lincoln Park, Newark (7)
 Fanelli, Antonio, 469 Laurie st., Perth Amboy (12)

Farden, Joseph L., 322 Roseville av., Newark (7)
Farmer, W. D., Church st., Allentown (11)
Farr, Irving L., 214 Walnut st., Montclair (7)
Farr, J. C., 75 10th st., Hoboken (9)
Farr, W. J., 288 Griggs av., Teaneck (2)
Farrell, Edgar A., 100 Kings hwy., W. Haddonfield (4)
Fasano, G., 194 S. 7th st., Newark (7)
Fattel, Henry C., 593 33th st., N. Bergen (9)
Faughnan, Rose, 97 High st., Passaic (7)
Faulkingham, R. J., 61 Livingston av., N. Bruns. (12)
Fava, Philip V., 220 S. 7th st., Newark (7)
Favorite, Grant O., West Jer. Hosp., Camden (4)
Featherston, Daniel F., 506 4th av., Asbury Pk (13)
Fechner, Julius, 138 W. Kinney st., Newark (7)
*Federman, P. H., 299 Fairmount av., Newark (7)
Fee, Eam K., Main st., Lawrenceville (11)
Feher, L. A. M., 177 Somerset st., New Bruns. (12)
Feigenoff, Israel, 420 Broadway, Paterson (16)
Fein, Bernard, 585 Elizabeth av., Newark (7)
Feinberg, Harry D., 384 2nd av., Long Branch (13)
Feinstein, Lou's, 410 Pacific av., Atl. City (1)
Fel, Alton S., 529 E. State st., Trenton (11)
Fellman, M., 118 Jewett av., Jersey City (9)
Feman, J. G., 141 Main st., Keansburg (13)
Fendrick, Edward, 91 Watson av., E. Orange (7)
Feneck, Chas. C., 510 Roma av., Phoenix, Ariz. (7)
Fenton, Tennant E., 320 Ludlow av., Spring Lk. (13)
Fenzl, Louis J., 33 Edwards st., Bayonne (9)
Ferguson, Chas., 435 Westminster av., Elizabeth (20)
Ferguson, W. E., 22 James st., Newark (7)
Fern, S. S., 122 Elizabeth av., Newark (7)
Ferrari, A. F., 110 Hackensack av., Rutherford (2)
Ferriss, Ruth, 10 DeHart st., Morristown (14)
Fessler, A. J., 1544 S. Broad st., Trenton (11)
Fewsmith, Joseph L., 120 2nd av., Newark (7)
Field, Frank L., Far Hill's (18)
Fielding, William M., 215 Park av., Allendale (2)
Filippone, Ames L., 109 Parker st., Newark (7)
Fikling, Cedric, 418 White Horse Pike, Audubon (4)
Fine, H. P., 185 Market st., Perth Amboy (12)
Fine, Moses J., 65 Girard av., Newark (7)
Fine, S. G., N. J. State Hosp., Trenton (11)
Fineberg, Jacob, 50 Glenwood av., Jersey City (9)
Finegan, P. J., 1912 Hamilton av., Trenton (11)
Finesilver, Edward M., 31 Lincoln Park, Newark (7)
Fink, Irving, 129 Lyons av., Newark (7)
Finke, Charles H., 317 York st., Jersey City (9)
Finke, George W., 237 State st., Hackensack (2)
Finke, John H., 19 Hudson st., Hackensack (2)
Finkel, Joshua, 368 Clinton av., Newark (7)
Finkelstein, A. S., 670 Clinton av., Newark (7)
Finkler, Rita S., 35 Leslie st., Newark (7)
Finn, Frederick A., 921 Bergen av., Jersey City (9)
Fischman, H. H., 328 Avon av., Newark (7)
Fish, Clyde M., 7 W. Wash'tn av., Pleasantville (1)
Fischbein, F., Oradell (2)
Fisher, James A., 501 Grand av., Asbury Park (13)
Fisher, Samuel, 808 Madison av., Paterson (16)
Fishknoff, A., 360 State st., Perth Amboy (12)
Fisler, C. F., Clayton (8)
Fitch, Thomas, 724 Watchung av., Plainfield (20)
Fithian, George W., 266 High st., Perth Amboy (12)
Fitzhugh, W. F., 65 Bergen av., Ridgefield Park (2)
Fitzpatrick, Edward F., 574 Warren st., Newark (7)
Fitzpatrick, L., 134 Bergen st., Ridgefield Park (2)
Flaherty, M. E., 36 Glenwood av., Jersey City (9)
Fleming, C. L., 43 W. Main st., Pennsgrove (17)
Flichtenfeld, Morris, 283 4th st., Jersey City (9)
Flegel, William, 85 W. Passaic st., Maywood (2)
Flint, Edgar T., Raritan (18)
Flitcroft, William, 510 River st., Paterson (16)
Flower, M. A., 744 Broad st., Newark (7)
Flynn, E. A., 161 Washington av., Belleville (7)

Flynn, Thomas H., Somerville (18)
Foley, James F., 331 N. Grove st., East Orange (7)
Fooder, H. M., Williamstown (8)
Ford, Theo. R., 144 Harrison st., East Orange (20)
Fordyce, C. P., 1921 C st., Lincoln, Nebraska (20)
Forer, Robert, 247 Centre st., Trenton (11)
Forman, H. S., 640 Bergen av., Jersey City (9)
Forney, Norman N., Main st., Milltown (12)
Forsyth, Kenneth C., 611 Mt. Prospect av., Newk (7)
Fort, J. Irving, 306 Roseville av., Newark (7)
Fort, W. B., 147 E. 7th st., Plainfield (20)
Forte, Frank S., 456 Roseville av., Newark (7)
Fost, William H., 107 Franklin st., Belleville (7)
Foster, Frank C., 329 Springfield av., Cranford (20)
Foster, Herbert W., 2 Erwin Park, Montclair (7)
Foster, W. S., 233 Mt. Prospect av., Newark (7)
Fowler, Royale H., 744 Broad st., Newark (7)
*Fox, J. W., Hillsdale av., Hillsdale (2)
Fox, S. W., Ford av., Fords (12)
Fox, Wm. W., 191 S. Indiana av., Atlantic City (1)
Francis, Adaline M., Somerville (18)
Frank, Morris, 920 Ave. C, Bayonne (9)
Frank, Myrtle, 227 Philadelphia st., Egg Harbor (1)
Frank, Nathan, 186 Bowers st., Jersey City (9)
Franklin, I. Harold, 191 Palisade av., Jersey City (9)
Franklin, Jos. E., 127 Westfield ave., Elizabeth (20)
Franklin, Louis, 191 Palisade av., Jersey City (9)
Franklin, S. I., 15 Tenafly rd., Englewood (2)
Franzoni, A. E., 938 Brunswick av., Trenton (11)
Freedman, H. H., 63 W. Main st., Freehold (13)
Freeland, Frank, 281 State st., Hackensack (2)
Freeman, Geo. C., 1 Lenox pl., Maplewood (7)
Freeman, Richard D., 103 Scotland rd., S. Orange (7)
Freile, William, 25 Tonne'e av., Jersey City (9)
Freinkel, Jacob, 2 Hillside av., Newark (7)
*Frey, Albert S., S. Orange av., Newark (7)
Friedland, A. J., Woodbine (5)
Friedman, A. L., 145 Marshall av., Little Ferry (2)
Friedman, Harry, 721 S. 16th st., Newark (7)
Friedman, Hyman, 1096 Sanford av., Irvington (7)
Friedman, M. H., 526 N. Clinton av., Trenton (11)
Friedman, Milton, Beth Israel Hosp., Newark (7)
Friedmann, Leonard L., 484 Princet'n av., Tr'n't'n (11)
Friedrich, Adam H., 424 Lafayette st., Newark (7)
Froelich, J. C., 74 Ingraham pl., Newark (7)
Frohwien, Ida H., 119 Morristown rd., Elizabeth (20)
Froomess, Leo H., Hardy Bldg., Bethlehem, N. H. (7)
Frost, I. F., 181 South st., Morristown (14)
Fruendt, Oscar T., 92 Bartholdi av., Jersey City (9)
Fuchs, Jacob N., 1267 S. Broad st., Trenton (11)
Fuerstman, H. L., 570 High st., Newark (7)
Fuhrmann, Barclay Stokes, Flemington (10)
Funk, Joseph, 615 Elizabeth av., Elizabeth (20)
*Funkhouser, Edgar B., State Hosp., Trenton (11)
Furman, Benj. A., 31 Roseville av., Newark (7)
Furst, Nathan J., 190 Johnson av., Newark (7)

ASSOCIATE MEMBERS

Fabian, P. L., 520 Princet'n av., Trenton (11)
Federer, John J., 821 Blvd. East, Weehawken (9)
Feurer, Joseph A., 654 Elm st., Arlington (7)
Fiorello, J. K., 706 Princet'n av., Trenton (11)
Flanagan, John J., 15 Fulton st., Newark (7)
Flicker, David J., 342 Kearny av., Kearny (9)
Fluck, D. A., 244 E. Hanover st., Trenton (11)
Friedman, Max, 822 Chambers st., Trenton (11)

ACTIVE MEMBERS

Gairdner, T. M., Gibbstown (8)
Galasso, Attilio, 1 Cutler st., Morristown (14)
Gallo, James S., 32 Zabriskie st., Haledon (16)
Galloway, George E., 109 W. Milton av., Rahway (20)
Gamon, Robert S., 542 Cooper st., Camden (4)

- Gandy, Charles M., Ocean View (5)
 Ganley, Arthur J., 390 Park av., East Orange (7)
 Ganot, F. I., 639 Ridge st., Newark (7)
 Gantz, Emma O., 215 N. Grove st., East Orange (7)
 Gardam, J. W., 16 Longfellow av., Newark (7)
 Gardner, Kenneth E., 1 Park pl., Bloomfield (7)
 Garfinkel, Abraham, Flemington (10)
 Garibaldi, Louis J., 1016 Hudson st., Hoboken (9)
 Garrison, Walter Sherman, Cedarville (6)
 Gauch, William, 177 Elwood av., Newark (7)
 Gauzza, Valentine P., Fords (12)
 Geary, Daniel J., 40 Maple av., Morristown (14)
 Geary, Paul, 923 Park av., Plainfield (20)
 Geary, Russell D., Riverside (3)
 Geissler, Elmer E., 327 Monmouth st., Gloucester (4)
 Gelber, Isaac, 2053 Morris av., Union (20)
 Gelber, L. J., 550 Mt. Prospect av., Newark (7)
 Gennell, Ernest, 298 Parker st., Newark (7)
 George, M. E. W., 805 Broadway, Newark (7)
 Gerard, Patrick D., 364 Roseville av., Newark (7)
 Gerendasy, J., 956 E. Jersey st., Elizabeth (20)
 German, George B., 429 Cooper st., Camden (4)
 Gershenfeld, David B., 20 Hillside av., Newark (7)
 Gershman, J. G., 64 E. Madison av., Dumont (2)
 Gesswein, Carl A., Church st., Matawan (13)
 Ghee, Euclid P., 115 Clairmont av., Jersey City (9)
 Ghee, Peter F., 736 Ocean av., Jersey City (9)
 Giambra, S. M., 666 Broadway, Paterson (16)
 Gibb, Alice S., 339 Union av., Elizabeth (20)
 Gibb, William Blake, 26 Maple st., Morristown (14)
 Gifford, W. Royal, 247 Park av., East Orange (7)
 Giglio, A. V., 626 Elizabeth av., Elizabeth (20)
 Gilady, Ralph, 205 Union st., Hackensack (2)
 Gilbertson, R. L., Madison (14)
 Gille, Hugo, 149 Congress st., Jersey City (9)
 Gillis, A. C., Clayton (8)
 Gillson, Hugh V., 21 Lee pl., Paterson (16)
 Gillson, John T., 170 Broadway, Paterson (16)
 Gilman, Malcolm B., 59 Seely av., Arlington (7)
 Ginsberg, George, 624 Bloomfield av., Hoboken (9)
 Ginsberg, Samuel, 136 Broadway, Passaic (16)
 Gittleman, Morton, 1028 E. Jersey st., Elizabeth (20)
 Gittlesohn, I., 896 Kinderkamack rd., River Road (2)
 Glaser, Emanuel, 360 Linden av., Elizabeth (20)
 Glasgow, Thomas, 120 Passaic av., Passaic (16)
 Glass, Benjamin E., 609 Watchung av., Plainfield (20)
 Glass, Harry L., 609 Watchung av., Plainfield (20)
 Glass, Oscar, 838 S. 12th st., Newark (7)
 Glass, Wm. H., 144 Harrison st., E. Orange (7)
 Glasston, H. M., 628 N. Wood av., Linden (20)
 Gleeson, William John, 37 Monticello av., Jersey City (9)
 Gluckman, Saul K., 53 Johnson av., Newark (7)
 Gnasso, E. R., 203 Main st., Fort Lee (2)
 Gochman, Harry M., 166 Hamilton av., Paterson (16)
 Godfrey, Alan O., 220 Roseville av., Newark (7)
 Godlin, David R., 610 36th st., N. Bergen (9)
 Goeller, J. D., 1165 W. Clinton av., Irvington (7)
 Goff, Frank J., 64 Maple av., Red Bank (13)
 Goffman, Emanuel, 316 Fairmount av., Montclair (7)
 Goldberg, Benjamin M., 1156 E. State st., Trenton (11)
 Goldberg, David, 7 Bogert pl., Westwood (2)
 Goldberg, H. C., 172 Market st., Perth Amboy (12)
 Goldberg, H. H., 814 S. 10th st., Newark (7)
 Goldberg, I., 303 N. Washington av., Dunellen (12)
 Goldberg, Louis E., 31 Lincoln Park, Newark (7)
 Goldberg, Samuel A., 46 Farley av., Newark (7)
 Goldberg, Samuel M., 353 Wash'g'tn av., Bellevue (7)
 Golden, Clement H., 347 16th av., Irvington (7)
 Golden, William M., 70 Irving st., Rahway (20)
 Goldfield, Harold H., 225 E. Jersey st., Elizabeth (20)
 Golding, Harry N., 180 Carrol st., Paterson (16)
 Goldman, Lester M., 896 S. 16th st., Newark (7)
 Goldmacher, H. B., 555 S. Broad st., Elizabeth (20)
 Goldstein, A., Lakewood (15)
 Goldstein, H. H., 318 W. Jersey st., Elizabeth (20)
 Goldstein, Henry Z., 31 Lincoln Park, Newark (7)
 Goldstein, Hyman I., 1425 Broadway, Camden (4)
 Goldstein, W. H., 632 Belgrove dr., Kearny (7)
 Goldstein, Samuel M., 40 Johnson av., Newark (7)
 Goldstone, Karl, 16 18th st., West New York (9)
 Gonczy, Edward J., 538 Jersey av., Elizabeth (20)
 Goodfellow, G. P., 526 Park av., East Orange (7)
 Goodrich, S. L., 466 Highland av., Orange (20)
 Gordon, A., 616 Main av., Passaic (16)
 Gordon, A. J., 273 Roseville av., Newark (7)
 Gordon, Carl, 1721 Pacific av., Atlantic City (1)
 Gordon, Charles D., Mt. Arlington (14)
 Gordon, Clark H., 808 E. State st., Trenton (11)
 Gordon, I. L., 1815 Boulevard, Jersey City (9)
 Gordon, J. B., N. J. State Hosp., Marlboro (13)
 Gordon, Osher, 119 Lexington av., Passaic (16)
 Goudy, E. S., 187 Kearny av., Kearny (9)
 Grady, Wm. F., 42 N. Fullerton av., Montclair (7)
 Graham, A. F., 42 Park av., Paterson (16)
 Graham, E. E., P. O. Box 195, Yardville (11)
 Graham, Richard B., 90 Midland av., Arlington (7)
 Graham, Theo. K., 278 Park av., Paterson (16)
 Gramsch, A. Lewis, Glen Gardner (10)
 Granelli, H. A., 213 Garden st., Hoboken (9)
 Grant, William F., 162 Roseville av., Newark (7)
 Graves, Charles, State Hospital, Marlboro (13)
 Gray, Charles M., Vineland (6)
 Gray, John W., 142 Clinton av., Newark (7)
 Gray, W. B., N. Plainfield (18)
 Green, David W., 69 Market st., Salem (17)
 *Green, Jas. S., 463 N. Broad st., Elizabeth (20)
 Green, Thomas J., New Egypt (15)
 Greenberg, George A., Somerville (18)
 Greenberg, Philip, 1902 Hudson blvd., Jersey City (9)
 Greenberg, Samuel, 46 Johnson av., Newark (7)
 Greene, Albert D., 195 Palisade av., Union City (9)
 Greenfield, A. W., 50 Anderson st., Hackensack (2)
 Greenfield, B. H., 691 Clinton av., Newark (7)
 Greenfield, W. J., 50 Anderson st., Hackensack (2)
 Greengrass, Jacob A., 146 Broadway, Paterson (16)
 Greenwood, S. B., 190 Clinton av., Newark (7)
 Gregorius, Ralph F., 120 Irvington av., S. Or. (7)
 Gregory, Marie F., Green Village rd., Madison (14)
 Gregory, Mildred G., 21 Roseville av., Newark (7)
 Gregory, R. A., 121 E. 7th st., Plainfield (20)
 Greifinger, Marcus H., 22 Vassar av., Newark (7)
 Grenhart, Geo. W., 430 Haddon av., Camden (4)
 Grier, Robert M., 50 E. Wash'tn av., Pleasantville (1)
 Griesmier, Zadoc L., 1143 E. Jersey st., Elizabeth (20)
 Grieve, James, 88 Market st., Perth Amboy (12)
 Griffin, Guy B., 197 S. Centre st., Orange (7)
 Griffith, Roy, 909 Broad st., Newark (7)
 *Griffiths, Chauncey B., 31 Lincoln Park, Newark (7)
 Griswold, Merton L., Jr., 949 Park av., Plainfield (20)
 Groeschel, August H., Sussex (19)
 Grossblatt, Philip, 70 Baldwin av., Newark (7)
 Gruhler, Jean A., 1616 Pacific av., Atlantic City (1)
 Guglielmelli, A. D., 449 Hamilton av., Trenton (11)
 Guidi, Guido M., 212 Christine st., Elizabeth (20)
 Guion, Edward, P. O. Box 418, Atlantic City (1)
 Guthrie, W. G., 300 Summer av., Newark (7)
 Gutowski, Jos. M., 433 Brace st., Perth Amboy (12)
 Gutowski, W. T., 104 Grove ter., Irvington (7)

ASSOCIATE MEMBERS

- Gamba, Joseph, 345 Fairmount av., Newark (7)
 Gessner, Gerald R., St. Peter's Hosp., N. Bruns. (12)
 Gibbins, Albert, 319 S. 12th st., Newark (7)
 Glasser, Benj. F., 316 George st., New Brunswick (12)
 Goldowsky, Ira, 1866 Boulevard, Jersey City (9)
 Goldstein, Jos. B., 3263 Boulevard, Jersey City (9)

Greenfield, L. S., 691 Clinton av., Newark (7)
Greenwald, T. L., 1 Llewellyn pl., West Orange (7)
Guidotti, F. P., 432 Hamilton av., Trenton (11)
Gurshman, Sol., 344 Main st., Metuchen (12)
Gutmann, Irwin K., 980 Summit av., Jersey City (9)

ACTIVE MEMBERS

Hackett, Edward J., 556 Westfield av., Westf'd (20)
Hackett, Leon W., Washington (21)
Hadley, C. F., 201 W. Maple av., Merchantville (4)
Hagen, Orville R., 266 Van Houten st., Paterson (16)
Hagerty, John F., 212 W. Market st., Newark (7)
Haggerty, D. Leo, 227 N. Warren st., Trenton (11)
Hagney, Fred W., 669 Elizabeth av., Newark (7)
Hahn, Katherine B., 272 Thornden st., S. Orange (7)
Hahn, William H., 272 Thornden st., S. Orange (7)
Haight, Harry W., Raritan av., New Brunswick (12)
Haines, Edgar J., Medford (3)
Haines, Emerson S., 501 Grand av., Asbury Pk (13)
Haines, Mabel S., 600 White Horse Pike, Audubon (4)
Haines, W. P., Ocean City (5)
Haines, Wm. H., 600 White Horse Pike, Audubon (4)
Halbach, Robert McC., 513 Main st., Toms River (15)
Haldeman, Robert E., Mt. Holly (3)
Hall, Percy O., 254 Union st., Jersey City (9)
Hall, Wayne W., 266 Van Houten st., Paterson (16)
Hall, Winthrop H., 201 Tuttle Pky., Westfield (20)
Hallett, Fred'k S., 200 Passaic st., Hackensack (2)
Halligan, Earl J., 254 Montgomery st., Jersey C'y (9)
Hallinger, Earl S., Wildwood (5)
Hallock, W. J., Berkley Heights, Summit (20)
Halpern, H., 143 Engle st., Englewood (2)
Halpern, Samuel, 504 Pacific av., Atlantic City (1)
Halpern, Sophia I., 271 Palisade av., Union City (9)
Halprin, Harry, 8 Washburn pl., Caldwell (7)
Halstead, Charles F., Somerville (18)
Hamblin, D. O., Bound Brook (18)
Hamilton, L. A., Lambertville (10)
Hammell, F. M., 137 S. Main st., Allentown (11)
Hammer, Walter P., 322 15th st., W. New York (9)
Hammett, Lee J., 760 N. 27th st., Camden (4)
Hampton, Geo. R., Greystone Park (14)
Hanan, James T., 11 The Crescent, Montclair (7)
Hancock, M. Q., Somerset Hosp., Somerville (18)
Haney, John J., 167 Cooper st., Trenton (11)
Hardy, John, 53 W. Main st., Farmingdale (13)
Hansen, Harry, 831 Madison av., Plainfield (20)
Hanson, C. Gustave, 116 Eastman st., Cranford (20)
Hantman, Harold, 539 Orange st., Newark (7)
Harden, Albert S., 540 Warren st., Newark (7)
Hardenberg, D. S., 347 Communipaw av., Jer. City (9)
Harhen, George, 22 Brookside av., Caldwell (7)
Harley, Halvor L., 101 S. Indiana av., Atl. City (1)
Harman, J. R., 1819 S. Broad st., Trenton (11)
Harman, Wm. J., 740 W. State st., Trenton (11)
Harmon, B. M., Essex Mountain San., Verona (7)
Harmon, Harry M., Frenchtown (10)
Harner, M. B., High Bridge (10)
Harreys, Chas. W., 714 Broadway, Paterson (16)
Harrington, J. Henry, Rockaway (14)
Harris, Allan, Greenwich (6)
Harris, Harry B., Orange (7)
Harris, W. G., Mullica Hill (8)
Harrison, Joseph B., 302 E. Broad st., Westfield (20)
Hart, Hugh M., 300 Mt. Prospect av., Newark (7)
Harter, Louis F., 174 Bowers st., Jersey City (9)
Hartman, Luther M., Maple Shade (3)
Hartwell, H. A., 777 Boulevard E., Weehawken (9)
Harvey, Edwin H., 20 N. Florida av., Atl. City (9)
Harvey, John W., 818 Ave. C, Bayonne (9)

Harvey, Thomas W., 59 Main st., Orange (7)
Harvey, Thomas W., Jr., 59 Main st., Orange (7)
Hasking, Arthur P., 318 Montgomery st., Jer. C'y (9)
Hasney, Frederick A., 292 Main st., W. Orange (7)
Hatch, H. S., Shonghum Sanatorium, Morrist'n (14)
Hatem, E. J., 1046 Main st., Paterson (16)
Hauber, Eugene A., Sayreville (12)
Hauck, Lydia B., 644 Stuyvesant av., Irvington (7)
Hauck, Wm. H., 644 Stuyvesant av., Irvington (7)
Hausman, Saumel W., 50 W. Front st., Red B'k (13)
Haussling, Francis R., 661 High st., Newark (7)
Haven, Samuel C., 14 Elm st., Morristown (14)
Hawes, V. L., 90 Church st., Ramsey (2)
Hawkes, E. Zeh, 84 Washington st., Newark (7)
Hawkes, Stuart Zeh, 84 Washington st., Newark (7)
Hayden, W. G., 412 Main st., Toms River (15)
Hayes, Roy G., 567 Haddon av., Collingswood (4)
Haywood, Henry J., 3 E'm row, New Brunswick (12)
Heatley, William, 23 Monmouth st., Red Bank (13)
Hegeman, Runkle F., Somerville (18)
Heil, A. Arling, Milford (10)
Heineken, T. S., 17 Park pl., Bloomfield (7)
Heintzelman, B. S., 19 W. 33rd st., Bayonne (9)
Hekiaman, J. H., 468 Palisade av., Weehawken (9)
Helff, J. R., 1367 Teaneck rd., Teaneck (2)
Heller, G. S., 100 E. Palisade av., Englewood (2)
Heller, Nathan B., 31 Lincoln Park, Newark (7)
Hemphill, E. H., 232 Kings Hwy. E., Haddonfield (4)
Henderson, K. P., 121 S. Illinois av., Atlantic City (1)
Henle, C. B., 671 Springfield av., Newark (7)
Henriksen, J. Bruce, Point Pleasant (15)
Henry, Frank C., Jr., 214 Smith st., Perth Amb'y (12)
Henry, George, Flemington (10)
Henry, Jones A., 1204 Columbia av., Pleasantville (1)
Henshaw, Geo. R., 49 Park st., Montclair (7)
Herbener, E. G., Lakewood (15)
Hermann, John H., 197 S. Centre st., Orange (7)
Hernandez, G. Manuel, 1974 Hudson blvd., Jer. C'y (9)
Herndon, Lewis S., 33 Johnson av., Newark (7)
Herold, Harvey T., 850 S. 13th st., Newark (7)
Herradora, J. R., 2787 Boulevard, Jersey City (9)
Herrington, Lee R., 147 Central av., Westfield (20)
Herrman, Wm. G., 501 Grand av., Asbury Park (13)
Hersh, David H., 658 Springfield av., Newark (7)
Hersohn, Wm. W., 101 S. Indiana av., Atl. City (1)
Hess, L. Elmore, 19 East Bolton av., Absecon (1)
Hessert, Edmund C., Had'n & C't'ngs avs., Col'gsw'd (4)
*Hewson, James S., 163 Myrtle av., Millburn (7)
Hexamer, Fred, 50 Lyons av., Newark (7)
Heyman, Arthur, 79 Baldwin av., Newark (7)
Hicks, William H., 46 Milford av., Newark (7)
Hiden, J. C., 199 Nassau st., Princeton (11)
Higgins, Thomas A., 2616 Hudson blvd., Jer. City (9)
Hilker, G. F., 258 Maple st., Perth Amboy (12)
Hill, Robert H., 332 Park av., Newark (7)
Hill, William F., 108 Grand st., Jersey City (9)
Hillegas, E. Z., Mantua (8)
Hilliard, William T., 105 Market st., Salem (17)
Hilton, C. O., 598 N. 5th st., Newark (7)
Hinton, S. H., 121 Main st., Sayreville (12)
Hipple, Percy L., Jr., 225 Walnut st., Roseile (20)
Hird, Emerson F., Bound Brook (18)
Hirshfield, B. A., 1404 Greenwood av., Trenton (11)
Hirst, E. Reed, 634 Federal st., Camden (4)
*Hirst, Levi B., 634 Federal st., Camden (4)
Hitzeman, L. A., 30 E. Passaic st., Maywood (2)
Hnat, Frederick, 417 Madison av., Elizabeth (20)
*Hoagland, Lewis B., Oxford (21)
Hobart, Richard T., 191 Belleville av., U. Mntclr. (7)
Hofer, Clarence J. M., 463 Main st., Metuchen (12)
Hoffman, C. A., 302 E. 7th st., Plainfield (20)
Hoffman, Florentine M., 91 Bayard st., N. Bruns. (12)
Hoffman, Harry S., 1902 Pacific av., Atlantic City (1)

Hoffman, P., Jr., 2672 Boulevard, Jersey City (9)
 Hogan, Carlton P., 223 E. Union st., Burlington (3)
 Hogan, M. D., 155 Lexington av., Passaic (16)
 Holden, Edgar, Jr., 217 Broadway, Newark (7)
 Holland, Geo. A., 364 Clinton av., Newark (7)
 Holland, John A., 54 Prospect st., Trenton (11)
 Holland, Ruben J., 350 Chandler av., Linden (20)
 Holler, Henry G., 234 Montclair av., Newark (7)
 Hollingshead, Lyman B., Pemberton (3)
 Hollinshead, Beula S., 600 Benson st., Camden (4)
 Hollinshead, Ralph K., Westville (8)
 Hollingsworth, H. H., 785 Main st., Clifton (16)
 Hollywood, Jas. L., 1818 Hudson blvd., Jersey City (9)
 Holman, Francis W., 123 Broad st., Keyport (13)
 Holmes, Geo. J., 17 Elizabeth av., Newark (7)
 Holmes, Grace A., 1077 E. Jersey st., Elizabeth (20)
 Holmes, T. J. E., 151 Fair st., Paterson (16)
 Holoman, M. Browne, 3 N. Granville av., Margate (1)
 Holster, S. G., 920 Madison av., Paterson (16)
 Holt, Edward Z., Children's Seashore Home, At. C'y (1)
 Holt, Evelyn, 118 Summit av., Summit (20)
 Holt, Herman H., 285 Graham av., Paterson (16)
 Holters, Otto R., 513 2nd av., Asbury Park (13)
 *Hommell, P. E., 689 Bergen av., Jersey City (9)
 Hoops, Harold J., 2203 Boulevard, Jersey City (9)
 Hoover, A. A., 410 Westminster av., Elizabeth (20)
 Horland, Aaron H., 24 Stengel av., Newark (7)
 Horn, Max, 94 Lyons av., Newark (7)
 Hornberger, J. Howard, Roebling (3)
 Horner-Rodger, Clara L., 721 Cooper st., Camden (4)
 Hornstine, H. H., Wildwood (5)
 Horoschak, Anna, 940 Park av., Plainfield (20)
 Horowitz, H. J., 872 Broad av., Moresmere (2)
 Horre, Geo. W. H., 203 W. Jersey st., Elizabeth (20)
 Horsford, Fred C., 305 Broadway, Newark (7)
 Hosp, Paul H., 842 S. 12th st., Newark (7)
 Howard, J. Edgar, 67 Kings Hwy., W. Haddonfield (4)
 Howley, Barth. M., 419 George st., New Br'sw'k (12)
 Hubbard, Fayette E., 65 Church st., Montclair (7)
 Hubbard, Harry H. V., 121 E. 7th st., Plainfield (20)
 Hubach, M. F., 307 Montgomery st., Bloomfield (7)
 Hubbard, Robt. Y., 58 Myrtle av., Irvington (7)
 Huber, William H., 15 Salem st., Newark (7)
 Huberman, John, 853 S. 12th st., Newark (7)
 Hubert, Antonio O., 133 Main st., Rockaway (14)
 Hudson, W. J., 39 W. Wash'ton av., Pleasantville (1)
 Huff, Edmund N., 97 Engle st., Englewood (2)
 Hughes, Franklin R., Cape May (5)
 Hughes, Frederick J., 706 Park av., Plainfield (20)
 Hughes, Lee W., 965 Broad st., Newark (7)
 Hughes, Thos. E., 223 Cooper st., Camden (4)
 Hulett, Albert G., 20 Hawthorne av., E. Orange (7)
 Hull, D. B., 7 W. Ridgewood av., Ridgewood (2)
 Hummel, Ernest G., 414 Cooper st., Camden (4)
 Hummel, L. C., 109 W. Broadway, Salem (17)
 Hummel, Merwin L., 135 N. Centre st., M'rch'tv'le (4)
 Humphries, Robt. E., 637 Central av., E. Orange (7)
 Hunt, A. C., 625 Middlesex av., Metuchen (12)
 Hunt, Geo. Halsey, 129 Broad st., Red Bank (13)
 Hunt, Melvin M., 16 Jackson st., South River (12)
 Hunt, Thomas F., 528 Monroe av., Elizabeth (20)
 Hunter, Edward R., Delanco (3)
 Hunter, F. D., 3620 Nottingham way, Hamilt'n Sq. (11)
 Hurff, Joseph W., 86 Washington st., Newark (7)
 Hussert, Siegfried, 777 Clinton av., Newark (7)
 Husted, Samuel Harley, Neshanic (18)
 Hutchinson, Chas. R., 517 Cooper st., Camden (4)
 Hutchinson, A. D., 913 W. State st., Trenton (11)
 Hutchinson, G. F., Hamilton Square (11)
 Hutton, F. T., 161 Crescent av., Plainfield (20)
 Hyman, Charles G., 2619 Pacific av., Atlantic City (1)

ASSOCIATE MEMBERS

Haines, Evelyn M., 432 Hamilton av., Trenton (11)
 Haley, Paul W., 229 Smith st., Newark (7)
 Halpern, M. M., 493 Central av., Newark (7)
 Harden, Albert S., Jr., 510 W. Market st., Newark (7)
 Harreys, C. W., Ridgewood (2)
 Hawke, Edward K., N. J. State Hosp., Trenton (11)
 Heller, Abraham R., 10 Kearny av., Kearny (7)
 Hennig, Paul T., 619 Stuyvesant av., Irvington (7)
 Hess, George A., Titusville (11)
 Hewson, Geo. F., Jr., 21 Roseville av., Newark (7)
 Heyman, Jacob, 15 Washington st., Newark (7)
 Higgins, John T., 145 High'and av., Jersey City (9)
 *Hirst, B. C., 1821 Spruce st., Philadelphia (6)
 Hofer, W. R., 463 Main st., Metuchen (12)
 Holland, Moses H., 722 Hudson st., Hoboken (9)
 Hooton, Thos. C., 56 Church st., Montclair (7)
 Howeth, John L., 14 Duncan av., Jersey City (9)

ACTIVE MEMBERS

Iams, Samuel H., 34 Mercer st., Princeton (11)
 *Ignatoff, M. L., Lehigh av., Newark (7)
 Ill, Carl H., 188 Clinton av., Newark (7)
 Ill, Charles L., 188 Clinton av., Newark (7)
 Ill, Edgar A., 1004 Broad st., Newark (7)
 Ill, Edward J., 1004 Broad st., Newark (7)
 Ill, Herbert M., 188 Clinton av., Newark (7)
 Imbleau, J. E. L., 2106 Morris av., Unionville (20)
 Imhoff, Robert E., Moorestown (3)
 Infield, G. L., 1401 Shore rd., Northfield (1)
 Introcaso, D. A., 45 Crescent av., Jersey City (9)
 Ireland, A. G., N. J. Dept. Education, Trenton (11)
 Irvin, John S., 1910 Pacific av., Atlantic City (1)
 Irving, Albert, Albert ct., Radburn (16)
 Irwin, J. H., 51 Tenafly rd., Englewood (2)
 Irwin, James R., 330 Washington av., Belleville (7)
 Iserman, Michael, 376 Elmora av., Elizabeth (20)
 Ishkhanian, N. L., 656 Palisade av., W. New York (9)
 Israeloff, H. H., 7 Fredrick ter., Irvington (7)
 Ives, Edw. M. L., 24 Stevens av., Little Falls (16)
 Ivins, William C., 214 E. Hanover st., Trenton (11)
 Ivory, Harry, Point Pleasant (15)

ASSOCIATE MEMBERS

Inge, G. L., 150 Winthrop st., Englewood (2)

ACTIVE MEMBERS

Jablonski, John J., 100 Main av., Sayreville (12)
 Jack, H. Wesley, 517 Cooper st., Collingswood (4)
 Jacks, Oscar, 746 Mercer st., Jersey City (9)
 Jackson, Albert F., 225 Hillside av., Nutley (7)
 Jackson, Charles H., 1250 Pike blvd., Camden (4)
 Jackson, George C., 20 Milford av., Newark (7)
 Jacob, Albert N., Sparta (19)
 Jacobson, John J., 1616 Pacific av., Atlantic City (1)
 Jacobson, M. B., 241 State st., Perth Amboy (12)
 Jacques, J. Eugenia, 74 Waverly st., Jersey City (9)
 Jaffe, Herman M., 2600 Boulevard, Jersey City (9)
 Jaffin, A. E., 41 Emory st., Jersey City (9)
 Jahn, Albert G., Passaic Nat. B'k Bldg., Passaic (16)
 James, Bart M., 31 Lincoln Park, Newark (7)
 James, Henry C., Mays Landing (1)
 James, William H., Main st., Pennsville (17)
 James, William L., 31 Lincoln Park, Newark (7)
 Jamison, W. F., 501 Grand av., Asbury Park (13)
 Jani, Frank, 297 Lexington av., Passaic (16)
 Janifer, Clarence S., 208 Parker st., Newark (7)
 Jarrett, Harry, 925 Broadway, Camden (4)
 Jaso, James V., 710 Varsity rd., South Orange (7)
 Jaspan, Samuel C., 820 Division st., Trenton (11)

Jedel, Meyer, 125 4th st., Newark (7)
Jehl, Joseph R., 305 Clifton av., Clifton (16)
Jentz, John H., 63 Sherman av., Jersey City (9)
Jesserun, S. H., 613 High st., Newark (7)
Joelson, Morris S., 577 Broadway, Paterson (16)
Johnsen, S. W., 49 Passaic av., Passaic (16)
Johnson, Chas. H., 632 Benson st., Camden (4)
Johnson, G. L., 390 Booth av., Englewood (2)
Johnson, George F., Branchville (19)
Johnson, Harold F., 734 Park av., Plainfield (20)
Johnson, V. Earl, Med. Science Bldg., Atl. City (1)
Johnston, Julian F., Chatham (14)
Johnston, S. F., 363 Rochelle av., Pochelle Park (2)
Jones, Edward C., 75 Midland av., Montclair (7)
Jones, Granville L., N. J. State Hosp., Marlboro (13)
Jones, Herbert E., 612 Emerson av., Elizabeth (20)
Jones, J. Morgan, Valley rd., R. F. D., Oakland (9)
Jones, Lewis H., 139 Grant av. E., Roselle Park (20)
Jonitz, Robert, 157 S. Grove st., East Orange (7)
Jordan, J. C., 238 E. Main st., Manasquan (13)
Joseph, B. M., 2771 Boulevard, Jersey City (9)
Joseph, Morris, 271 Lexington av., Passaic (16)
Jost, Franz, 98 Washington st., East Orange (7)
Judge, John F., 33 Hazelwood av., Newark (7)
Jukofsky, I. D., 32 Union pl., Ridgefield Park (2)
Just, Francis I. S., 566 High st., Newark (7)
Justin, Arthur W., 41 Fulton st., Weehawken (9)
Justin, J. Clement, 413 16th st., West New York (9)

ASSOCIATE MEMBERS

Jaffe, Benjamin, 568 Bergen av., Jersey City (9)
James, W. L., Edgewater (2)
Jennings, Robert E., 143 Park st., East Orange (7)

ACTIVE MEMBERS

Kachdorian, Vartan, 930 Brunswick av., Trenton (11)
Kaderabek, E. J., 144 Harrison st., East Orange (7)
Kahrs, Grace M., 375 Mt. Prospect av., Newark (7)
Kaighn, Chas. B., 905 Pacific av., Atlantic City (1)
Kain, Thomas M., 403 Cooper st., Camden (4)
Kain, Wm. W., Cape May C't H'se, R.F.D. No. 1 (4)
Kalb, Samuel W., 416 Clinton pl., Newark (7)
Kalter, Geo. S., 640 Prospect st., Maplewood (7)
Kane, Chas. J., 349 Grand st., Paterson (16)
Kanses, Edmund S., 51 W. River rd., Rumson (13)
Kapp, Carl G., 440 Westminster av., Elizabeth (20)
Karshmer, Nathan, 422 George st., New Bruns. (12)
Kastler, F., 54 Ames av., Rutherford (2)
*Kaufhold, Frank, 41 Leslie st., Newark (7)
Kaufman, Jerome G., 299 Clinton av., Newark (7)
Kaufman, M. J., 103 Lyons av., Newark (7)
Kauffmann, Louis J., Millville (6)
Kavanaugh, D. E., 252 Washington av., Belleville (7)
Kay, Clarence R., Peapack (18)
Kazmann, Harold A., 406 Broadway, L'g Branch (13)
Kearney, Edward P., 26 Forest st., Montclair (7)
Kearney, John V., 331 34th st., North Bergen (9)
Keegan, Thomas D., 8 Gifford av., Jersey City (9)
Keeney, C. B., 137 Summit av., Summit (20)
Keim, William F., 25 Roseville av., Newark (7)
Keir, Floyd E., 275 Engle St., Englewood (2)
Keller, F. J., 297 Diamond Bridge av., Hawth'ne (16)
Keller, Paul, 15 Washington st., Newark (7)
Keller, Sidney C., 31 Lincoln Park, Newark (7)
Kelley, Chas. B., 921 Bergen av., Jersey City (9)
Kelly, Bernard S., 1954 Boulevard, Jersey City (9)
Kely, James E., 160 Wegman pkwy., Jersey City (9)
Kemeny, Imre, 48 Pulaski av., Carteret (12)
Kemper, Harry E. T., 224 Monmouth rd., Eliz'b'h (20)
Kennedy, Wm. M., Essex Mt. San., Verona (7)
Kenney, J. A., 132 W. Kinney st., Newark (7)
Keppler, Charles, Jr., 723 Allwood rd., Clifton (16)
Kerdasha, Geo. S., 131 31st st., Woodcliff (9)
Kern, E. Clarence, 45 Park av., Montclair (7)
Kerns, Francis J., 556 Warren st., Newark (7)
Kessell, J. S., 643 Central av., East Orange (7)
Kessler, H. H., 31 Lincoln Park, Newark (7)
Kessler, Henry B., 666 Clinton av., Newark (7)
Kiely, Eugene M., 926 Hudson st., Hoboken (9)
Kilduffe, Robert A., 5003 Atlantic av., Ventnor (1)
Kim, Gay Bong, 528 Totowa rd., Totowa (16)
Kinch, F. A., 267 E. Broad st., Westfield (20)
King, Alden P., 44 Blackwell st., Dover (14)
*King, Geo. W., Hudson Co. Hosp., Secaucus (9)
Kinney, A. G., 917 Haddon av., Collingswood (4)
Kinney, Burton O., 41 Lincoln av., Little Falls (16)
Kinney, Seldon T., 250 Main st., South Amboy (12)
Kirkby, Cyril S., 98 Broad st., Bloomfield (7)
Kirkman, Leroy G., 176 Roseville av., Newark (7)
Kirkwood, Allan S., 53 Union st., Montclair (7)
Klaus, Henry, 435 Palisade av., Union City (9)
Klieber, Estelle, 139 New st., N. Brunswick (12)
Klein, Alexander, 210 Market st., Perth Amboy (12)
Klein, Edward C., Jr., 209 Littleton av., Newark (7)
Klein, Edward F., 136 Market st., Perth Amboy (12)
Klein, William, 85 Bayard st., New Brunswick (12)
Kleiner, Samuel, 162 Hamilton av., Paterson (16)
Klempner, Paul, 414 Market st., Trenton (11)
Klenk, J. P., 328 Belleville av., Bloomfield (7)
Kler, J. H., Rutgers Univ. Infirmary, N. Bruns. (12)
Kline, Herman, 2627 Pacific av., Atlantic City (1)
Kline, Oram R., 414 Cooper st., Camden (4)
Knapp, Richard E., 25 Hudson st., Hackensack (2)
Knauer, George, 930 Elizabeth av., Elizabeth (20)
Knepper, Orcena F., 149 Crescent av., Plainfield (20)
Knight, Augustus S., Far Hills (8)
Knight, I. Warner, Pitman (8)
Knowles, Fred E., Boonton (14)
Knowles, G. M., 241 Main st., Hackensack (2)
Knowles, James S., Millville (6)
Knox, Harriet L., 390 Union st., Hackensack (2)
Knox, Howard A., New Hampton (10)
Koelsch, F. J., 14 Kirkpatrick st., N. Brunswick (12)
Koerber, G., 136 Prospect st., Passaic (16)
Kolb, J. M., 725 10th st., Union City (9)
Kolodin, A., 147 Franklin st., Bloomfield (7)
Konzelman, Henry J., 50 King st., Hillside (20)
Kooperman, Barnett, 321 16th st., W. New York (9)
Kooperstein, Samuel, 395 Ogden av., Jersey City (9)
Koplin, Nathan H., 142 W. State st., Trenton (11)
Koppel, Joseph, 921 Bergen av., Jersey City (9)
Koppel, Leo A., 921 Bergen av., Jersey City (9)
Kovarsky, A. E., 255 State st., Perth Amboy (12)
Kovin, A., 123 Lexington av., Passaic (16)
Kraemer, Manfred, 31 Lincoln Park, Newark (7)
Kraker, David A., 31 Lincoln Park, Newark (7)
Kramer, Douglas W., 822 Park av., Plainfield (20)
Kramer, S. E., 121 Market st., Perth Amboy (12)
Krans, Clara M. DeH., 920 Park av., Plainfield (20)
Krans, Edward S., 920 Park av., Plainfield (20)
Krauss, Flethcer I., Chatham (14)
Krausz, Emery, Phillipsburg (21)
Krechmer, Abraham, 521 Pacific av., Atlantic City (1)
Kresch, Philip, 42 W. 22nd st., Bayonne (9)
Kreutz, Paul J., 363 Union av., Elizabeth (20)
Krohn, Marc, Church st., Belford (13)
Krone, W. F., 31 Lincoln Park, Newark (7)
Kruger, William, 31 Lincoln Park, Newark (7)
Kuder, Joseph M., Mt. Holly (3)
Kuhlmann, Alvin E., 527 37th st., Union City (9)
Kummel, M., 31 Lincoln Park, Newark (7)
Kushner, Alexander, 48 Jacques av., Rahway (20)
Kustrup, J. F., 1435 S. Broad st., Trenton (11)
Kutner, Charles, 1005 S. Fifth st., Camden (4)

ASSOCIATE MEMBERS

Katzin, Eugene M., 50 Baldwin av., Newark (7)
 Kenyon, Thos. A., 14 4th st., Weehawken (9)
 Kimmel, M., Leonard, 142 Manhattan av., Jer.C'y (9)
 Kingsbury, Marguerite, 207 Summer av., Newark (7)
 Klein, Alexander, 961 S. Broad st., Trenton (11)
 Klein, Allan, 5580 Hudson blvd., N. Bergen (9)
 Kleinberger, H. H., 59 Main st., Millburn (7)
 Kondor, J. S., 978 S. Broad st., Trenton (11)
 Kraemer, Samuel H., 309 Baldwin av., Jer. City (9)
 Kuch, Edward, 991 S. Broad st., Trenton (11)

ACTIVE MEMBERS

Laauwe, H. W., 198 Halledon av., Prospect Pk (16)
 Labow, Joseph J., 1063 E. Jersey st., Elizabeth (20)
 Ladas, George, 305 Cherry st., Elizabeth (20)
 Lafferty, Elton B., 328 Myrtle av., Irvington (7)
 Laird, George S., 127 Central av., Westfield (20)
 Lance, E. W., 93 W. Milton av., Rahway (20)
 Landaw, Louis, 669 Broadway, Paterson (15)
 Landes, Edwin W., Stillwater (19)
 Landis, Harry Paul, Palmyra (3)
 Lane, A. G., Greystone Park (14)
 Lane, Austin W., 98 Prospect st., East Orange (7)
 Lane, E. W., Bloomsbury (10)
 Lane, Frank B., 53 Woodland av., East Orange (7)
 Lange, Louis C., 50 Clifton ter., Weehawken (9)
 Lansing, T. B., Pine Rest, Tenafly (2)
 Larkey, Charles J., 700 Ave. C, Bayonne (9)
 La Rossa, Ernest, 701 Cooper st., Camden (4)
 Larrabee, C. H., 30 Beechwood rd., Summit (20)
 Larson, Henry M., 36 Franklin st., Morristown (14)
 Lathrop, Frederick W., 507 Park av., Plainfield (20)
 Laurie, Andrew L., 664 Newark av., Elizabeth (20)
 Lavine, Barney D., 630 N. Clinton av., Trenton (11)
 *Lawrence, H. R., Atlantic City (1)
 Lawrence, Minnie J., 538 Mt. Prospect av., Nwk. (7)
 Lawrence, Wm. H., Jr., 129 S'mmit av., Summit (20)
 Lawsing, G. Condi, 443 22nd st., West New York (9)
 Lawton, A. Anderson, Somerville (18)
 Leavitt, John F., 522 N. 3rd st., Camden (4)
 Le Bel, Louis J., 165 Grant av., Nutley (7)
 Lee, John, 66 Central av., Orange (7)
 Lee, Stephen G., 55 Halsted st., East Orange (7)
 Lee, Thomas B., 622 Cooper st., Camden (4)
 Le Favor, Dean H., Palmyra (3)
 Lefkowitz, Jacob H., 445 20th st., West New Y'k (9)
 Legato, S., 417 Palisade av., Cliffside (2)
 Leggett, Lindley H., Jr., 330 E. Broad st., Westfd (20)
 Leggett, Thos. H., Jr., 937 Oakland pl., Plainfield (20)
 Lehmacher, Frank, Lakewood (15)
 Leighton, Robt. L., 401 Ludlow av., Spring Lake (13)
 Leining, Albert, 1 4th st., Weehawken (9)
 Leir, J. Krevin, 9 Garrison av., Jersey City (9)
 Lemay, A. J., 30 Church st., Paterson (16)
 Lemmerz, Theodore H., 141 Magnolia av., Jer.C'y (9)
 Lemmon, T. M., Washington (21)
 Leonard, E. F., 771 Madison av., Paterson (16)
 Leonard, Geo. F., 65 N. 5th av., New Brunswick (12)
 Leonard, Isaac E., 2842 Atlantic av., Atlantic C'y (1)
 Leonard, Lothair L., 615 Asbury av., Asbury Pk (13)
 Leonardis, Jas. V., 94 Jefferson st., Newark (7)
 Lerman, Irving, 1024 E. Jersey st., Elizabeth (20)
 Lettiere, A. J., 320 Centre st., Trenton (11)
 Levendusky, D. E., 52 Market st., Passaic (16)
 Levin, Joseph, 831 S. 13th st., Newark (7)
 Levin, Louis, 140 W. State st., Trenton (11)
 *Levin, M. L., 326 Avon av., Newark (7)
 Levine, D. B., 647 Broadway, Paterson (16)
 Levine, Edward P., 711 Chancellor av., Irvington (7)
 Levine, G. I., 2017 Boulevard, Jersey City (9)
 Levine, Israel, 214 Broadway, Paterson (16)
 Levine, Sidney C., 459 Park av., Paterson (16)
 Levinsohn, S. A., 584 Broadway, Paterson (16)
 Levitas, Geo. M., 77 Fairview av., Westwood (2)
 Levitt, Jesse N., 26 Clinton pl., Newark (7)
 Levy, A., 1120 W. 7th st., Plainfield (18)
 Levy, H., 219 Lexington av., Passaic (16)
 Levy, Julius, 202 Osborne ter., Newark (7)
 Lewis, Albert, 41 Retford av., Cranford (20)
 Lewis, Alice B., Saddle River (2)
 Lewis, Geo. R., 458 Washington av., Belleville (7)
 Lewis, Livingstone L., 712 Wash'gt'n st., Hobok'n (9)
 Lewis, Thomas K., 47 S. 27th st., Camden (4)
 Leyenberger, S. B., 310 Mt. Prospect av., Nwk. (7)
 Liana, Stephen M., 20 E. Henry st., Linden (20)
 Liccese, Emanuel, 635 Summer av., Newark (7)
 Lieberman, David P., 1072 North av., Elizabeth (20)
 Lieberman, Milton L., 101 Union av., Elizabeth (20)
 Lief, L. H., Jamesburg (12)
 Linares, A. C., 208 Market st., Paterson (16)
 Lindblade, Eric H., 389 Grove st., Up. Montclair (7)
 Linden, Mortimer H., 45 Clendenny av., Jer. C'y (9)
 Linke, James Julian P., 245 E. Front st., Plainfd (20)
 *Lippard, Alvin T., 622 Stuyvesant av., Irvington (7)
 Lippincott, A. Haines, 406 Cooper st., Camden (4)
 Little, Wm. R., 493 W. State st., Trenton (11)
 Littwin, Charles, 35 E. Palisade av., Englewood (2)
 Liva, Arcangelo, 79 Ridge rd., Hackensack (2)
 Liva, P. F., 280 Stuyvesant av., Lyndhurst (2)
 Livengood, B. A., Swedesboro (8)
 Livengood, Horace R., 587 Westminster av., Eliz. (20)
 LLOYD, Reba (Krump), Bridgeton (6)
 Llull, Gabriel, 291 Morris av., Springfield (20)
 Lobsenz, N., 294 Broadway, Paterson (16)
 Loder, Horace B., Bridgeton (6)
 Loder, Joseph S., 924 S. 17th st., Newark (7)
 Loeser, Lewis Henry, 31 Lincoln Park, Newark (7)
 Lomauro, Jas. R., 149 Lexington av., Passaic (16)
 London, William, 255 State st., Perth Amboy (12)
 Londrigan, Jos. F., 535 Washington st., Hoboken (9)
 Long, Herbert W., 102 Jefferson st., Newark (7)
 Long, Miles T., 2150 Boulevard, Jersey City (9)
 Long, Pauline A., 22 Livingston av., New Bruns. (12)
 Long, William H., Somerville (18)
 Longbothum, Geo. T., 208 Dunellen av., Dunellen (12)
 Longsdorf, Harold E., Mt. Holly (3)
 Loper, John C., Bridgeton (6)
 Lore, Harry E., Cedarville (6)
 Lorenzo, M. J., 75 Riverside av., Red Bank (13)
 Lottridge, Dorothy, 43 S. Maple av., East Orange (7)
 Love, Elizabeth F., Moorestown (3)
 Love, Leslie C., 50 S. Fullerton av., Montclair (7)
 Lovejoy, J., Bound Brook (18)
 Lovell, Frederick H., 1013 Clinton av., Irvington (7)
 Lovell, John F., 1011 Clinton av., Irvington (7)
 Lovett, Jos. C., Municipal Hosp., Camden (4)
 Low, Donald B., 529 Broadway, Paterson (16)
 Lowell, M. E., 434 Summit av., Westfield (20)
 Lowenstein, H. A., 96 Milford av., Newark (7)
 Lowrey, Jas. H., 79 Congress st., Newark (7)
 Luban, Benjamin, 730 High st., Newark (7)
 Lucas, Henry H., 268 Van Houten st., Paterson (16)
 Lucas, W. Fred, Burlington (3)
 Lucent, S. Bell, 48 Main st., Little Falls (16)
 Luczynski, Edw. W., 38 W. 26th st., Bayonne (9)
 Luffburrow, C. B., 441 W. Front st., Plainfield (20)
 Luippold, E. J., 85 Columbia ter., Weehawken (9)
 Lukats, E. J., Skillman (18)
 Lummis, M. F., Pitman (8)
 Lund, John L., 267 High st., Perth Amboy (12)
 Lundblad, Walt. E., 75 Prospect st., East Orange (7)
 Lupin, Edward E., 727 Ave. C, Bayonne (9)
 Lyrly, J. M., 1116 Putnam av., Plainfield (20)

Lynch, A. E. O., 257 Orange rd., Montclair (7)
Lynch, Edward Thos., 748 Livingst'n rd., Elizab'h (20)
Lynch, Roland J., 93 Fairview av., Jersey City (9)
*Lynn, J. V., Ridgefield (2)
Lyon, Archibald, 115 Ridge rd., Arlington (7)
Lyon, Earl C., Bridgeton (6)
Lyon, Leslie C., P. O. Box 63, Magnolia (4)
Lyons, James V., 333 Park av., Orange (7)
Lyons, R., 171 Meadowbrook rd., Englewood (2)

ASSOCIATE MEMBERS

Landshof, Chas. A., 50 Glenwood av., Jersey City (9)
Lapin, S. B., 542 W. State st., Trenton (11)
Lazow, S. M., Broad st., Matawan (12)
Lesh, Vincent O., 114 S. Stevens av., S. Amboy (12)
Levy, Irvin, 329 Gardner av., Trenton (11)
Lewis, Leon, 190 Clinton av., Newark (7)
Liddy, F. J., Mahwah (2)
Lifland, B. D., 62 Farley av., Newark (7)
Lipschutz, Chas., 804 Ave. C, Bayonne (9)
Lisanti, G., 660 Tyler pl., West New York (9)
Lobban, Robert B., 2595 Boulevard, Jersey City (9)

ACTIVE MEMBERS

Maas, Max A., 329 Clinton av., Newark (7)
Mabey, J. Corwin, 242 Claremont av., Montclair (7)
Macalister, Alexander, 626 Federal st., Camden (4)
MacAlister, Wm. W., 333 VanHouten st., Pt'r's'n (16)
MacAlpine, K. B., 308 Monmouth st., Gloucester (4)
MacArthur, Clymont, 219 Roseville av., Newark (7)
MacDermid, L. E., 506 Farnsworth av., Bord'nt'n (11)
MacDonald, W. S., 56 Church st., Montclair (7)
MacDowall, J. L., 113 Market st., Perth Amboy (12)
Mace, Margaret, 2410 Atlantic av., N. Wildwood (5)
MacFarland, Burr W., Broad st. B'k Bldg., Tr'nt'n (11)
Mackellar, Jas. M., 26 E. Clinton av., Tenafly (2)
MacKenzie, R. A., 501 Grand av., Asbury Park (13)
Mackes, C. L., 46 N. Main st., Woodstown (17)
Mackler, Louis, 705 Pacific av., Atlantic City (1)
MacLay, Joseph A., 329 Broadway, Paterson (16)
MacMillan, Wright, 23 Passaic av., Passaic (16)
MacPherson, Elwood H., 12 Rawley pl., Millburn (7)
Madden, Leland S., 21 E. Verona av., Pleas'ntv'le (1)
Madden, T. W., 16 Frazier av., Collingswood (4)
Madden, Wm. L., 83 Gifford av., Jersey City (9)
Mader, A. I., 430 Union st., Hackensack (2)
Magee, D. M. P., 497 Sewall av., Asbury Park (13)
Magennis, Bryan C., 267 Park av., Paterson (16)
Maggio, Geo. A., 115 Wilson av., Newark (7)
Maggio, Rosario J., 200 Ross pl., Westfield (20)
Magill, Marcus, Jr., 4116 Ventnor av., Atl. City (1)
Magovern, Thomas, 226 S. Orange av., S. Orange (7)
Mahaffey, Jesse L., 414 Cooper st., Camden (4)
Mahood, H. L., 86 Durand rd., Maplewood (7)
Majeski, H. J., 1015 Brunswick av., Trenton (11)
Major, Morton, 2703 Pacific av., Atlantic City (1)
Makin, John B., 501 Grand av., Asbury Park (13)
Malatesta, C. S., 741 Kingston av., Plainfield (20)
Malavazos, Antonio, 635 High st., Newark (7)
Maldeis, A. M. K., 117 N. 6th st., Camden (4)
Maliniak, Jacques W., 1125 Park av., New Y'k C'y (7)
Mallalieu, Frank W., 16 Monticello av., Jer. City (9)
Mamlet, Alfred M., 16 Johnson av., Newark (7)
Manahan, D. V., 55 E. Front st., Red Bank (13)
Mancusi-Ungaro, E., 268 Mt. Prospect av., Nwk. (7)
Mancusi-Ungaro, L., 156 Mt. Prospect av., Nwk. (7)
Mangone, Geo. F., 171 Palisade av., Union City (9)
Mangogna, Philip, 241 S. 7th st., Newark (7)
Manly, Thomas E., 390 Park av., Paterson (16)
Mann, Jacob J., 225 State st., Perth Amboy (12)
Maps, Howard L., 53 Passaic av., Passaic (16)

Maras, Peter E., 80 Tonnele av., Jersey City (9)
Marcarian, Henry G., 904 Cooper st., Camden (4)
*Marcus, Alexander, 55 Oxford st., Newark (7)
Marcus, Jos. H., 1185 Park av., New York, N.Y. (1)
Marcy, John W., 117 E. Park av., Merchantville (4)
Marini, Dominick, 40 Henry st., Passaic (16)
Mark, Harry B., Riverton (3)
Mark, Joseph S., 102 Green st., Woodbridge (12)
Markel, A. G., 320 Broadway, Paterson (16)
Markowitz, B. B., 2157 Boulevard, Jersey City (9)
Markowitz, Irwin, 2157 Boulevard, Jersey City (9)
Markowitz, Louis, 16 Church st., Paterson (16)
Marks, David M., 298 4th st., Jersey City (9)
Marks, Edward G., 655 Kearny av., Arlington (7)
Marikey, L. A., Holy Name Hosp., Teaneck (2)
*Marotte, Chas. L., 1417 S. Clinton av., Trenton (11)
Marquis, Dean W., 144 Harrison st., E. Orange (7)
Marquis, W. James, 198 Clinton av., Newark (7)
Marrocco, William A., 261 Park av., Paterson (16)
Marsh, Elias J., 400 Van Houten st., Paterson (16)
Marshak, Martin I., 679 Ave. C, Bayonne (9)
Marshall, Frank A., 200 Jane st., Weehawken (9)
Marshall, Jos. C., 1517 Pacific av., Atlantic City (1)
Martin, Elizabeth L., 293 Nassau st., Princeton (11)
Martin, W. P., 25 Holland rd., South Orange (7)
Martinetti, Carlo D., 311 Central av., Orange (7)
Marvel, Peter H., 2216 Shore rd., Northfield (1)
Marvin, Dorothy, 51 Livingston av., N. Bruns. (12)
Mason, Howard B., 90 W. Main st., Freehold (13)
Mason, Jas. H., 3rd., 1616 Pacific av., Atl. City (1)
Massengill, F., 31 Clinton av., Newark (7)
*Massey, John F., 20 S. Newport av., Ventnor (1)
Masterson, John F., 94 Myrtle av., Irvington (7)
Masucci, A., 34 Ward st., Paterson (16)
Matera, Joseph, 506 Garden st., Hoboken (9)
Matheke, O. G., 328 Sussex av., Newark (7)
Matheson, G. E., 649 Central av., East Orange (7)
Mathews, R. H., 186 South st., Morristown (14)
Mathews, H. E., 504 Hillside av., Orange (7)
Mathews, Wm. J., 938 Hudson st., Hoboken (9)
Matthews, L. M., 657 Main av., Passaic (16)
Matthews, W. F., 61 So. Fullerton av., Montclair (7)
Matthews, Wm., 139 Broad st., Red Bank (13)
Maturi, Vincenzo E., 914 Boulevard, Bayonne (9)
Maurer, K. Virginia, E. North'd rd., Livingston (7)
Maver, Wm. W., 532 Bergen av., Jersey City (9)
May, Ernst A., 965 Broad st., Newark (7)
Mayhew, Charles H., 329 Pine st., Millville (6)
McBride, Andrew F., 30 Church st., Paterson (16)
McBride, Hesser G., 1072 S. Orange av., Newark (7)
McCabe, Thomas S., 913 Broad st., Newark (7)
McCall, Jesse, Newton Memorial Hosp., Newton (19)
McCallum, A. S., 213 Clem'ts Br. rd., Barrington (4)
McCamey, Kenneth E., 174 Carroll st., Paterson (16)
McCandliss, W. K., State Hosp., Trenton (11)
McCarthy, Arthur M., 2772 Federal st., Camden (4)
McCauley, Francis J., 31 Lincoln Park, Newark (7)
McClintock, Elsie, 1435 Maple av., Hillside (20)
McConaghy, T. P., cor 10th & Cooper sts., Camden (4)
McConaughy, Francis, Somerville (18)
McCormack, F. C., 87 Tenafly rd., Englewood (2)
McCormick, Jas. E., 322 Clinton av., Newark (7)
McCormick, Wm. H., 266 Market st., P. Amboy (12)
McCoy, John C., 292 Broadway, Paterson (16)
McCroskery, Jas. H., 396 N. Arlington av., E. Or. (7)
McCullough, John H., 523 E. State st., Trenton (11)
McCullough, W. A., Essex Mt. Hosp., Cedar Grv. (7)
McDede, Frank F., 922 Main st., Paterson (16)
McDede, J. Slarle, 215 Ege av., Jersey City (9)
McDermott, Vincent T., 511 State st., Camden (4)
McDonald, F. R., 79 Summit av., Jersey City (9)
McDonald, R. J., 294 Broadway, Paterson (16)
McDonnel, Gerald E., Mt. Holly (3)

- McDonnell, George J., 80 W. Main st., Freehold (13)
 McElhinney, Dennis R., 110 W. Jersey st., Eliz. (20)
 McElroy, Ervin, Rockaway (14)
 *McEwen, Floy, 200 Broadway, Newark (7)
 McGeehan, Stanley M., Ryanhurst Apts. Atl. C'y (1)
 McGinn, W. J., Westfield av., Fanwood (20)
 McGlade, Thos. H., Camden Co. Hosp., Lakeland (4)
 McGovern, John F., 24 Livingston av., N. Bruns. (12)
 McGuigan, Francis A., 212 N. Warren st., Trenton (11)
 McGuire, Jas. J., 122 W. State st., Trenton (11)
 McKiernan, Robt. L., 97 Bayard st., New Bruns. (12)
 McKim, Wm. F., 488 Sanord av., Newark (7)
 McKinstry, J. W., Jamesburg (12)
 McLean, Herbert E., 92 Fairview av., Jersey City (9)
 McLean, Hugh A., 414 17th st., W. New York (9)
 McLellan, Geo. A., 19 Hawthorne av., E. Orange (7)
 McLeod, N. S., 729 Raritan av., Highland Park (12)
 McLoughlin, Frank J., 558 Jersey av., Jer. City (9)
 McMurtree, William A., Hackettstown (21)
 McNeeney, Claudio E., 113 Fairview av., Jer. C'y (9)
 McPherson, A. Malcolm, 171 Diam'd Br. av., H'wth'ne (16)
 McVay, Edward A., 234 Lafayette st., Newark (7)
 McVeigh, Charles J. D., Netcong (19)
 Meacham, Eugene A., 112 Stevens av., S. Amboy (12)
 Mead, Walter G., 699 Kearny av., Kearny (9)
 Means, P. B., State Hospital, Trenton (11)
 Mecray, Paul M., 405 Cooper st., Camden (4)
 Medd, John C., 25 Curtis pl., Maplewood (7)
 Meehan, Geo. Edw., 117 Mercer st., Jersey City (9)
 Meehan, Martin M., 201 Joralemon st., Belleville (7)
 Meeker, Irving A., 581 Valley rd., Up. Moncl'r (7)
 Meier, W. U., 1062 Ridgwood av., Haskell (16)
 Meigh, Josiah, Bernardsville (18)
 Meineke, Wm. C., 818 Chestnut st., Roselle (20)
 Meinzer, Martin S., 147 Market st., Perth Amboy (12)
 Mellen, S. H., 863 Mt. Prospect av., Newark (7)
 Meloney, Lester F., 156 2nd st., Clifton (16)
 Meltsner, L., 904 Hudson st., Hoboken (9)
 Mendelsohn, D. H., 576 Broadway, Paterson (16)
 Mendelsohn, Lewis, 272 Montgomery st., Jer. C'y (9)
 Mendenhall, Clinton D., Bordentown (3)
 Meneve, Alfred D., 87 Bridge st., Paterson (16)
 Menge, Carl, Toms River (15)
 Mengel, Williard G., 400 Penn st., Camden (4)
 Menk, Paul E., 31 Lincoln Park, Newark (7)
 Merkelbach, W. P., 316 Broad st., Bloomfield (7)
 Merlo, Francis A., 210 Murray st., Elizabeth (20)
 Merrill, C. F., 16 S. 3rd av., Highland Park (12)
 Mersellis, John G., 110 Irvington av., S. Orange (7)
 Mersheimer, Chris. H., 15 Reserv'r av., Jer. C'y (9)
 Messinger, Sam. J., 31 Roosevelt av., Carteret (12)
 Metzger, Emma P. W., Riverside (3)
 Meurlin, Alfred, 158 Harrison st., E. Orange (7)
 MeVay, James C., 2907 Pacific av., Atlantic City (1)
 Meyer, Eugene A., Moorestown (3)
 Meyer, George P., 410 Haddon av., Camden (4)
 Meyer, H. M., 22 Hospital av., Hackensack (2)
 Meyer, Wm., 436 New York av., Union City (9)
 Meyers, F. R., 627 E. 24th st., Paterson (16)
 Mezetti, Alfred F., Vineland (6)
 Michela, L. S., 206 Carroll st., Paterson (16)
 Mick, Edwin C., 54 Main st., Orange (7)
 Mierau, E. W., 1096 Sanford av., Irvington (7)
 Miller, Chas. W., Jr., 601 Walnut st., Camden (4)
 Miller, Earle K., 2502 Nottingh'm wy., Mercerville (11)
 Miller, G. H., N. Main st., Cranbury (11)
 Miller, H. Garrett, 203 E. Main st., Millville (6)
 Miller, Herman, 786 S. 12th st., Newark (7)
 Miller, Jos. A., 364 Prospect st., South Orange (7)
 Miller, Lou's H., 37 S. Main st., Woodstown (17)
 Miller, M. H., 311 15th st., West New York (9)
 Miller, Robt. M., 382 Springfield av., Summit (20)
 Miller, Thomas B., Butler (14)
 Milligan, Robt. S., 42 Elm st., Summit (20)
 Mills, Alvah V., Lindsley rd., Little Falls (16)
 Mills, Charles S., Riverton (3)
 Mills, Clifford, 36 Maple av., Morristown (14)
 Mills, Stephen D., 132 S. Euclid av., Westfield (20)
 Minard, E. L., 140 4th av., East Orange (7)
 Miner, Donald, 921 Bergen av., Jersey City (9)
 Minier, Carl L., 157 Harrison st., East Orange (7)
 Miningham, Wm. D., 18 Hedden ter., Newark (7)
 Minnefor, C. A., 126 Carolina av., Newark (7)
 Minnella, Thos. J., 12 Russell pl., Summit (20)
 Mintz, Abraham, 94 Shanley av., Newark (7)
 Mishell, Daniel R., 730 Prospect st., Maplewood (7)
 Missonellie, Wm., 404 Lafayette av., Hawthorne (16)
 Mitchell, Augustus J., 59 South st., Newark (7)
 Mitchell, Chas. H., 1100 W. State st., Trenton (11)
 Mitchell, Charles R., 311 Broadway, Paterson (16)
 Mitskas, T. V. J., Main st., Crosswicks (11)
 Mockridge, O. A., 8 S. Mountain av., Montclair (7)
 Moeckel, Clarence W., 34 Plymouth st., Montclair (7)
 Moffat, Barclay W., Nut Swamp rd., Red Bank (13)
 Mohrbacher, J. J., 37 Osborne ter., Newark (7)
 Moister, Roger W., 382 Springfield av., Summit (20)
 Molitch, Matthew, Jamesburg (12)
 Monosson, Ida, Woodbine (5)
 Montfort, R. J., 1051 E. Jersey st., Elizabeth (20)
 Moore, Frank F., Woodlynne (4)
 Moore, Dean C., 138 N. Arlington av., E. Orange (7)
 Moore, John D., 6 Washington av., Bloomfield (7)
 Moore, Ralph L., Woodbury (8)
 Moress, Edward J., 1501 Maple av., Hillside (20)
 Moretti, John J., 576 S. Clinton st., E. Orange (7)
 Morgan, Browne, 260 Liberty st., Bloomfield (7)
 Moriconi, A. F., 438 Hamilton av., Trenton (11)
 Moriority, J. J., 31 Park st., Montclair (7)
 Morley, Grace C., 2787 Boulevard, Jersey City (9)
 Morrill, James P., 310 Broadway, Paterson (16)
 Morris, Carlyle, Spring st., Metuchen (12)
 Morris, Clement, 513 Broadway, Newark (7)
 Morris, D. G., 11 W. 26th st., Bayonne (9)
 Morris, Thomas M., 503 Park av., Plainfield (20)
 Morris, Watson B., 193 Morris av., Springfield (20)
 Morrison, Caldwell, 379 7th av., Newark (7)
 Morrison, Frederick H., Newton (19)
 Morrison, J. Bennett, 66 Milford av., Newark (7)
 Moschkowitz, Herman, 739 High st., Newark (7)
 Motzenbecker, P. F., 680 High st., Newark (7)
 Motzenbecker, Wm. J., 16 Milford av., Newark (7)
 Moulton, Chas. D., 122 Park av., East Orange (7)
 Mount, Walter B., 21 Plymouth st., Montclair (7)
 Mras, J. N., State Hospital, Trenton (11)
 Mueller, Geo. H., 120 Summit av., Jersey City (9)
 Muldoon, Edward J., Florence (3)
 Mulford, Ephraim R., 100 E. Broad st., Burlington (3)
 Muller, F. L., 413 3rd st., Caristadt (2)
 Muller, Joseph H., 867 S. 13th st., Newark (7)
 Mulligan, L. A., 230 Central av., Leonia (2)
 Mullin, Raymond J., 857 S. 11th st., Newark (7)
 Munger, Ray T., 727 Watchung av., Plainfield (20)
 Munro, Charles A., Marlton (3)
 Munro, Jeannette, 293 Nassau st., Princeton (11)
 Murn, Charles J., 48 Smith st., Paterson (16)
 Murphy, A. T., 1108 Anna st., Elizabeth (20)
 Murphy, Edward A., 1 Britton st., Jersey City (9)
 Murphy, Herschel S., 320 Chestnut st., Roselle (20)
 Murphy, J. A., 467 Hamilton av., Trenton (11)
 Murphy, James M., 2757 Boulevard, Jersey City (9)
 Murphy, Leo J., 374 West st., Union City (9)
 Murphy, P. H., 27 Jefferson av., Jersey City (9)
 Murray, E. N., 558 Newton st., Camden (4)
 Murray, Harold A., 624 Mt. Prospect av., Newark (7)
 Murray, Joseph A., 765 Ave. C, Bayonne (9)

Murray, Norman L., 129 Summit av., Summit (20)
Musetto, Carmelo A., Boonton (14)
Mustermann, Otto H., 303 48th st., Union City (9)
Muta, Samuel A., 47 Park av., West Orange (7)
Muttart, George W., 702 Ocean av., Jersey City (9)
Mutter, Alfred A., 75 Beech st., Kearny (9)
Myatt, Leslie E., 98 North Pearl st., Bridgeton (6)
Myers, N. V., Tenafly (2)

ASSOCIATE MEMBERS

Macaluso, D., 7 Hilton st., Belleville (7)
Mackin, John J., 569 Bergen av., Jersey City (9)
Madison, Lewis K., 358 Pacific av., Jersey City (9)
Marano, Michael A., 508 4th st., Union City (9)
Margaretten, E. I., Perth Amboy (12)
Margulis, Boris, 28 West End av., Newark (7)
Margulies, Chas., 203 Harrison av., Jersey City (9)
Matheke, George A., 328 Sussex av., Newark (7)
Matturri, Dominick, 174 Clinton av., Jersey City (9)
McLoughlin, John W., 39 W. 26th st., Bayonne (9)
Miller, Lucille F., 31 Webster pl., Orange (7)
Miller, Nathan, 990 Sanford av., Irvington (7)
Miller, S. R., 31 Main st., Pennington (11)
Metzer, K. F., 1430 W. State st., Trenton (11)
Mullin, Eugene P., 515 Sanford av., Newark (7)

ACTIVE MEMBERS

Nafash, Shafeek, 86 Palisade av., Union City (9)
Nafey, H. W., 51 Livingston av., New Brunswick (12)
Nagler, Bernard, 75 Sheppard av., Newark (7)
Nalitt, David I., 28 W. 33rd st., Bayonne (9)
Nappi, P. E., 215 Mt. Prospect av., Newark (7)
*Nash, Albert, 10 S. 12th st., Newark (7)
Nash, Alexander E., 30 Forest av., Verona (7)
Nash, Herman S., 865 S. 11th st., Newark (7)
Nash, William G., 20 Clinton st., Newark (7)
Nataro, Joseph, 172 Littleton av., Newark (7)
Naulty, Chas. W., Jr., 403 High st., Perth Amboy (12)
Neal, Charles B., Millville (6)
Neare, Clifford R., 2 Hawthorne av., East Orange (7)
Neer, William, 245 Broadway, Paterson (16)
Neiderhoffer, S. L., 469 Broadway, Long Branch (13)
Nelson, Harry, Woodbury (8)
Nemzek, Wm. P. B., 141 Ridge rd., Arlington (7)
Nesbit, Eliz., N. J. Tr'n'g School, Little Falls (16)
Netz, L. W., 414 Main st., Hackensack (2)
Nevin, John, 131 Kensington av., Jersey City (9)
Nevius, Wm. B., 61 N. Arlington av., East Orange (7)
Newcomb, Marcus W., Browns Mills (3)
Newman, Abraham J., 70 Sherman pl., Jersey City (9)
Newman, Grace T., 339 Grove st., Montclair (7)
Newman, Louis G., 316 E. Broad st., Westfield (20)
Nichols, Stanley H., 501 Grand av., Asbury Park (13)
Nicholson, Frank P., 895 Summit av., Jer. City (9)
Nickman, E. Harrison, 101 S. Newton av., Atl. City (1)
Nicol, L. C., 360 Larch av., Bogota (2)
Nicoll, George L., 400 W. Blackwell st., Dover (14)
Nieman, S. Z., 92 Bayard st., New Brunswick (12)
Niemeyer, Chas. V., 4610 Boulevard, Union City (9)
Niemtzow, Frank, 45 E. Main st., Freehold (13)
Nimaroff, Meyer, 265 Union av., Irvington (7)
Nittoli, R. N., 660 E. Jersey st., Elizabeth (20)
Nonziato, F. A., 50 Centre st., Trenton (11)
Norris, Henry M., 49 Prospect st., East Orange (7)
North, Harry R., 160 W. State st., Trenton (11)
Norton, James F., 299 Varick st., Jersey City (9)
Notkin, Meyer, 351 Van Houten st., Paterson (16)
Novello, Joseph A., 624 4th av., Elizabeth (20)
Nowrey, Joseph E., 431 Vine st., Camden (4)
Nuse, Edward F., 50½ Jersey av., Jersey City (9)

Nye, Howard H., 174 Carroll st., Paterson (16)
Nyiri, William, 30 Van Ness pl., Newark (7)

ASSOCIATE MEMBERS

Nadel, Charles I., 1186 Clinton av., Irvington (7)
*Noble, Chas. P., 1509 Locust st., Philadelphia, Pa. (6)

ACTIVE MEMBERS

Obert, J. E., New Egypt (15)
Obester, G. E., 617 Madison av., Elizabeth (20)
O'Brian, J. H., 204 Madison av., Passaic (16)
*Obuchowski, H. F., 86 Belmont av., Newark (7)
Ockene, Abraham, 495 Palisade av., Union City (9)
O'Connor, B. A., 314 N. 4th st., Harrison (9)
O'Connor, D. F., 671 Broad st., Newark (7)
O'Connor, J. J., 434 New York av., Union City (9)
O'Connor, M. J., 98 Shanley av., Newark (7)
O'Crowley, Clarence R., 31 Lincoln Park, Newark (7)
Oderr, Charles, 121 S. Euclid av., Westfield (20)
Oestman, A. W., 932 Summit av., Jersey City (9)
O'Gorman, M. W., 880 Bergen av., Jersey City (9)
O'Hanlon, George, Medical Centre, Jersey City (9)
Okin, I., 23 Passaic av., Passaic (16)
Olcott, Geo. P., 144 Harrison st., East Orange (7)
Older, Benjamin, 435 New York av., Union City (9)
Olenick, S., 107 Clinton av., Newark (7)
Olini, Joseph J., 30 W. Market st., Newark (7)
Oliver, David H., Bridgeton (6)
Olpp, A. E., 318 Bergenline av., Union City (9)
Ondovchak, M. F., King's Hwy., Mt. Ephraim (4)
O'Neill, Charles L., 11 N. 7th st., Newark (7)
O'Neill, John H., 270 Montgomery st., Jersey City (9)
Opdyke, C. P., 10 Summit rd., Verona (7)
Opdyke, Gordon McC., 52 Claremont av., Verona (7)
Opdyke, L. A., 55 Clinton av., Jersey City (9)
Openchowski, M., 52 Jones st., Newark (7)
Opermann, J. L., 167 Bay av., Highlands (13)
Oram, Joseph H., 495 Broadway, Paterson (16)
Orloff, Samuel, 97 Lyons av., Newark (7)
Ornaf, I. E., 1154 Thurman st., Camden (4)
O'Rourke, James J., 871 Stuyvesant av., Trenton (11)
Orton, Carlton B., 235 Chestnut st., Roselle (20)
Orton, George Lee, 98 Elm st., Rahway (20)
Orton, Henry B., 24 Commerce st., Newark (7)
O'Shea, John J., 135 Shippen st., Weehawken (9)
Oshrin, Henry, 750 Park av., West New York (9)
Osmun, Milton M., 611 Broadway, Camden (4)
O'Sullivan, John R., 33 Hamilton av., Arlington (9)
Ovens, R. C., 675 Bergen av., Jersey City (9)
Owen, Logan S., 938 Hudson st., Hoboken (9)

ASSOCIATE MEMBERS

O'Grady, Michael J., 299 Broadway, Newark (7)
Ortolano, Jas. J., 522 Garden st., Hoboken (9)
Ostrowski, S. J., 323 Belleville av., Bloomfield (7)

ACTIVE MEMBERS

Pacicco, Michele, 376 Monmouth st., Jersey City (9)
Paddock, Royce, 965 Broad st., Newark (7)
Pagliughi, John J., 401 18th st., Union City (9)
Pal, D. R., 32 Clark st., Paterson (16)
Palm, Howard F., 614 N. 2nd st., Camden (4)
Palmer, Gideon H., 28 Winans st., East Orange (7)
Palmer, H. S., 257 Mulberry st., Newark (7)
Panitch, William, 352 Belmont av., Newark (7)
Pannell, Walter L., 7 Prospect st., East Orange (7)
Pannullo, John N., 266 Van Buren st., Newark (7)
Pansy, Abraham A., 12 Jackson st., South River (12)
Pantelone, Joseph, 504 Hamilton av., Trenton (11)

- Parent, Sol., 924 S. 20th st., Newark (7)
 Parisi, Anthony, 150 Hunterdon st., Newark (7)
 Park, M. B., 360 Park av., Paterson (16)
 Parker, H. Norton, 72 N. Clinton av., Trenton (11)
 Parker, J. W., 175 Shrewsbury av., Red Bank (13)
 Parker, John E., 385 Park av., Orange (7)
 Parry, O. K., 601 Bangs av., Asbury Park (13)
 Parsonnet, Eugene V., 31 Lincoln Park, Newark (7)
 Pascall, Thomas M., 197 Lincoln av., Newark (7)
 Paschal, Geo. W., Jr., 195 N. Main st., Milltown (12)
 Patti, F. A., 340 Broad st., Leonia (2)
 Patella, F., 232 Broadway, Paterson (16)
 Patterson, I. N., Westville (8)
 Paul, G. A., 788 Lyons av., Irvington (7)
 Paul, H. Carl, 24 Hanford pl., Caldwell (7)
 Paulson, Arch'd M., 160 E. 7th st., Plainfield (20)
 Pavia, John R., 95 N. Munn av., Newark (7)
 Payawall, J. L., 26 Lake st., Ramsey (16)
 Payne, Guy, Overbrook Hospital, Cedar Grove (7)
 Payne, Joseph, 223 Goodwin av., Midland Park (2)
 Peacock, Arthur B., Columbus (3)
 Peare, Sydney S., 815 Kilsythe rd., Elizabeth (20)
 Pearlstein, Frank, 325 16th st., West New York (9)
 Pedevill, J., 232 Highland av., Palisade Park (2)
 Pedrick, William W., Glassboro (8)
 Peer, Lyndon A., 965 Broad st., Newark (7)
 Pegau, Paul, Woodbury (8)
 Pellarin, John D., 493 New York av., Union City (9)
 Pellet, Thomas L., Hamburg (19)
 Pellicane, A. J., 191 Sanford st., New Brunswick (12)
 Pelusio, August N., 269 Carroll st., Paterson (16)
 Pendexter, S. E., 11 S. Arlington av., East Orange (7)
 Pennington, A. W., 182 Roseville av., Newark (7)
 Pennington, John, 101 S. Indiana av., Atlantic City (1)
 Pentel, Louis S., 307 16th st., West New York (9)
 Perham, B. S., 199 Lorraine av., Up. Montclair (7)
 Perkel, Louis L., 3263 Boulevard, Jersey City (9)
 Perlberg, Harry L., 921 Bergen av., Jersey City (9)
 Perrine, C. C., 500 River rd., Red Bank (13)
 Perry, Frank L., 43 East av., Woodstown (17)
 Pessel, J. F., 224 W. State st., Trenton (11)
 Peters, E. A. P., 394 Bergen av., Jersey City (9)
 Peters, Richard C., 963 Park av., Plainfield (20)
 Peterson, C. A., 921 Washington st., Hoboken (9)
 Peterson, W. R., 312 W. State st., Trenton (11)
 Petry, William, 109 Treacy av., Newark (7)
 Pettit, Herschel, Ocean City (5)
 Phelan, W. F., 124 Chilton st., Elizabeth (20)
 Phelps, J. E., 203 Park av., Paterson (16)
 *Philhower, Geo. B., 281 Grant av., Nutley (7)
 Phillips, A. A., 13 Howard st., Newark (7)
 Phillips, Claude B., 891 Haddon av., Collingswood (4)
 Phillips, R. H. C., 144 W. State st., Trenton (11)
 Phillips, Walter, 109 E. Palisade av., Englewood (2)
 Pieper, H. C., 575 Cedar av., W. Long Branch (13)
 Pierson, Carl L., 178 W. State st., Trenton (11)
 Pierson, Jos. R., Hopewell (11)
 Pierson, Theodore A., Hopewell (11)
 Pigott, Albert W., Skillman (18)
 Pike, Chas. E., 411 Newton av., Oaklyn (4)
 Pilch, Arthur G., 1 Willard av., Bloomfield (7)
 Pilkington, Albert, Amsterdam Apts., Atl. City (1)
 Piller, J., 245 Broadway, Paterson (16)
 Pilloni, Louis, 27 Park pl., Bloomfield (7)
 Piltz, George F., 153 25th st., Guttenberg (9)
 Pinckney, Frank H., 186 South st., Morristown (14)
 Pindar, Fred S., 960 Park av., Woodcliff (9)
 Pinerman, R. B., 269 Bordentown av., S. Amboy (12)
 Pinkerton, Wm. A., 854 Ave. C., Bayonne (9)
 Pinneo, Frank W., 439 Mt. Prospect av., Newark (7)
 Pino, Anthony, 196 Irving av., Bridgeton (6)
 Pinsky, Mordecai, 944 S. 5th st., Camden (4)
 Pizzi, Francis W., 205 Park av., Orange (7)
 Plain, Irving R., 2 Stratford pl., Newark (7)
 Plante, Amos A., 228 Dunnell rd., Maplewood (7)
 Platt, T. H., 215 Dunellen av., Dunellen (12)
 Plavin, Nathan J., 5407 Hudson blvd., N. Bergen (9)
 Podell, A. Alfred, 51 E. Front st., Red Bank (13)
 Pogoloff, Samuel H., Manville (18)
 Poland, Geo. A., 25 E. Washington av., Pl'sntv'le (1)
 Polevski, J., 682 High st., Newark (7)
 Polk, C. C., 114 E. 7th av., Roselle (20)
 Pollak, B. S., Hud. Co. Tub. San., Secaucus (9)
 Pollis, Nicholas, 642 High st., Newark (7)
 Polizzotti, J. L., 193 Park av., Paterson (16)
 Polow, Benjamin, 24 Johnson av., Newark (7)
 Polowe, David, 558 E. 27th st., Paterson (16)
 Pomeranz, R., 31 Lincoln Park, Newark (7)
 Pons, C. A., 501 Grand av., Asbury Park (13)
 Potter, Benj. Paul, Hud. Co. Tub. San., Secaucus (9)
 Potter, Ellen C., 301 W. State st., Trenton (11)
 Potter, Raymond T., 144 Harrison st., E. Orange (7)
 *Potter, Robert, 25 Fulton st., Newark (7)
 Pottinger, W., Mountain Lakes (14)
 Povalski, Alex. W. T., 1925 Boulevard, Jersey City (9)
 Powis, Ethel M., 198 W. State st., Trenton (11)
 Poyas, M. L., 1871 Pennington rd., Trenton (11)
 Prager, Bert A., Chatham (14)
 Prather, C. G., 360 Westwood av., Westwood (2)
 Pratt, Arthur C., 516 Cooper st., Camden (4)
 *Pratt, John E., Dumont (2)
 Pratt, Wm. H., 516 Cooper st., Camden (4)
 Pregnall, James P., 501 Grand av., Asbury Park (13)
 Preston, Perry B., 12 Palm st., Newark (7)
 Pressman, Albion, Woodbine (5)
 Price, Nathaniel G., 31 Lincoln Park, Newark (7)
 Prigger, E. R., 39 Main st., Pennsgrove (17)
 Prince, Robert A., 272 Park av., Paterson (16)
 Principato, Roberto, 402 Walnut st., Camden (4)
 Pringle, F. A., 65 N. Fullerton av., Montclair (7)
 Proctor, F. E., 1245 Greenwood av., Trenton (11)
 Proctor, James Wm., 188 Engle st., Englewood (2)
 Protzman, T. B., 39 Park pl., Englewood (2)
 Prout, Thos. P., 19 Prospect st., Summit (20)
 Prout, Wm. B., 88 W. Forest av., W. Englewood (2)
 Pudney, W. K., 31 Trinity pl., Montclair (7)
 Purcell, Ernest F., 800 Stuyvesant av., Trenton (11)
 Purdy, Chas. H., 35 Highland av., Jersey City (9)
 Pursell, William Dana, 508 Main st., Phillipsburg (21)
 Pyle, Louis A., 89 Fairview av., Jersey City (9)
 Pyle, Wallace B., 15 Exchange pl., Jersey City (9)
- ASSOCIATE MEMBERS**
- Padney, Edward V., 139 Montgomery st., Jer. City (9)
 Pattyson, R. A., 144 Harrison st., East Orange (7)
 Payawall, J. L., 26 Lake st., Ramsey (2)
 Payne, Guy, Jr., 9 Prospect st., Verona (7)
 Pecora, Samuel, 360 Bloomfield av., Newark (7)
- DENTAL ASSOCIATES**
- Phillips, C. F., D.D.S., 1509 Pacific av., Atl. City (1)
- ACTIVE MEMBERS**
- Quad, Clifford W., 53 Northfield av., W. Orange (7)
 Quigley, Frederic J., 4622 Boulevard, Union City (9)
 Quinby, Wm. O'Gorman, 14 James st., Newark (7)
 Quinn, John J., 707 Bergen av., Jersey City (9)
 Quinn, Norman J., 3303 Pacific av., Atlantic City (1)
 Quinn, Stephen T., 326 S. Broad st., Elizabeth (20)
 Quirk, Martin A., 104 Maple av., Red Bank (13)

ACTIVE MEMBERS

- Radding, M. B., 321 Elmora av., Elizabeth (20)
 Radest, L. J., 158 Hamilton av., Paterson (16)
 Rado, William, 190 Clinton av., Newark (7)
 Rados, Andrew, 299 Clinton av., Newark (7)
 Ragany, Joseph, 966 S. Broad st., Trenton (11)
 Rainey, W. G., 34 Bayard lane, Princeton (11)
 Ramos, Nicholas I., 188 Market st., Newark (7)
 Ramsey, F. Muriel, 310 E. Pine st., Millville (6)
 Randall, Chas. H., 50 3rd av., Newark (7)
 Randazzo, A. P., 82 Prospect st., Passaic (16)
 Randolph, John M., 131 Main st., Rahway (20)
 Ranson, B. B., Jr., 601 Ridgewood av., Maplewood (7)
 Rathgeber, C. F., 18 William st., East Orange (7)
 Rathgeber, Wm. M., 249 Roseville av., Newark (7)
 Raughley, Wm. C., Taunton av., Berlin (4)
 Rauschenbach, P. E., 223 Broadway, Paterson (16)
 Ravitz, S. F., 1143 Broad st., Newark (7)
 Rawitz, Sidney B., 42 Chancellor av., Newark (7)
 Read, Jessie D., 519 Lenox av., Westfield (20)
 Read, Hilton S., Prof. Arts Bldg., Atl. City (1)
 Read, William T., 429 Cooper st., Camden (4)
 Reading, H. E., 538 E. 29th st., Paterson (16)
 Reale, N. P., Manville (18)
 Reason, John J., 612 Roosevelt av., Carteret (12)
 Rector, J. M., 681 Bergen av., Jersey City (9)
 Reeves, J. Franklin, 55 East av., Bridgeton (6)
 Reich, A. L., 83 Lyons av., Newark (7)
 Reich, Henry, 31 Lincoln Park, Newark (7)
 Reich, Jerome J., 1420 Maple av., Hillside (20)
 Reich, S. B., 348 Kinderkamack rd., Oradell (2)
 Reilly, C. J., 331 13th av., Newark (7)
 Reiner, Jacob, 811 N. Broad st., Elizabeth (20)
 Reingold, Alexander, 221 Garden st., Hoboken (9)
 Reisinger, P. B., 369 W. State st., Trenton (11)
 Reissman, E., 31 Lincoln Park, Newark (7)
 Reitter, G. S., 144 Harrison st., E. Orange (7)
 Remer, Daniel F., Mt. Holly (3)
 Renner, Dan Smith, Skillman (18)
 RePass, Paul E., 144 Harrison st., East Orange (7)
 Rettig, I. L., 36 Milford av., Newark (7)
 Reyner, D. C., 2703 Pacific av., Atlantic City (1)
 Reynolds, Earl C., 657 Main av., Passaic (16)
 Reynolds, G. G., 64 W. Main st., Freehold (13)
 Reynolds, Harry C., 657 Main av., Passaic (16)
 Rhone, David S., 1202 Haddon av., Camden (4)
 Ribbans, Robert C., 63 Central av., Newark (7)
 Rich, Charles, 191 Littleton av., Newark (7)
 Rich, Harry H., 32 Broad st., Newark (7)
 Richardson, Arthur H., 60 Orange rd., Montclair (7)
 Richardson, Chas. A., Main st., Closter (2)
 Richardson, Emma M., 577 Stevens st., Camden (4)
 Ricketts, Henry E., 31 Lincoln Park, Newark (7)
 Rieck, Allan, 507 S. Shore rd., Pleasantville (1)
 Rieck, Walter R., 377 Kearny av., Kearny (9)
 Rieman, Aloysius, 3566 Boulevard, Jersey City (9)
 Riggins, Edwin N., 161 N. Arlington av., E. Or. (7)
 Rink, William E., 33 W. Union st., Burlington (3)
 Riordan, J., 110 Maple st., Rutherford (2)
 Ripley, Chas. D., 39 Lincoln Park, Newark (7)
 Ripley, E. Warren, 7 Trinity pl., Montclair (7)
 Rippo, Maurice L., 331 Elmora av., Elizabeth (20)
 Rizzolo, E. M., 250 Mt. Prospect av., Newark (7)
 Robbin, Lewis, 18 Clinton pl., Newark (7)
 Robbins, Charles M., 31 Lincoln Park, Newark (7)
 Robbins, Henry B., 144 Mercer st., Jersey City (9)
 Robbins, Warren D., Cape May (5)
 Roberts, A. H., 24 S. 9th st., Newark (7)
 Roberts, David C., 54 Randolph pl., S. Orange (7)
 Roberts, Edgar W., 760 Palisade av., W. New Yk' (9)
 Roberts, Frank A., 84 Arlington av., Caldwell (7)
 Roberts, Jos. E., Jr., 403 Cooper st., Camden (4)
 Roberts, Wm. A., 11 Park av., Caldwell (7)
 Robertson, Grace M., 650 W. 7th st., Plainfield (20)
 Robinson, E. A., 149 Atkins av., Asbury Park (13)
 Robinson, John T., Bound Brook (18)
 Robinson, S. E., Franklin Trnkp., Waldwick (2)
 Robinson, W. A., 62 Main av., Ocean Grove (13)
 Rodman, E. Warren, Beverly (3)
 Roeber, Wm. J., 21 Nesbit ter., Irvington (7)
 Roemer, Jacob, 213 Broadway, Paterson (16)
 Rogers, Alvin S., 126 N. Warren st., Trenton (11)
 Rogers, Dorothy, Woodbury (8)
 Rogers, Edw. B., 814 Haddon av., Collingswood (4)
 Rogers, Harry, 144 Harrison st., E. Orange (7)
 Rogers, Harry L., Riverton (3)
 Rogers, L. H., Municipal Colony, Trenton (11)
 Rogers, Richard M., 1 Wallace st., Newark (7)
 Rogers, Robert H., 49 9th av., Newark (7)
 Rogers, W. N., 1255 Brunswick av., Trenton (11)
 Roh, Robert F., 671 Broad st., Newark (7)
 Rona, Maurice, 159 Bayard st., New Brunswick (12)
 Roop, W. O., 101 S. Indiana av., Atlantic City (1)
 Rose, Mary D., 453 Park av., Orange (7)
 Rosamilla, R. E., 480 N. 7th st., Newark (7)
 Rosecrans, James H., 826 Hudson st., Hoboken (9)
 Rosenberg, J., 692 Bergen av., Jersey City (9)
 Rosenberg, L. Charles, 11 Murray st., Newark (7)
 Rosenberg, Louis, 26 S. Stenton pl., Atlantic City (1)
 Rosenblatt, Sidney, 1904 Pacific av., Atlantic City (1)
 Rosenstein, Jacob L., 568 Bergen av., Jersey City (9)
 Rosenstein, Saivel, 2120 Springf'd av., Vaux Hall (20)
 Ross, Alexander S., 542 Cooper st., Camden (4)
 Rossell, Edward W., 801 Cooper st., Camden (4)
 Roth, Oswald H., 210 Littleton av., Newark (7)
 Roth, R. F., 41 Haddon av., Westmont (4)
 Roth, Samuel R., 31 Lincoln Park, Newark (7)
 Rothenberg, Samuel, 132 Osborne ter., Newark (7)
 Rothman, Benjamin, Sussex (19)
 Rothschild, Daniel L., 584 Elizabeth av., Newark (7)
 Rothschild, K., 49 Bayard st., New Brunswick (12)
 Rothseid, Abraham, 61 Avon av., Newark (7)
 Rothstein, I. B., 638 Stuyvesant av., Irvington (7)
 Rowan, Henry M., 224 W. State st., Trenton (11)
 Rowe, Norman L., 828 Grand st., Jersey City (9)
 Rowland, James J., 321 Bay st., Highlands (13)
 Rowland, John H., 159 New st., New Brunswick (12)
 Roy, Bert W., Sussex (19)
 Roy, Joseph N., 95 17th av., Paterson (16)
 Rube, J. A., 145 Prospect st., Ridgewood (2)
 Rubin, A. A., 379 Washington av., Belleville (7)
 Rubinow, Saul M., 755 High st., Newark (7)
 Ruffu, Henry, 111 S. Boston av., Atlantic City (1)
 Rullman, Walter, 58 Front st., Red Bank (13)
 Rumage, Wm. T., 513 Sanford av., Newark (7)
 Rundlett, Emilie V., 79 Prospect st., Jersey City (9)
 Runnells, J. E., Scotch Plains (20)
 Runyan, Wm. J., 106 Broad st., Bloomfield (7)
 Runyon, L. P., 80 Somerset st., New Brunswick (12)
 Ruoff, Andrew C., 494 New York av., Union City (9)
 Russell, Chas. B., 119 Hamilton av., Paterson (16)
 Russell, David L., 690 Bergen av., Jersey City (9)
 Russomano, R. L., 745 Clifton av., Newark (7)
 Ruttenberg, Louis, Mantua (8)
 Ruttenberg, Max, 303 Cooper st., Camden (4)
 Ryan, John N., 158 Lexington av., Passaic (16)
 Ryley, H. W., 1 Lincoln pl., E. Rutherford (2)

ASSOCIATE MEMBERS

- Rapp, Robert F., Hightstown (11)
 Reinacher, Chas. H., Federal Tr. Bldg., Newark (7)
 Reisman, David, 162 Spruce st., Philadelphia, Pa. (6)
 Riccaindelli, Emanuel, 75 Linden av., Jersey City (9)
 Rineberg, I. E., 93 Bayard st., New Brunswick (12)
 Romano, P. J., 203 S. Essex av., Orange (7)

Rothfuss, C. H., 490 Rahway av., Woodbridge (12)
Rubenstein, Eli, 79 W. 32nd st., Bayonne (9)
Rubenstein, Robt., 1885 Boulevard, Jersey City (9)

ACTIVE MEMBERS

Sacco, Anthony G., 440 New York av., Union City (9)
Sacco, Gregory E., 191 Broad st., Red Bank (13)
Sachs, Wilbert, 921 Bergen av., Jersey City (9)
Sadoff, Joseph, 116 Elmora av., Elizabeth (20)
Salasin, Samuel L., 511 Pacific av., Atlantic City (1)
Salvati, Leo H., 244 Walnut st., Westfield (20)
Samuel, Jerome H., 299 Clinton av., Newark (7)
Samuels, S. L., 612 W. Front st., Plainfield (20)
Samson, Norman D., 281 Kearny av., Kearny (7)
Sandella, J. F., 169 New st., New Brunswick (12)
Sands, O. L., 501 Grand av., Asbury Park (13)
Sanfacon, Thomas A., 810 Park av., Paterson (16)
Santangelo, Stephen, 304 Varick st., Jersey City (9)
Saradarian, A. V., 481 New York av., Union City (9)
Saslow, Benjamin, 680 Clinton av., Newark (7)
Satchwell, H. H., 640 Stuyvesant av., Irvington (7)
Satulsky, E. M., 544 Jersey av., Elizabeth (20)
Saunders, O. W., 1700 Broadway, Camden (4)
Sawyer, Blackwell, Toms River (15)
Sax, Max T., 84 Grove st., Bloomfield (7)
Sayre, William D., 69 Maple av., Red Bank (13)
Sbarra, F., 531 W. Market st., Newark (7)
Scammell, Frank G., 40 S. Clinton av., Trenton (11)
Scanlan, D. Ward, 15 S. Illinois av., Atlantic City (1)
Scasserra, B. B., 110 Nassau st., Princeton (11)
Schaaf, Royal A., 413 Mt. Prospect av., Newark (7)
Schafer, Eugene P., 12 Harrison pl., Irvington (7)
Schaffer, Nathan, 172 S. Arlington av., E. Orange (7)
Schall, R. E., 7th & Elm sts., Camden (4)
Schapiro, Joseph, 712 Palisade av., Union City (9)
Schechtman, Vera, 385 Osborne ter., Newark (7)
Scheffler, W. A. H., 511 Cooper st., Camden (4)
Schellenger, E. A. Y., 429 Cooper st., Camden (4)
Schenk, Jos. R., 1177 Park av., Plainfield (20)
Schenker, B. N., 246 5th st., Jersey City (9)
Schept, Samuel S., 523 37th st., Union City (9)
Schildkraut, J. M., 170 W. State st., Trenton (11)
Schiller, Nicholas, 29 Girard pl., Newark (7)
Schilling, A. B., 727 Jefferson av., Elizabeth (20)
Schimmelpfennig, R. D., 56 Church st., Montclair (7)
Schisler, Milton M., Florence (3)
Schlein, August, 707 Park av., Hoboken (9)
Schlichter, C. H., 556 N. Broad st., Elizabeth (20)
Schmidt, Albert F., 81 Union st., Manasquan (13)
Schmidt, Walter W., 386 Palisade av., Cliffside Park (2)
Schmukler, Jacob, 29 Rutgers st., Maplewood (7)
Schneider, Chas. A., 694 Clinton av., Newark (7)
Schneider, Louis, 874 S. 13th st., Newark (7)
Schneider, Louis A., 412 17th st., West New York (9)
Schrack, Helen F., 216 N. 5th st., Camden (4)
Schramm, Joseph A., 23 Darcy st., Newark (7)
Schrenk, Harry, 192 Roseville av., Newark (7)
Schroeder, H. J. L., 110 W. State st., Trenton (11)
Schuchner, Wm. F., 550 1/2 Jersey av., Jersey City (9)
Schuck, Traugott J., 58 9th st., Hoboken (9)
Schulman, R., Aurora Institute, Morristown (14)
Schulsinger, S., 80 Clinton av., Newark (7)
Schulte, H. A., 701 Clinton av., Newark (7)
Schults, Anna R., 207 Summer av., Newark (7)
Schultz, A. M., 379 Union av., Paterson (16)
Schurman, E. W., 710 Ocean av., Jersey City (9)
Schwartz, Henry C., Atco (4)
Schwartz, Samuel H., 414 Park av., Plainfield (20)
Schwarz, B. T. D., 2787 Hudson blvd., Jersey City (9)
Schwarz, H. J., 5560 Hudson blvd., N. Bergen (9)
Schwarzkopf, Geo., 2901 Pacific av., Atlantic City (1)
Schweizer, Roman G., 860 E. Jersey st., Elizabeth (20)
Sciorsci, Edw. F., 609 Bloomfield av., Hoboken (9)
Scott, E. A., Belle Mead San., Belle Mead (13)
Scott, Frederick, Franklin (19)
Scott, Fred W., 103 Bayard st., New Brunswick (12)
Scott, Harold R., 1 Cole av., Morristown (14)
Scott, Karl M., Prof. Arts Bldg., Atlantic City (1)
Scott, Michael, Skillman (18)
Scott, Parry M., Beverly (3)
Scott, R. Hunter, 205 Roseville av., Newark (7)
Scott, Samuel G., 141 Bergen av., Jersey City (9)
Scribner, Chas. H., Hamburg tn timer, Paterson (16)
Scruggs, W. J., 3005 Kersage rd., Camden (4)
Scudder, F. D., 63 S. Fullerton av., Montclair (7)
Scullion, A., 460 Anderson av., Cliffside (2)
Seely, Roy B., 78 N. Clinton av., Trenton (11)
Segard, C. P., Leonia (2)
Seidelman, S. E., 1919 Greenwood av., Trenton (11)
Seidler, V. B., 16 Plymouth st., Montclair (7)
Seidler, Wm. F., 29 Rossmore pl., Belleville (7)
Seidman, E. A., 580 High st., Newark (7)
*Seidman, Marcus, 580 High st., Newark (7)
Seifert, Edwin A., 247 Claremont av., Montclair (7)
Seitzick, Hannah E., 733 Hamilton av., Trenton (11)
Sekerak, Albert J., 977 S. Broad st., Trenton (11)
Selinger, S., 413 16th st., West New York (9)
Sell, Frederick W., 113 Commerce st., Rahway (20)
Sellers, Robert R., 19 Chestnut st., Newark (7)
Sender, Fannie, 123 Main st., South River (12)
*Senseman, Theodore, 3600 Pacific av., Atl. City (1)
Sesta, Joseph, 242 Fulton av., Jersey City (9)
Sewall, Millard F., 193 E. Commerce st., Bridgeton (6)
Seward, F. H., Madison (14)
Sewell, Stephen, 212 Jersey av., Spring Lake (13)
Sexsmith, Geo. H., 719 Ave. C, Bayonne (9)
Seybold, Arthur D., 302 E. 7th st., Plainfield (20)
Seymour, E. T., 55 Hillside av., Tenafly (2)
Sferra, Alfred F. W., Bound Brook (18)
Shafer, Albert H., 405 Cooper st., Camden (4)
Shafer, Frederick Wm., 634 Penn. av., Camden (4)
Shangle, Milton A., 34 Prince st., Elizabeth (2)
Shannon, James B., 66 S. Fullerton av., Montclair (7)
Shannon, L. M., 66 S. Fullerton av., Montclair (7)
Shapiro, Charles S., Maple Shade (3)
Shapiro, L. G., 375 Broadway, Paterson (16)
Shapiro, Louis, 146 Broad st., Newark (7)
Sharp, Charles E., Port Norris (6)
Sharp, R. L., 719 Cooper st., Camden (4)
Shaul, F. G., 10 Washington st., Bloomfield (7)
Shaw, Ernest B., 811 Collings av., W. Collingswood (4)
Shaw, Joseph B., 119 S. Warren st., Trenton (11)
Sheaffer, C. P., 241 Kings Hwy., E. Haddonfield (4)
Sheehan, Daniel C., 12 Cliff st., Newark (7)
Sheeran, Vincent J., 269 Jewett av., Jersey City (9)
Sheets, C. C., Paulsboro (8)
Shemeley, Wm. C., Jr., 7 Haddon av., Camden (4)
Shenfield, Isaac, 4806 Atlantic av., Ventnor (1)
Sheppard, A. G., Elmer (6)
Sheppard, Frank R., Millville (6)
Sheppard, Muse, Elmer (6)
Sheppard, R. L., 768 N. 27th, Camden (4)
Sherk, A. Lincoln, 2647 Westfield av., Camden (4)
Sherman, A. Russell, 671 Broad st., Newark (7)
Sherman, Alton L., 26 Northfield av., W. Orange (7)
Sherman, Arthur E., 25 Prospect st., E. Orange (7)
Sherman, B. G., 52 Maple av., Morristown (14)
Sherman, Elbert S., 671 Broad st., Newark (7)
Sherman, Fuller G., Woodbury (8)
Sherman, W. E., 88 Schureman st., New Bruns. (12)
Shill, Benjamin, 135 Johnson av., Newark (7)
Shimer, A. Burton, 6076 Pacific av., Atlantic City (1)
Shimer, Floyd A., 88 Lewis st., Phillipsburg (21)
Shipp, Hammell P., Delanco (3)

- *Shipman, Frank C., 3663 Hudson blvd., Jer. City(9)
Shippee, David M., Midvale (16)
Shippee, J. N., Midvale (16)
Shirlock, M. W., Vinel'd State School, Vineland(18)
Shirrefs, Russell A., 55 Broad st., Elizabeth (20)
Shivers, C. H. deH., 121 S. Illinois av., Atl. City (1)
Shope, E. P., 20 Gill rd., Haddonfield (4)
Shor, David M., 32 S. Munn av., East Orange (7)
Shull, E. C., 517 Cooper st., Camden (4)
Shull, J. V., 84 Market st., Perth Amboy (12)
Shulman, A., 528 E. 29th st., Paterson (16)
Shulman, N. L., 538 45th st., Union City (9)
Sica, L. Samuel, 431 E. State st., Trenton (11)
Sickel, E. M., Lakewood (15)
Sieber, Isaac G., 204 Merchant st., Audubon (4)
Siegel, J. W., 96 S. 10th st., Newark (7)
Siegler, Julius, 646 Bergen av., Jersey City (9)
Silk, Charles I., 189 Rector st., Perth Amboy (12)
Sill, John B., 1129 Hamilton av., Trenton (11)
Silver, E. Drew, Hightstown (11)
Silver, George A., Hightstown (11)
Silver, Harry B., 190 Clinton av., Newark (7)
Silvers Homer I., 16 S. Suffolk av., Ventnor (1)
Silverstein, Benj. J., 32 Hillside av., Newark (7)
Silverstein, J. M., 73 Main st., Millburn (7)
Simeone, Peter A., 555 38th st., Union City (9)
Simkins, Raymond, 117 Broad st., Bridgeton (6)
Simmons, Albert V., 720 Prospect st., Maplew'd (7)
Simms, George F., 541 Page st., Lyndhurst (7)
Simon, Henry, 5 Vermont av., Newark (7)
Simon, Ludwig L., 201 Ferry st., Newark (7)
Simon, Morris L., 174 Washington pl., Passaic (16)
Sinexon, Henry L., Paulsboro (8)
Singer, Bella, 41 Westminster av., Elizabeth (20)
Singer, Max, 147 Johnson av., Newark (7)
Sinkinson, C. D., Jr., 1616 Pacific av., Atlantic C'y(1)
Sinton, John V., Imlaystown (11)
Sirott, Barnett H., 413 State st., Perth Amboy (12)
Sisson, Nelson W., 144 Harrison st., E. Orange (7)
*Sista, Charles R., 476 Hamilton av., Trenton (11)
Siveke, J., 106 Lexington av., Passaic (16)
Skinner, William F., Washington (21)
Skwirsky, Joseph, 170 Hawthorne av., Newark (7)
Slack, Clarence J., 230 W. State st., Trenton (11)
Slaff, Florence, 16 Grove ter., Passaic (16)
Slavin, Paul, 31 Lincoln Park, Newark (7)
Slobodien, Benj. F., 107 Market st., Perth Amboy(12)
Slocum, Harry B., Bath & Westw'd avs.,L.Br'ch(13)
Sly, John L., 382 Springfield av., Summit (20)
Smaine, E. C., 549 Monroe st., Carlstadt (2)
Small, E. Lester, Medford (3)
Smalley, Mahlon C., Peapack (18)
Smalley, Sara D., 530 Clifton av., Newark (7)
Smalzried, E. W., 167 N. Grove st., East Orange (7)
Smith, A. L. M., 62 Bayard st., New Brunswick (12)
Smith, Alex. L., 2672 Boulevard, Jersey City (9)
Smith, A. M., 344 Philadelphia av., Egg Harbor (1)
Smith, Byron J., 581 S. Orange av., E. Orange (7)
Smith, Ellis, L., Soho Hospital, Belleville (7)
Smith, E. W., 657 Main av., Passaic (16)
Smith, G. H., 136 Evergreen pl., East Orange (7)
Smith, Harold W., 466 Highland av., Orange (7)
Smith, Henry G., Cedar Grove (7)
Smith, Houghton, 1063 S. Clinton av., Trenton (11)
Smith, Ivan, 400 W. Blackwell st., Dover (14)
Smith, Joseph J., 325 13th av., Newark (7)
Smith, J. Vincent, 463 State st., Perth Amboy (12)
Smith, James D., 701 N. 6th st., Camden (4)
Smith, Leonard H., 32 Washington st., E. Orange(7)
Smith, Leon A., 72 Grove st., Passaic (16)
Smith, Malcolm K., Morristown (14)
Smith, Thayer A., Short Hills (7)
Smith, Wilbur A., 2 E. Clinton av., Oaklyn (4)
Smith, W. Henley, 34 W. State st., Trenton (11)
Smith, Warren H., Newton (19)
Snaveley, Earl H., City Hospital, Newark (7)
Snedecor, S. T., 50 Anderson st., Hackensack (2)
Snyder, J. E. C., 1023 Garden st., Hoboken (9)
Sobim, Julius, 24 Waverly av., Newark (7)
Somers, Fred L., 144 Harrison st., East Orange (7)
Sommer, Geo. N. J., 120 W. State st., Trenton (11)
Sommer, G. N. J., Jr, 120 W. State st., Trenton (11)
*Souder, Lewis R., 5 S. Victoria av., Ventnor (1)
Spalding, H. J., 512 45th st., Union City (9)
Spallone, Jos. C., 123 Mt. Prospect av., Newark (7)
Spano, Frank, 320 47th st., Union City (9)
Spath, George, 722 Hudson st., Hoboken (9)
Spence, Henry, 2540 Boulevard, Jersey City (9)
Spencer, A., 395 Blackwell st., Dover (14)
Spencer, Ira T., 152 Main st., Woodbridge (12)
Spencer, J. H., Jr., 23 Hospital rd., Franklin (19)
Spickers, William, 6 Church st., Paterson (16)
Spiegelglass, A., 417 Main st., Hackensack (2)
Spillane, T. H., 379 So. Main st., Phillipsburg (21)
Spivack, David, 944 E. Jersey st., Elizabeth (20)
Spradley, J. B., State Hospital, Trenton (11)
Sprague, Edward W., 86 Washington st., Newark(7)
Sprague, Seth B., 301 York st., Jersey City (9)
Spurgeon, Dorsett, Newton (19)
Staehle, Richard H., 34 Lyons av., Newark (7)
Stage, Earl DeWitt, 11 James st., Morristown (14)
Stahl, Alfred, 55 Lincoln Park, Newark (7)
Stahl, Charles, 659 Sanford av., Newark (7)
Stalberg, Samuel, 1109 Pacific av., Atlantic City (1)
Stamps, G. R., 214 E. Verona av., Pleasantville (1)
Stanton, Nath. B., 734 Park av., Plainfield (20)
Stark, J., 645 Broadway, Paterson (16)
Staubb, E. Milton, 531 E. Broad st., Westfield (20)
Steadman, E. T., 107 Christopher st., Montclair (9)
Steele, William A., Beesley Point (5)
Steele, Stephen, 500 Wood av., Linden (20)
Steffens, Chas. T., Dunellen av., Dunellen (12)
Stein, Emil, 607 Park av., Elizabeth (20)
Stein, George H., 411 Westminster av., Elizab'h(20)
Stein, Harry M., 227 W. Broadway, Paterson (16)
Stein, Isadore, 210 Elizabeth av., Elizabeth (20)
Stein, Jacob M., 68 Columbia ter., Weehawken (9)
Stein, L. A., 226 W. State st., Trenton (11)
Stein, Martin H., 153 Second st., Elizabeth (20)
Stein, Wm., 73 Livingston av., New Brunswick (12)
Steinbock, Frederick W., 136 Garfield av., Avon (13)
Steiner, Edwin, 19 Lincoln Park, Newark (7)
Stephenson, G. A., 145 Summit av., Summit (20)
Stern, Arthur, 224 E. Jersey st., Elizabeth (20)
Stern, Samuel, 2815 Pacific av., Atlantic City (1)
Steuart, David F. R., 10 DeBarry pl., Summit (20)
Stevenson, A. M., 7506 Ventnor av., Margate (1)
Stevenson, Geo. S., W. Front st., Red Bank (13)
Stewart, Irving J., Swedesboro (8)
Stewart, Robert G., 79 Midland av., Montclair (7)
Stewart, Sloan G., Pacific & N.Carolina avs.,Atl.C'.(1)
Stewart, W. B., 8 N. Tallahassee av., Atlantic C'y(1)
Stickles, Lloyd C., 49 Parkhurst st., Newark (7)
Stiles, Clarence C., 114 N. 19th st., East Orange (7)
Stillwell, Aaron, Somerville (18)
Stillwell, Harry C., 65 W. Milton av., Rahway (20)
Stinson, Richard, 641 E. 18th st., Paterson (16)
Stockfisch, Robt., 3644 Boulevard, Jersey City (9)
Stokes, Earl B., 144 Harrison st., East Orange (7)
Stokes, Joseph, Moorestown (3)
Stokes, Samuel Emlen, Moorestown (3)
Stolz, R. R., 23 Passaic av., Passaic (16)
Stone, A. L., 2838 Berkley st., Camden (4)
Stone, R. G., State Hospital, Trenton (11)
Storaci, F. S., 703 Hamilton av., Trenton (11)
*Stout, Harry Wilson, Wenonah (8)

- Stout, J. P., 165 Jewett av., Jersey City (9)
 Strahan, F. G., 473 Broadway, Long Branch (13)
 Strandberg, H., 94 Washington av., Carteret (12)
 Straub, H. H., 242 Springdale av., East Orange (7)
 Straughn, C. C., 23 Monmouth st., Red Bank (13)
 Strauss, Arthur, 130 Pavilion av., Long Branch (13)
 Strauss, Clifton J., New Providence (20)
 Street, D. B., 27 Woodlawn av., Jersey City (9)
 Strelinger, Alexander, 689 Newark av., Elizabeth (20)
 Strom, A., 410 W. 7th st., Plainfield (20)
 Stuart, William C., 518 Hudson st., Hoboken (9)
 Subin, Harry, 1616 Pacific av., Atlantic City (1)
 Sullivan, C. J., 57 Paterson st., New Brunswick (12)
 *Sullivan, George F., 510 Hudson st., Hoboken (9)
 Sulouff, S. Henry, 662 Newark av., Jersey City (9)
 Summerill, Garnett, 330 Cooper st., Camden (4)
 Summerill, John M., Maple av., Pennsgrove (17)
 Summers, A. D., 180 Nassau st., Princeton (11)
 Summey, Thomas J., Moorestown (3)
 Surnamer, Isaac, 345 Broadway, Paterson (16)
 Surran, Carl, 1616 Pacific av., Atlantic City (1)
 Suter, Henry F., 49 W. Main st., Pennsgrove (17)
 Sutherland, W. W., 320 Broadway, Paterson (16)
 *Sutphen, E. Blair, Morristown (14)
 Sutton, Jos. G., Essex Mt. Hosp., Cedar Grove (7)
 Swan, Guy H., Beachwood (15)
 Swayze, A. A., 280 State st., Hackensack (2)
 Sweeney, W. J., 68 Clifton ter., Weehawken (9)
 Swern, Nathan, 130 W. State st., Trenton (11)
 Swiecicki, Martin E., 317 Clements Br.rd., Bar'gt'n (4)
 Swiney, Merrill A., 325 Ave. C, Bayonne (9)
 Symes, Earl R., 161 Kearny av., Kearny (7)
 Synnott, Martin J., 63 Fullerton av., Montclair (7)
 Szerlip, L., 31 Lincoln Park, Newark (7)
 Szuch, N., 68 Main st., South River (12)

ASSOCIATE MEMBERS

- Salway, Benj., 321 S. Broad st., Trenton (11)
 Sandler, Samuel, 65 Tonnele av., Jersey City (9)
 Shaw, John J., 127 Scheerer av., Newark (7)
 Shayeitz, Abraham, South River (12)
 Siegel, Sidney L., 29 Bentley av., Jersey City (9)
 Smith, Percy L., Dayton (12)
 Snyder, Wm. J., 74 Columbia ter., Weehawken (9)
 Spritzer, Theodore D., New Brunswick (12)
 Statman, Arthur J., 337 Hawthorne av., Newark (7)
 Swertfeger, H. H., 106 W. Broad st., Hopewell (11)
 Sutnick, T. B., 801 S. Broad st., Trenton (11)

DENTAL ASSOCIATE

- Steigerwald, Clar. S., D.D.S., J'ks'n & Atl.avs., At.C. (1)

ACTIVE MEMBERS

- Taber, F. S., 3 Elm row, New Brunswick (12)
 Taber, L. R., 266 Van Houten st., Paterson (16)
 Talbot, Herbert S., 16 Eppert st., East Orange (7)
 Talmage, William G., Succasunna (14)
 Tannert, Carl H., 331 33rd st., Woodcliff (9)
 Tansey, William A., 98 Dover st., Newark (7)
 Tarbell, Harold, 13 Pennington st., Newark (7)
 Tataryan, H., 422 New York av., Union City (9)
 Tatem, H. R., Pine st., Audubon (4)
 Taylor, Edward H., 3 Woodland rd., Maplewood (7)
 Taylor, Geo. H., 590 Ridge av., Maplewood (7)
 Taylor, H. W., 247 Mountain rd., Englewood (2)
 Taylor, Raymond, Lakewood (15)
 Taylor, Walter A., 450 Rutherford av., Trenton (11)
 Teeter, Charles E., 418 Orange st., Newark (7)
 Teeter, John N., Lydecker av., Englewood (2)
 Teimer, Theodore, 17 Hillside av., Newark (7)

- Tellman, D. H., 120 Lexington av., Passaic (16)
 Temes, J. Howard, 293 Ege av., Jersey City (9)
 Tempesto, Jos. A., 306 Hamilton av., Trenton (11)
 Temple, Arthur H., 164 Jefferson st., Passaic (16)
 Tenney, Albert S., 164 Harrison st., East Orange (7)
 Tennis, E. N., 240 Engle st., Englewood (2)
 Terhune, Percy H., 171 Paulison av., Passaic (16)
 Terrell, Edward E., 110 Alden st., Cranford (20)
 Terriberry, W. K., M. D. St. Oil Co., N. J., N. Y.C. (7)
 Teskey, S., Bernardsville (14)
 Tether, Russell K., Main st., Closter (2)
 Thalheimer, E. J., Vineland (6)
 *Thayer, Henry W., Bloomfield (7)
 Thomas, George N., Vineland (6)
 Thomas, Mary L., Skillman (18)
 Thomas, T. S., 26 Elm st., Morristown (14)
 Thompson, A. F., 144 Harrison st., E. Orange (7)
 Thompson, Austin B., 479 Highland av., Orange (7)
 Thompson, L. R., Morse av., Wyckoff (2)
 Thompson, P. H., 4612 Westfield av., Camden (4)
 Thompson, Theodore F., Lakewood (15)
 Thomson, C. S., Fair Oaks San., Summit (7)
 Thorne, Nathan, Moorestown (3)
 Thorne, William P., 30 Main st., Butler (16)
 Tidaback, J. D., 447 Springfield av., Summit (20)
 Tidwell, H. F., 229 16th st., W. New York (9)
 Tilles, Samuel, Seaside Heights (15)
 Timberlake, B. H., 1616 Pacific av., Atlantic City (1)
 Timlin, James W., 64 Beech st., Arlington (9)
 Tirrell, C. M., 725 High st., Newark (7)
 Toal, Joseph, 803 Prospect av., Ridgefield (2)
 Tobey, F. J., 11 Hazelwood av., Newark (7)
 Todd, Francis H., 83 Auburn st., Paterson (16)
 Tomasulo, G. L., 225 Clifton av., Newark (7)
 Tomlin, H. Hurlburt, Wildwood (5)
 *Tommassi, Charles F., 173 Lafayette st., N'w'k (7)
 Tomec, Richard F., 55 S. Park st., Montclair (7)
 Tomkins, William, Hohokus (16)
 Tompkins, G. B., Flemington (10)
 *Topkins, I. T., Califon (10)
 Towbin, Adolph, Lakewood (15)
 Townsend, Leslie M., 304 Chestnut st., Roselle (20)
 Townsend, John B., Ocean City (5)
 Toy, Calvert R., 22 Kirkpatrick st., N. Brunswick (12)
 Toye, John E., 90 Kearny av., Arlington (7)
 Tracy, George T., Beverly (3)
 *Trainor, James H., 40 Johnson av., Newark (7)
 Trautwein, Charles F., 19 Treacy av., Newark (7)
 Traverso, Daniel, 705 D st., Belmar (13)
 Treiber, Benjamin A., 626 Perry st., Trenton (11)
 Trippe, C. M., 702 Asbury av., Asbury Park (13)
 Trossbach, H., 97 Palisade av., Bogota (2)
 Tudor, C., Bogota (2)
 Tuers, George E., 418 Park av., Paterson (16)
 Turi, A., 57 Garside av., Newark (7)
 Turner, C. F., 72 Cambridge rd., Montclair (7)
 Turner, Irvine F. P., 224 W. State st., Trenton (11)
 Turner, Wm. F., 519 Magie av., Elizabeth (20)
 Tushnet, Leonard, 668 18th av., Irvington (7)
 Tutschulte, E., 111 Pleasant av., Newark (7)
 Tweddel, George K., 239 Broadway, Paterson (16)
 Twitchell, A. B., 162 S. Orange av., S. Orange (7)
 Tymeson, Walter R., 310 Main st., Orange (7)
 Tyndall, Alice E., 519 E. Broad st., Westfield (20)
 Tyndall, H. H., 83 Highwood ter., Weehawken (9)
 Tyndall, Martha W., 519 E. Broad st., Westfield (20)
 Tyrrell, George W., 380 State st., Perth Amboy (12)
 Tyson, Francis B., 101 Leonia av., Leonia (2)

ASSOCIATE MEMBERS

- Taft, Herman L., 25 Liberty pl., Weehawken (9)

ACTIVE MEMBERS

Udinsky, Hyman J., 29 Passaic av., Passaic (16)
Uhr, J. S., 131 Livingston av., New Brunswick (12)
Ulan, Oscar, 170 Fleming av., Newark (7)
Ulmer, Chester I., Gibbstown (8)
Ulmer, David H. B., Moorestown (3)
Underwood, J. Harris, W.odbury (8)
Upham, Helen F., 305 Third av., Asbury Park (13)
Urbaniak, H. S., 883 Brunswick av., Trenton (11)
Urbanski, Adrian X., 148 Market st., P. Amboy (12)
Urbanski, M. F., 314 Washington st., P. Amboy (12)
Urevitz, Abraham, 495 New York av., Union City (9)
Uzzell, E. F., 2703 Pacific av., Atlantic City (1)

ASSOCIATE MEMBERS

Urbach, George, 297 Seymour av., Newark (7)

ACTIVE MEMBERS

Vaczi, Stephen, 983 S. Broad st., Trenton (11)
Vail, Herbert B., 301 Washington av., Belleville (7)
Vail, James Lindley, 28 Holly st., Cranford (20)
Vail, William Penn, Blairstown (21)
Vanderbeek, A. B., 174 Broadway, Paterson (16)
Vanderbeek, S. W., 143 Engle st., Englewood (2)
Vanderhoff, Irving M., 9 Clinton av., Newark (7)
Van Deussen, Edwin H., Vineland (6)
Van Duzer, Reeves B., 226 N. Park st., E. Orange (7)
Vander Clock, C., 23 Passaic av., Passaic (16)
Vander Veer, H. G., 295 Montgomery st., Bl'mf'd (7)
Van Emburgh, Geo. H., 575 Belgrove dr., Kearny (7)
Van Erde, A., 339 Lafayette av., Hawthorne (16)
Van Dyke, J. S., 42 Palisade blvd., Palisade Park (2)
Van Dyke, Benjamin S., Cranbury (12)
Van Gieson, E. J., 17 Park pl., Bloomfield (7)
Van Horn, Alfred F., 514 Central av., Plainfield (20)
Vannatta, Geo. W., 226 N. Park st., E. Orange (7)
Vanneman, Joseph S., 180 Nassau st., Princeton (11)
Van Ness, H. Roy, 444 Parker st., Newark (7)
Van Riper, A. Ward, 607 Main av., Passaic (16)
Van Sciver, John E. L., 106 Broadway, Camden (4)
Van Schott, G. J., Jr., 245 Lexington av., Pass'c (16)
Van Sickle, Albert W., Chester (14)
Van Urk, F. T., 210 Lexington av., Passaic (16)
Varney, W. H., Washington (21)
Venturo, R. C., Glassboro (8)
Villapiano, J. G., 701 Sunset av., Asbury Park (13)
Vinciguerra, M., 604 Westminster av., Elizabeth (20)
Visconti, Joseph A., 711 Garden st., Hoboken (9)
Vitale, D. V., 681 Newark av., Elizabeth (20)
Vogel, H. Austin, 1060 E. Jersey st., Elizabeth (20)
von Deesten, H. T., 268 Palisade av., Jersey City (9)
Von Hofe, Fred'k H., 255 Conway ct., E. Orange (7)
Voorhees, Florence E., 83 Lincoln Park, Newark (7)
Voorhees, Howard C., 43 Bayard st., New Bruns. (12)
Voorhees, Lamar, Newton (19)
Voorhis, Chas. Francis, Palmyra (3)
Vosburgh, Fred, 125 Prospect st., Passaic (16)
Vostrosablin, N. A., 121 Grand st., Jersey City (9)
Vreeland, Hamilton, 232 S. Irving st., Ridgew'd (9)
Vreeland, R. D., 130 Woodland av., East Orange (7)
Vreeland, R. J., 266 Van Houten st., Paterson (16)
Vreeland, William N., 32 Bergen av., Jersey City (9)
Vroom, W. L., 7 W. Ridgewood av., Ridgewood (2)

ASSOCIATE MEMBER

Valentine, Edward J. G., 559 Summit av., Jer.C'y (9)

ACTIVE MEMBERS

Wacker, William F., 42 Hollywood av., Hillside (20)
Wade, Simon F., 555 Newark av., Elizabeth (20)
Wagner, George J., Delanco (3)
Wagner, Otto, 111 Stiles av., Elizabeth (20)
Wainwright, F. P., 87 Bank st., Bridgeton (6)
Wakeley, W. E., 521 Main st., East Orange (7)
Waldron, E. L., 126 W. State st., Trenton (11)
Walker, Ada Harris, Vineland (6)
Walker, H. Burton, Vineland (6)
Walker, Harold G., Everett av., Wyckoff (16)
Walker, L. M., 151 S. Pennsylvania av., Atl. City (1)
Walker, R. B., 108 Church st., New Brunswick (12)
Wallach, Bernard, 74 Watchung av., N. Plainf'd (18)
Wallhauser, H. J. F., 31 Lincoln Park, Newark (7)
Wallin, Alfred C., 195 Main st., Matawan (13)
Walsh, Chas. R., 24 Glannan rd., Livingston (7)
Walsh, Roland J., 118 E. 5th st., Roselle (20)
Walsh, T. M., 210 Kipp av., Hasbrouck Heights (2)
Walsh, Thomas J., 355 S. Broad st., Elizabeth (20)
Walsh, Thos. J., 514 Greenwood av., Trenton (11)
Walters, Geo. M., 648 E. Broad st., Westfield (20)
Walton, Gordon G., 17 Church st., Paterson (16)
Walton, R. W., 102 Gates av., Montclair (7)
Wambaganss, M., 44 Devine st., Newark (7)
Warburton, Jack C., 277 Broadway, Paterson (16)
Ward, Albert J., 39 Elm st., Morristown (14)
Ward, A. H., 404 Totowa av., Paterson (16)
Ward, Alfred W., Main st., Closter (2)
Ward, G. Harold, 240 Engle st., Englewood (2)
Ward, Gertrude P., 41 Park pl., Bloomfield (7)
Ward, Leo J., 137 W. Jersey st., Elizabeth (20)
Ward, Wm. R., 112 Chancellor av., Newark (7)
Ware, Carl N., Siloh (6)
Ware, Francis V., 223 N. 2nd st., Millville (6)
Warner, Wm. H. A., 444 Central av., E. Orange (7)
Warncke, F. H., 523 Westfield av., Elizabeth (20)
Warren, Chas. B., 181 Prospect av., Bergenfield (2)
Warren, D. E., 265 Gregory av., Passaic (16)
Warwick, Ralph, 3300 Federal st., Camden (4)
Warter, P. J., 626 W. State st., Trenton (11)
Washburn, Philip C., Greystone Park (14)
Wassing, Hans, 695 Broadway, Paterson (16)
Waters, Chas. H., 928 W. State st., Trenton (11)
Waters, Edward G., 39 Gifford av., Jersey City (9)
Watkins, Robert E., 517 5th av., Belmar (13)
Watman, A. J., 2761 Boulevard, Jersey City (9)
Watov, S. E., 744 Beatty st., Trenton (11)
Watson, Fred S., 238 W. State st., Trenton (11)
Watson, P. T., Milltown (12)
Watts, Wilbur, 436 E. State st., Trenton (11)
Way, Clarence W., Sea Isle City (5)
Way, Eugene, Sea Isle City (5)
Way, Julius, Cape May Court House (5)
Wayman, B. R., 1052 Stuyvesant av., Trenton (11)
Webb, Wilson D., 316 State st., Hackensack (2)
Weber, Francis C., 286 Mt. Prospect av., Newark (7)
Weber, J. Francis, 264 Main st., South Amboy (12)
Weber, Walter D., 305 23rd st., Union City (9)
Webner, C. Fred, 71 Lincoln Park, Newark (7)
Wechsler, Joseph, 3342 Boulevard, Jersey City (9)
Weems, Don B., Wenonah (8)
Wegryn, Louis S., 254 First av., Elizabeth (20)
Weigel, C. B., 373 E. Broadway, Salem (17)
Weigel, Edgar Wm., 970 Park av., Elizabeth (20)
Weigel, Elmer P., 727 Watchung av., Plainfield (20)
Weimann, M. L., 803 Station av., Haddon Hgts. (4)
Weinberg, Maurice M., 377 Osborne ter., Newark (7)
Weiner, Samuel E., 904 Pacific av., Atlantic City (1)
Weinert, Henry V., 128 Market st., Passaic (16)
Weinmann, Max H., 714 Scotland rd., Orange (7)

- Weinstein, Morris, 643 Chancellor av., Irvington (7)
 Weisler, Howard, 491 Centre st., Trenton (11)
 Weiss, Abram, 456 Palisade av., Weehawken (9)
 Weiss, Louis, 849 S. 11th st., Newark (7)
 Weiss, M. J., 734 Ave. C, Bayonne (9)
 Weiss, Selma, 2 Stratford pl., Newark (7)
 Weithaase, Helen E., Vineland (6)
 Welcher, H. A., 5446 Hudson blvd., N. Bergen (9)
 Weller, Arthur, 19 Hillyer st., Orange (7)
 Wells, William C. V., Belanco (3)
 Weres, James, Alpha (21)
 Wescott, W. C., Del. & Pac. avs., Atlantic City (1)
 West, Edgar L., 443 E. State st., Trenton (11)
 West, Gordon F., 527 Penn st., Camden (4)
 Westcott, H. F., 235 Gibbsboro rd., Clementon (4)
 Westerhoff, P. DeT., Highland av., Midland Pk (16)
 Western, Frederick B., 1227 Morris av., Townley (20)
 Westney, Alfred W., 3005 Pacific av., Atlantic City (1)
 Wetterberg, Louis F., 389 School st., W'bridge (12)
 Whaland, Berta, 117 Atlantic st., Bridgeton (6)
 Wheatland, M. F., 727 Walnut st., Camden (4)
 Whelan, Edward P., 460 Franklin av., Nutley (7)
 Wheeler, James A., 85 Van Reypen st., Jer. City (9)
 Wheeler, W. K., 31 Lincoln Park, Newark (7)
 Wherry, Elmer G., 323 Clinton av., Newark (7)
 Whims, Clarence, 5401 Ventnor av., Ventnor (1)
 White, Henry J., Bonnie B'n San., Scotch Plains (20)
 White, Hugh M., 901 Summit av., Jersey City (9)
 White, R. Rostin, 644 Shore rd., Sommers Point (1)
 White, Robert R., 25 S. Munn av., East Orange (7)
 White, Thomas J., 50 Glenwood av., Jersey City (9)
 Whiticar, John H., Ocean City (5)
 Whitman, L. B., 7 W. Clinton av., Bergenfield (2)
 Wiart, Herman E., 120 Windsor av., Haddonf'd (4)
 Wiener, Joseph, 601 Bangs av., Asbury Park (13)
 Wiggins, Ulysses, 259 Mt. Vernon av., Camden (4)
 Wikoff, J. L., 799 Pennington av., Trenton (11)
 Wilbur, Franklin L., 504 Asbury av., Asbury Pk (13)
 *Wilbur, Frederick P., Franklin (19)
 Wilbur, William Lane, Hightstown (11)
 Wilcox, Frank A., 415 16th av., West New York (9)
 Wild, Frederick A., Bound Brook (18)
 Wilentz, Wm. C., 188 Market st., Perth Amboy (12)
 Wilkes, Arthur C., 36 Osborne ter., Newark (7)
 Wilkes, LeRoy A., 137 E. State st., Trenton (11)
 Wilkins, Stanley L., 41 E. Front st., Red Bank (13)
 Wilkinson, George, 144 Old Bergen rd., Jer. City (9)
 Willan, E. H., 238 Elmwynd dr., Orange (7)
 Willard, Harry S., 266 Van Houten st., Paterson (16)
 Willey, F. Parker, 5 Park st., Bloomfield (7)
 Williams, Frank A., 324 W. Jersey st., Elizabeth (20)
 Williams, Geo. W., 217 N. Warren st., Trenton (11)
 Williams, Harry D., 527 E. State st., Trenton (11)
 Williams, Hiram, 230 Lexington av., Passaic (16)
 Williams, J. J., 88 Walnut st., Newark (7)
 Williams, L. D., 518 Park av., Plainfield (20)
 Williams, Louis E., Madison (14)
 Williams, W. C., 9 Ridge rd., Rutherford (2)
 Williamson, W. L., 22 W. 22nd st., Bayonne (9)
 Willis, H., Beach Haven (15)
 Willis, B. P., 23 Park av., Rutherford (2)
 Willis, John, 268 Palisade av., Jersey City (9)
 Willner, Irving, 18 Waverly av., Newark (7)
 Wilner, A. A., 205 Market st., Trenton (11)
 Wilson, Chas. W., Vineland (6)
 Wilson, I. E., 110 Chapel av., Merchantville (4)
 Wilson, Jas. H., 144 Harrison st., East Orange (7)
 *Wilson, John G., 280 High st., Perth Amboy (12)
 Wilson, Herbert H., 24 Bank st., Bridgeton (6)
 Wilson, Lawrence A., 114 N. Shore rd., Absecon (1)
 Wilson, R. B., 91 Broad st., Red Bank (13)
 Wing, Raymond, Blairstown (21)
 Winn, Samuel L., Prof. Arts Bldg., Atlantic City (1)
 Winslow, John H., Vineland (6)
 Winters, Walter M., 288 Broadway, Paterson (16)
 Wintsch, Carl H., 841 S. 12th st., Newark (7)
 Wise, Lester D., 119 Morris av., Long Branch (13)
 Witkoff, B., 190 Hackensack st., Woodbridge (2)
 Witmer, J. D., Elm av., Metuchen (12)
 Woelfle, Henry E., 907 Summit av., Jersey City (9)
 Wolfe, Jacob S., 44 Watsessing av., Bloomfield (7)
 Wolfe, William W., 383 Mulberry st., Newark (7)
 Wolfson, H., 324 Broadway, Paterson (16)
 Wolgin, Philip A., 445 Elmora av., Elizabeth (20)
 Wolowitz, H. B., 20 Spring Valley rd., Hackens'k (2)
 Wood, E. LeRoy, 192 Roseville av., Newark (7)
 Wood, C. Fiske, 115 Central av., Westfield (20)
 Wood, Oran A., Paulsboro (8)
 *Woodhouse, Alfred, Toms River (15)
 Woodruff, Dare, Vineland (6)
 Woodruff, Ralph, Main st., Englishtown (13)
 Woodruff, S. R., 16 Enos pl., Jersey City (9)
 Woody, McIver, 458 Union av., Elizabeth (20)
 Worcester, Geo. F., 220 Engle st., Englewood (2)
 Woronoff, Murray, 120 Main st., Keyport (13)
 Wort, Frederick J., 1080 Broad st., Newark (7)
 Wrensch, Alex. E., 79 Valley rd., Montclair (7)
 Wright, Elizabeth T., 28 N. Verm't av., Atl. City (1)
 Wright, H. W., Pitman (8)
 Wright, Howard E., P. O. Box 276, Princeton (11)
 Wright, Ralph S., 428 Richie av., Collingswood (4)
 Wroblewski, B., 1166 Thurman st., Camden (4)
 Wry, Dean A., 234 Dayton st., Clifton (16)
 Wyatt, Joseph H., 135 Clinton av., Newark (7)
 Wyker, Arthur W., 1 Park pl., Bloomfield (7)
- ASSOCIATE MEMBERS
- Wallack, Eli A., 333 Fairmount av., Jersey City (9)
 Ward, Elizabeth B., 112 Chancellor av., Newark (7)
 Waterman, S. M., 364 Clinton av., Newark (7)
 Witte, C. N., 1157 Brunswick av., Trenton (11)
 Wittenborn, W. F. J., 1613 Brunsw'k av., Tr'n'n (11)
 Wolf, Raymond E., 47 Lawrence av., W. Orange (7)
- ACTIVE MEMBERS
- Yadkowski, Emanuel, 637 High st., Newark (7)
 Yaeger, Leslie A., 470 Hamilton av., Trenton (11)
 Yager, Jacob A., 6 Church st., Paterson (16)
 Yaguda, Asher, 88 Clinton av., Newark (7)
 Yankowicz, M., 637 S. 12th st., Newark (7)
 Yates, Glen L., 330 Washington av., Belleville (7)
 Yates, John S., 414 Ellison st., Paterson (16)
 Yazujian, Dikran M., 562 E. State st., Trenton (1)
 Yeaton, W. L., 204 11th st., Hoboken (9)
 Ylvisaker, L. S., Prudential Ins. Co., Newark (7)
 Yood, Raphael, 401 Grant av., Plainfield (20)
 Yorke, J. L., 223 Main st., New Milford (2)
 Young, Franklin C., 120 Summit av., Summit (20)
 Young, George J., 60 Maple av., Morristown (14)
 Young, I. H., 1203 Clinton av., Irvington (7)
 Young, James L., Somerville (18)
 Yuckman, Robert O., 224 W. Jersey st., Elizab'h (20)
 Yuckman, William, 224 W. Jersey st., Elizabeth (20)
 Yudkoff, William, 403 Boulevard, Bayonne (9)
- ACTIVE MEMBERS
- Zalewski, I. J., 125 Market st., Passaic (16)
 Zappala, John, 47 W. Main st., Pennsgrove (17)
 Zandt, Frederick B., 2 Mercer st., Hamilton Sq. (11)

*Zeglio, Peter J., North Plainfield (18)
Zehnder, A. Charles, 188 Roseville av., Newark (7)
Zeitlin, H. H., 943 N. Wood av., Linden (20)
Zenneck, J. F., 17 4th st., Weehawken (9)
Zentner, M. R., 1271 Hamilton av., Trenton (11)
Ziegler, Oscar, Wildwood (5)
Zimmer, William, 83 Vassar av., Newark (7)
Zimmerman, Coler, 82 N. Arlington av., E. Orange (7)
Zimmerman, R., 1 Baldwin av., Newark (7)

Zimskind, Joshua N., 210 W. State st., Trenton (11)
Zitani, Alfred M., 937 Washington st., Hoboken (9)
Zuck, A. C., Washington (21)
Zweibel, Leonard, 29 Girard pl., Newark (7)
Zweig, I., 92 Sunnyside ter., East Orange (7)
Zwick, Walter W., Riverside (3)

ASSOCIATE MEMBERS

Zybulzski, E. A., 410 Bergen st., Newark (7)

THE 170th ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY

Held in Haddon Hall, Atlantic City, June 2, 3, and 4, 1936

THE N. J. ACADEMY
OF MEDICINE
AUG 17 1936
LIBRARY

THE OFFICIAL TRANSACTIONS IN FOUR PARTS

PART 1. MINUTES OF THE HOUSE OF DELEGATES---Pages 1-35

PART 2. REPORTS OF THE SCIENTIFIC SESSIONS---Pages 36-40

PART 3. MINUTES OF THE WOMAN'S AUXILIARY---Pages 41-59

PART 4. MINUTES OF SPECIAL MEETING of HOUSE OF DELEGATES---Pages 60-72

Issued as a Supplement to the Journal of The Medical Society of New Jersey, August, 1936

INDEX OF PART 1

The references are to numbers of the sections

	Section		Section
A. M. A. Delegates	15, 50	Place of Meeting, 1937	59
Appeal of Hudson County	45, 47, 58	Poliomyelitis	32, 51
Cancer Control	24, 51	President	6, 47
Committees, Appointing	45b	Publication	30, 49
Constitution and By-Laws	14a, 22, 44, 52, 53, 57	Public Health	20, 51
Councilor Districts	6, 47	Public Relations	27, 45c, 51
Credentials	18, 55	Pure Food and Drug Act	16, 56
Crippled Children	34, 51	Reference Committees	5
Dates of Taking Office in County Societies	47	Reference Committees' Reports:	
E. R. A.	37, 51	A	47
Election of Officers	46	B	48
Executive Officer	8, 47	C	49
Finance and Budget	9, 48	D	50
Foreign-born Physicians	42, 43	E	51
Honorary Membership	21, 22, 57	F	52
Hospitals and Medical Education	41	No. 1	53
Housing Act, National	8	No. 2	54
Insurance	14, 48	No. 3	55
Judicial Council	13, 47	No. 4	56
Legislation	31, 51	Registration	55
Licensing Physicians	42, 43	Scientific Work, and Exhibits	38, 39, 49
Marvel, Dr., Greetings	45a	Secretary	6, 47
Maternal Welfare	36, 51	Speaker for House of Delegates	47
Medical Bills Committee	23	Special Session	19, 45, 47, 58
Medical Defense	13, 52	Tobacco Advertisements	49
Medical Examiners, State Board of	39a, 50	Treasurer	10, 48
Medical Hygiene	35	Trustees	11, 47
Medical Practice	29, 51	Tuberculosis	35, 51
Mental Hygiene	35, 51	Uniform Medical Practice Act	26, 51
Mid-year Meeting, House of Delegates	47	Welcome, Address of Dr. Carrington	3
Minutes of 1935 Session	4	Welfare Committee	25, 45b, 51
Nursing and Nursing Education	17, 52	Woman's Auxiliary	40, 52
Periodic Letter to County Societies	47	Workmen's Compensation	28, 51

PART 1.

MINUTES OF THE HOUSE OF DELEGATES

TUESDAY MORNING SESSION, JUNE 2, 1936

The opening session of the House of Delegates of the 170th Annual Meeting of The Medical Society of New Jersey convened at 10:15 o'clock on the morning of Tuesday, June 2nd, 1936, in Haddon Hall, Atlantic City, New Jersey, Dr. Marcus W. Newcomb, of Brown's Mills, the President of the Society, presiding, and Dr. J. B. Morrison, Newark, Secretary.

1. CALL TO ORDER

PRESIDENT NEWCOMB: It is a great honor and a great pleasure to declare the 170th Annual Meeting of the New Jersey State Medical Society open for the transaction of business by the House of Delegates. I will endeavor to give everyone a chance to speak, and will be courteous to each and every one.

2. INVOCATION

The invocation was given by Rev. Warren W. Way, of Atlantic City.

3. ADDRESS OF WELCOME

DR. WILLIAM J. CARRINGTON (Atlantic City): Mr. President and Members of The Medical Society of New Jersey: We are glad to have you come to Atlantic City and breathe our air and hope you will come back again. I wish to call your attention to the exhibits. The Commercial Exhibit is most complete. The Art and Hobby Exhibit on the first floor contains historical exhibits and data. The Scientific Exhibit on the Lounge Floor in the Vernon Room is the finest we have ever had. Wednesday afternoon is free for the purpose of allowing you time to visit the Scientific Exhibits. Demonstrators will be there.

4. READING OF MINUTES

PRESIDENT NEWCOMB: We will have a special meeting of the House of Delegates at 11:30. I am sorry we could not start this meeting on time but the Delegates were not here to start. At 11:25 we will adjourn the regular meeting, and at 11:30 we will go into special session to consider the Hudson County appeal from the decision of the Judicial Council.

We will now hear the reading of the minutes of the 169th Annual Convention.

DR. J. BENNETT MORRISON: Inasmuch as the minutes of the 169th Annual Meeting have been published and are in your hands, I move they be accepted as printed.

The motion was seconded by Dr. Julius Levy, put to a vote, and carried.

5. APPOINTMENT OF REFERENCE COMMITTEES

The following reference committees were appointed to consider the annual reports of the officers and Committees:

Reference Committee "A" (Green Room, 13th floor) to consider the reports of:

The President
Addresses of the President and President-Elect
The Executive Officer
The Board of Trustees
The Secretary
Judicial Councilors

Edward W. Sprague, Chairman..... Newark
Samuel Alexander Park Ridge
Byron G. Sherman Morristown
David B. Allman Atlantic City
G. M. Knowles Hackensack
Report, Sect. 47

Reference Committee "B" (Room 1367, 13th floor) to consider the reports of:

The Finance and Budget Committee
The Treasurer
The Insurance Committee
The Committee on Constitution and By-Laws
Chester I. Ulmer, Chairman Gibbstown
Joseph W. Hurff Newark
D. Leo Haggerty Trenton
A. H. Coleman Clinton
Andrew F. McBride Paterson
Report, Sect. 48

Reference Committee "C" (Navajo Room, 15th floor) to consider the reports of:

The Publication Committee
The Committee on Program and Arrangements
The Committee on Scientific Work
The Committee on Scientific Exhibits
Edgar A. Ill, Chairman Newark
Harry Rogers Riverton
Clarence Way Sea Isle City
H. B. Walker Vineland
John E. Maher Long Branch
Report, Sect. 49

Reference Committee "D" (Madarin Room, 13th floor) to consider the reports of:

The Delegates to the A.M.A.
The Committee on Hospitals and Medical Education

The Medical Advisory Committee to the State
E. R. A.

The Board of Medical Examiners

Charles H. Schlichter, Chairman... Elizabeth
D. Ward Scanlan Atlantic City
H. D. Bellis Trenton
Thomas B. Lee Camden
Thomas J. Walsh Elizabeth

Report, Sect. 50

Reference Committee "E" (Room 134, 1st floor) to
consider the reports of:

The Welfare Committee and its Sub-Commit-
tees on:

Legislation
Medical Practice
Public Health
Public Relations
Workmen's Compensation
Uniform Medical Practice Act
The Special Advisory Committees

William H. Areson, Chm. ... Upper Montclair
Leslie Myatt Bridgeton
E. G. Hummel Camden
E. G. Herbener Lakewood
Wright MacMillan Passaic

Report, Sect. 51

Reference Committee "F" (Room 136, 1st floor) to
consider the reports of:

The Advisory Committee to the Woman's Aux-
iliary
The Committee on Nursing and Nursing Edu-
cation
The Committee on Honorary Membership
The Committee on Medical Defense

William F. Costello, Chairman Dover
Frank W. Pinneo Newark
J. F. Weber South Amboy
Nathan Swern Trenton
D. W. Green Salem

Report, Sect. 52

SPECIAL REFERENCE COMMITTEES

(Assignment of rooms on request to Committee on Arrangements)

I. Constitution and By Laws

Theodore Teimer, Chairman Newark
Thomas B. Lee Camden
Joseph W. Hurff Newark
John E. Maher Long Branch
A. H. Coleman Clinton

Report, Sect. 52

II. Resolutions and Memorials

B. S. Pollak, Chairman Secaucus
Frederic J. Quigley Union City
A. D. Hutchinson Trenton
Earl H. Snively Newark
Watson B. Morris Springfield

Report, Sect. 54

III. Credentials

Spencer T. Snedecor, Chm. Hackensack
J. Bennett Morrison Newark
Elias J. Marsh Paterson
Reports, Sects. 18 and 55

IV. Miscellaneous

Dan S. Renner, Chairman Skillman
H. Roy Van Ness Newark
Joseph Morrow Oradell
W. C. Wilentz Perth Amboy
Roy B. Seely Trenton

No report

6. REPORT OF THE PRESIDENT AND THE ADDRESS

(Jour., May, page 251)

PRESIDENT NEWCOMB: The President's Re-
port was in the last issue of the Journal and
there is nothing to add to that.

The report was referred to Committee A.
Action, Sect. 47.

7. REPORT OF THE SECRETARY

Dr. J. Bennett Morrison, Secretary, gave a
supplementary report as follows:

(Jour., May, page 258)

Action, Sect. 47.

8. REPORT OF THE EXECUTIVE OFFICER

(Jour., May, page 254)

DR. LEROY A. WILKES: In addition to the report
as printed, there are just two or three things. There
has been no major change in the status of the legis-
lature after the passage of the bill which turned
back to the counties and municipalities all relief
responsibilities.

A proposition has been made by the Federal
G-men asking if the doctors of New Jersey would
be favorable to legislation that would make it man-
datory to report gunshot wounds and knife wounds
as an aid to the government in capturing criminals.

A request has been received that, if the medical
profession of New Jersey felt so inclined, they offi-
cially support the *housing act* before the Federal
legislature. A voluminous report has been received
as to why we should support it, and the proposi-
tion was made by one of the agents sent out by
Washington to enlist the support of as many com-
munity agencies as possible interested in improv-
ing housing conditions. The situation is that the
bill is in committee and likely to die there unless
active interest is shown by interested groups. I
have been requested to present this to you.

PRESIDENT NEWCOMB: The reports of the
Executive Officer are referred to Reference
Committee "A".

Action, Sect. 47.

9. REPORT OF THE FINANCE AND BUDGET COMMITTEE

DR. HARRY R. NORTH: The chairman of each committee was notified and asked to arrange a budget for his committee. The Finance

and Budget Committee then made up the following budget for the year 1936-1937, and submits it to the House of Delegates:

Publication	\$13,000.00	A. M. A.	500.00
Welfare	700.00	Arrangements	600.00
Executive Officer:		Secretaries' Conference	150.00
Salary	\$6,000.00	Guests	200.00
Office Manager	1,560.00	Public Health	2,500.00
Clerk-Stenographer	1,040.00	Emergency Relief	1,000.00
Clerk-Stenographer	1,040.00	Joint Committee Professional Relations..	100.00
Office Expenses	1,200.00	Arts and Hobby	200.00
Travel	1,500.00	Woman's Auxiliary	400.00
Rent	480.00	Contingent	3,000.00
	<hr/>	Medical Practice	1,000.00
	12,820.00	Conference of Allied Medical Professions.	25.00
Educational Activities	2,000.00	Public Relations	1,000.00
Journal Editor:		Legal	2,500.00
Salary	\$5,000.00	Scientific Exhibit	400.00
Secretary	1,560.00		
Office Expenses	500.00		
Travel	250.00		
Rent	480.00		
	<hr/>		\$57,260.00
	7,790.00		
President's Contingent Fund	2,000.00		
Credential Committee	300.00		
Printing	2,000.00		
Treasurer	75.00		
Secretary:			
Salary	\$1,500.00		
Annual Meeting	500.00		
Office	1,000.00		
	<hr/>		
	3,000.00		

If the total amount is divided by the total membership, the dues would be \$17.56. Inasmuch as we have a surplus, which I think is good business, the committee suggests that we retain the dues at \$13.00, and take the balance out of the surplus.

PRESIDENT NEWCOMB: This report is referred to Reference Committee "B".

Action, Sect. 48.

10. REPORT OF THE TREASURER

DR. ELIAS J. MARSH: Copies of the report of the Treasurer are being distributed to the House. I have no special comments to make

on it. The only new feature is on the last page—the Charles J. Kipp Memorial Fund. A beginning has been made for the fund.

Action, Sect. 48.

I. PERMANENT FUND

May 31, 1935—

2 M U. S. Treasury 3¼% bonds of 1943-5	\$1997.50
1 M U. S. Treasury 3¼% bonds of 1944-6	1034.38
1 M U. S. Treasury 3% bonds of 1946-8	1014.06
Mortgage Certificates, Investors Title & Mort. Co.	3000.00
Mortgage Certificates, Trenton Mort. & Title Guar. Co.	3000.00
Certificate of Deposit, First National Bank of Paterson	3000.00
Savings Account Deposit	2019.31

\$15,065.25

May 31, 1936—

2 M U. S. Treasury 3¼% bonds of 1943-5	\$1997.50
1 M U. S. Treasury 3¼% bonds of 1944-6	1034.38
1 M U. S. Treasury 3% bonds of 1946-8	1014.06
Mortgage Certificates, Investors Title & Mort. Co.	3000.00
Mortgage Certificates, Trenton Mort. & Title Guar. Co.	2625.00
Savings Account Deposit, First National Bank of Paterson	5394.31

\$15,065.25

II. GENERAL ACCOUNT

RECEIPTS		PAYMENTS	
Balance, May 31, 1935	\$35,133.44	For Publication Committee	\$13,028.12
Assessments—		“ Salaries:	
Atlantic	\$ 1,443.00	Secretary	\$1500.00
Bergen	3,042.00	Executive Officer	6000.00
Burlington	741.00	Editor	5000.00
Camden	2,184.00		12,500.00
Cape May	338.00	“ Office Operation:	
Cumberland	715.00	Clerical services	\$4205.63
Essex	11,715.25	Operating expenses	1555.34
Gloucester	559.00	Furniture and equipment	649.99
Hudson	4,901.00	Travel	1121.80
Hunterdon	299.00	Rent	960.00
Mercer	2,548.00		8,492.76
Middlesex	1,677.00	“ Expenses of Officers:	
Monmouth	1,521.00	President	\$ 307.29
Morris	1,430.00	Secretary	1417.72
Ocean	299.00	Treasurer	70.40
Passaic	3,380.00		1,795.41
Salem	221.00	“ Expenses of Committees:	
Somerset	806.00	Welfare	\$ 867.53
Sussex	352.00	Public Health	950.64
Union	3,796.00	E. R. A.	369.84
Warren	390.00	Trustees	279.41
	42,357.25	Judicial Council	207.75
Publication receipts	7,908.84	Practice of Medicine	91.50
Interest	1,168.25	Insurance	201.91
Exhibits, Annual Meeting, 1935	844.85	Other committees	76.60
Refund, Scientific Exhibit, 1935	104.71		3,045.18
Miscellaneous	20.28	“ Annual Meeting:	
	\$87,542.62	Program & Arrangements	\$ 809.97
		Credentials	7.50
		Scientific Exhibit	398.19
		Arts and Hobbies	35.32
		Woman's Auxiliary	35.78
		Guests	146.58
			1,433.34
		“ Printing and stationery	1,908.78
		“ Legal services and expenses	350.30
		“ A. M. A. Meeting in Atlantic City	277.70
		“ Bonus, Account of Annual Meeting	500.00
		“ Fellows' keys	152.07
		“ County Secretaries' Conference	56.00
		“ Conference of Allied Medical Profes-	
		sions	25.00
		“ Miscellaneous	110.31
		Balance, May 31, 1936	43,867.65
			\$87,542.62

III. BUDGET RECONCILIATION

Expected income	\$47,500.00
Actual receipts	52,404.18
Budget appropriations	44,525.00
Expenditures	43,674.97
Operating net balance	8,729.21

IV. CHARLES J. KIPP MEMORIAL FUND

(Eye, Ear, Nose and Throat Section)

Contributions	\$30.00
May 31, 1936, cash in bank, Howard Savings Institution	\$30.00

Respectfully submitted,

E. J. MARSH, Treasurer.

PRESIDENT NEWCOMB: The report of the Treasurer is referred to Reference Committee “B”.

Action, Sect. 43.

11. REPORT OF THE BOARD OF TRUSTEES

(Jour., May, page 259)

PRESIDENT NEWCOMB: Dr. Quigley informed me there would be no supplementary report. The report will be referred to Reference Committee "A".

Action, Sect. 47.

12. REPORT OF THE JUDICIAL COUNCIL

(Jour., May, page 260)

PRESIDENT NEWCOMB: Dr. Beling is absent, but they had no supplementary report. The report will be referred to Reference Committee "A".

Action, Sect. 47.

13. REPORT OF COMMITTEE ON MEDICAL DEFENSE

PRESIDENT NEWCOMB: Dr. Beling being absent, the report will be given by Dr. A. Ill.

SUPPLEMENTARY REPORT OF THE COMMITTEE ON MEDICAL DEFENSE

(Report, Jour., May, page 262)

The official number of insured members in good standing is 2231. This number will be increased by 170 upon the payment of delinquent dues to the State Treasurer. The tabulation of these, insured by Counties, is as follows:

	Members	Insured	Per Cent Insured
Atlantic	111	73	65.7
Bergen	203	147	72.4
Burlington	57	33	57.8
Camden	164	103	62.8
Cape May	25	17	68.0
Cumberland	55	32	58.1
Essex	895	646	72.1
Gloucester	41	23	56.0
Hudson	417	269	64.5
Hunterdon	23	14	60.8
Mercer	214	162	75.7
Middlesex	141	99	70.2
Monmouth	113	80	70.8
Morris	83	63	75.9
Ocean	23	15	65.2
Passaic	244	159	65.2
Salem	17	9	52.9
Somerset	57	24	42.1
Sussex	22	15	68.1
Union	280	228	81.7
Warren	29	20	68.9
	3214	2231	70.4

About 150 members are either full-time employees of institutions or are not in active practice, and do not carry insurance. When this number is deducted from the total membership, the percentage of insured will be 73.5.

In the preliminary report submitted to the Society, which was published in the Journal of May, 1936, attention was not called to the increase of rates which went into effect in August, 1935.

Owing to unfavorable experience, the Company informed us that there would be an increase in the premium rates of 25 per cent in the Counties of Essex, Hudson, Bergen, Passaic and Union, from which the majority of suits emanated. The rates for the other counties were not raised, and the rates for x-ray and radium treatment were not increased. The rates now in effect in Essex, Hudson, Bergen, Passaic and Union Counties are as follows:

Limits	Rates
\$10,000/\$30,000	\$25.00
15,000/ 45,000	30.50
20,000/ 60,000	36.00
25,000/ 75,000	38.75
50,000/150,000	49.00

In other counties:

Limits	Rates
\$10,000/\$30,000	\$20.00
15,000/ 45,000	24.40
20,000/ 60,000	28.80
25,000/ 75,000	31.00
50,000/150,000	39.20

There have been complaints regarding this increase. After a careful study and investigation, the committee was of the opinion that this increase which was made by the company was not unjustifiable. The nearest competitor in this field had previously increased its rates approximately 50 per cent, and discontinued insurance beyond the limits of \$10,000/\$30,000.

In this connection the committee has compared this increase with rates charged in New York State, inasmuch as we are in the metropolitan area and subject to the same New York influence, and find that their rates are about 50 per cent higher. New York's rates are as follows:

Limits	Rates
\$10,000/\$30,000	\$39.30
15,000/ 45,000	46.80
20,000/ 60,000	51.60
25,000/ 75,000	56.10
50,000/100,000	63.60

Over a period of several years, the company carried on at a loss in anticipation of an improvement in the experience. The company claims that the last increase in rates, made on June 1st, 1933, was disproportionate to its actual experience. It was not possible to continue without a further increase.

Negotiations are pending for the settlement of two outstanding cases, the cost of which will amount to 25 per cent of the total income from premiums for the year. This expense does not take into account numerous other claims which are pending.

The committee is making every effort to keep the cost of insurance down. It must have the coöperation of the individual members to prevent suits. Every member insured has a definite obligation to the group to be careful and discreet in what he does and says in relation to his patients and his fellow practitioners.

CHRISTOPHER C. BELING, Chairman

EDGAR A. ILL

ERWIN REISSMAN

WILLIAM J. ARLITZ

THOMAS S. THOMAS

PRESIDENT NEWCOMB: The report of the Committee on Medical Defense will be referred to Reference Committee "F".

Action, Sect. 52.

I wish to ask permission to have Dr. Ely to take the chair for a few minutes while I attend a meeting of the Board of Trustees.

A motion was made, seconded, and carried, that Dr. Ely take the chair for a few minutes.

14. REPORT OF THE COMMITTEE ON ACCIDENT AND HEALTH INSURANCE

(Report, Jour., May, page 263)

DR. ELY: In the absence of Dr. Pinneo, I will ask Dr. Stahl to present the report of the Committee on Accident and Health Insurance.

SUPPLEMENTARY REPORT OF COMMITTEE ON INSURANCE

AUTOMOBILE INSURANCE

Supplemental to our published report we add the following new arrangement for Automobile Insurance, to give our members a broader choice of companies. We have arranged for offering policies in the Indemnity Insurance Company of North America, which is 124 years old and has assets of \$123,-921,161.18. It has a rating of "Excellent" by the Alfred M. Best Company. The premium can be reduced 5 per cent, 10 per cent, or 15 per cent by a "no accident" record, i. e., where one, two, or three years have passed without an accident. We have long striven for an arrangement whereby a record of "no accident" would redound to the benefit of the policy-holder, and to obtain this with a company exceptionally strong is a gratification. It is not a master policy, but one separate for each individual. A letter just received from a Passaic member shows the usefulness of group action in our insurance. He received, without any expense to himself, from the "other party" in an accident \$28.50, negotiated by the Agency and says, "it is a great pleasure" to acknowledge "your very excellent coöperation" and "shall be very happy to recommend your service to my colleagues".

In conclusion, we have now arranged to offer to our members the utmost of choice in companies and in agency services, and we leave each member to decide for himself. The service of prosecuting, without expense, claims against "the other party" must depend on the volume of insurance done with the Way Agency by our members; but this is without obligation or contract with the Society.

It may be of interest to note that of over \$718,-000,000 of annual premiums paid stock companies in the United States for casualty insurance, automobile stands first, accident and health second, and compensation third.

ACCIDENT AND HEALTH INSURANCE

A typical letter of satisfaction with the service on Accident and Health Insurance just received

from Bergen County acknowledges "extreme satisfaction" and recommendation of the policy whenever possible.

Respectfully submitted,

FRANK W. PINNEO, Chairman.

DR. ELY: This report is referred to Reference Committee "B".

Action, Sect. 48.

14a. CONSTITUTION AND BY-LAWS

(Jour., May, page 265)

The committee reported that no business had been referred to it since the meeting in 1935, when the committee closed up all matters with which it was concerned.

15. REPORT OF THE A. M. A. DELEGATES

DR. ELY: The report of our Delegates to the 87th Annual Session of the American Medical Association, held in Kansas City, May 11-15, 1936, will now be given by Dr. J. F. Hagerty, Chairman of the New Jersey Delegation.

Dr. Hagerty read the report, which is printed in the June Journal, page 367.

DR. ELY: This report is referred to Reference Committee "D".

Action, Sect. 50.

16. PURE FOOD AND DRUG ACT

DR. ELY: I will recognize Dr. Norman W. Burritt, of Union County, who wishes to introduce a resolution on the subject of Pure Food and Drugs, to which Dr. Hagerty referred in his report.

DR. NORMAN W. BURRITT: The Welfare Committee would like to offer a resolution at the present time particularly in view of the special article which appears in the current issue of the A. M. A. Journal and the editorial which appeals with regard to the Copeland Bill. It is being sought by some interests to have the unanimous consent of Congress that the Copeland Bill as revised by the Inter-State and Foreign Commerce Committee of the House be offered for vote. That action can take place at any time. Medical opinion has been against its adoption by Congress. We offer this resolution with instructions to the Secretary to send telegrams to our Congressmen from this State and to the Speaker of the House.

The medical opinion of the country as expressed by the officials of the American Medical Association, is firm in its belief that the Copeland Bill, S-5, would accomplish no better results than the present Wiley Act, and in many particulars is much weaker.

Complete Congressional investigation under oath is necessary to clear these issues.

We urge you, therefore, to use all possible influence to prevent this bill from coming before Congress for vote, or if it is presented, to vote against it.

See also Sect. 45a.

17. REPORT OF THE COMMITTEE ON NURSING AND NURSING EDUCATION

DR. ELY: We will now have the report of the Committee on Nursing and Nursing Education, Dr. H. H. Satchwell.

Dr. Satchwell read the following report:

This committee was appointed in 1933 to observe, study and report on nursing and nursing education in so far as they affected the practice of medicine or the care of the patient.

This year the activity that need be reported upon is the introduction into the Legislature of a bill to legalize the present requirements of nursing education. In 1912 the requirements for training in nursing consisted of one year high school and two years' training in a school of nursing. Since that time, practically all the schools in the State (thirty-six) have raised the requirements to four years' high school and three years' training in a school of nursing. Schools of nursing meeting these requirements have been approved by the State Board of Nurses Examiners. After examination by that board the degree of R. N. was granted. The bill introduced is to legalize that standardization so that nurses examined in this State can have reciprocity privileges with other states.

The bill does not infringe upon the practice of medicine in any way and is entirely educational in scope.

It has passed the Assembly, but has not yet passed the Senate.

The committee has no recommendations.

Respectfully submitted,

H. H. SATCHWELL, Chairman.

Dr. Satchwell also added the following comments:

I would like to have included the matter mentioned in the Los Angeles paper. Nursing education is set up by the National League of Nursing Education. In effect, that functions similar to the American Association of Nursing Colleges. The

League is endeavoring to introduce a curriculum which will change the present methods. It is being tried out in several schools in the West. If adopted, nurses' hours in schools will be shortened to six hours daily and the nurses will be taken away from bedside about 400 hours a year. At the present time the cost of training the nurses in approved school is 20 per cent of that for a semi-private or private bed. An attempt has been made to make nurses pay for their education.

This committee will watch the action of the League and will report to the Welfare Committee. We will make a survey of what is being done in other states and will report to the Welfare Committee. The situation is becoming very acute. There are 10,000 practical nurses as against 6,000 trained nurses. The cost of training nurses is a large item of medical care.

DR. ELY: The report is referred to Reference Committee "F".

Action, Sect. 52.

President Newcomb resumed the chair.

DR. NEWCOMB: We will now have the report of the Committee on Credentials.

18. COMMITTEE ON CREDENTIALS

DR. SPENCER T. SNEDECOR: There is very little to report at the present time. Two hundred delegates have registered. If there is any delegate about whom there is question, the committee requests that you report it.

PRESIDENT NEWCOMB: This report is referred to Special Reference Committee III.

Action, Sect. 55.

19. ADJOURNMENT FOR SPECIAL SESSION

DR. NEWCOMB: At 11:30 we will go into Special Session of the House of Delegates. This will be an Executive Session, and I suppose I have the power to exclude all members excepting members of the House of Delegates; but I think this question is of such great importance to members of the Society that I am going to allow members of the Society other than Delegates to remain in the meeting. All delegates will please take the center seats, and members not delegates, take side seats.

The meeting adjourned at 11:25 o'clock.

(See Part 4, p. 60)

SECOND SESSION, TUESDAY AFTERNOON, JUNE 2, 1936

The second session of the House of Delegates of the 170th Annual Meeting of The Medical Society of New Jersey convened at 3:55 o'clock on Tuesday afternoon, June 2, 1936.

PRESIDENT NEWCOMB: The meeting will come to order.

We will ask for the report of the Subcommittee on Public Health. Is Dr. Nichols here?

20. SUB-COMMITTEE ON PUBLIC HEALTH

(Jour., May, page 276)

DR. STANLEY NICHOLS (Asbury Park): Our regular report is in the reports of the committees. This is supplementary material which we wish to add.

First—I am glad to be able to report that under the Public Health Hour plan, the total number of diphtheria immunizations and vaccinations from July 1, 1934, to July 1, 1935, were as follows:

Diphtheria Immunizations	18,667
Smallpox Vaccinations	9,811

I have just received the report of this year up to June 1, 1936. It lacks one month of the completion of the year, and is as follows:

Diphtheria Immunizations	20,754
Smallpox Vaccinations	14,718

Therefore, if the month of June figures are about the same as last year, we will exceed last year by over 4000 diphtheria immunizations given and over 6000 smallpox vaccinations. This is a splendid increase and does great credit to the loyal co-operation of the individual members of our State Society, for which our committee now congratulates the members of the Society.

Second—Since the report printed in the May State Journal, page 276, the Social Security Enabling Act has been passed by the Legislature and signed by the Governor, and the Federal funds are in actual use in our State.

Dr. Bingham's comprehensive Maternal Welfare Program on behalf of the physician and better obstetrics is well under way. Post-graduate lectures are being given, and many types of obstetrical aid to the general practitioner are offered by his committee with these Federal funds. This committee's efforts will be followed by the same type of assistance in Child Health, Tuberculosis Control, Venereal Disease Control, etc.

Part-time salaried field physicians, selected by the State Maternal Committee and the County Welfare Committees have been appointed by the State Department of Health to help develop this program and act as liaison medical workers between the State Maternal Welfare and Child Health Committees and the various County Societies and their individual physician members.

Thus, our membership has a splendid opportunity now offered to each physician to improve his rendition of preventive medicine in his own office. Each physician can help make his office a more efficient Health Center by faithfully doing several important things;

1. By attending the Post-Graduate Lectures being offered in his part of New Jersey (with more to come in the future) on Better Obstetrics, Better Child Health, Control of Tuberculosis, Venereal Disease Control, etc.

2. By carefully studying the booklet now being prepared for distribution on the recommended procedures in the twelve fields of Preventive Medicine for the General Practitioner in his own office and

practice and putting these procedures into definite effect.

3. By educating his own patients to take routine advantage of the health services offered by the physician himself in his own office.

4. By continuously educating his patients in every phase of health education which has proven valuable to the health of individuals.

5. By loyally supporting and serving his County Society and its Public Health Committee in their efforts to solve their County Public Health problems, in conjunction with the public and private health agencies of their respective counties.

RECOMMENDATIONS

Recommendations 5. In addition to the four listed on page 279, the Public Health Committee recommends that the State Society urge each member to loyally and wholeheartedly coöperate in the rendering of better medical service to the public of New Jersey by—

1. Bending every effort during the coming year towards making his office a *Health Center*, and himself a better Practitioner of Preventive Medicine.

2. Feeling definitely obligated to serve his County Society, in that County Society's efforts to meet its Community Health Responsibilities, and render *Preventive Medical Organized Service* to the people of each county in such a way that no person, rich or poor, in any county shall fail to be offered a real opportunity to receive Modern Preventive Medical Care.

THE FAMILY HEALTH ADVISER

Gentlemen, I give you the *Physician of the Future*, whom we are all together trying to create. His name will be one of double honor. To the time-honored name of "Family Physician" we shall add the name and title of "Family Health Adviser". As Family Health Adviser, he will health guide his patients, by the practice of his perfected art of preventive, as well as curative medicine, through the perils of the periods of gestation, infancy, preschool and school life; mentally help them through the strains of adolescence; supervise their health through adult life; guard them as far as possible against special health dangers, such as tuberculosis, cancer and many other major disease menaces; and, finally, steer them at last into the harbor of a safe and healthy old age.

The creation of this "Family Health Adviser" is no idle dream. The opportunity lies immediately before us at this moment. Let us seize this opportunity; work patiently and constructively toward the creation of this ideal physician, and in direct proportion to our efforts in the coming years, we will thus carry the medical profession of New Jersey to greater heights and a more respected position, through accepting in full the responsibility for better medical service and better community health on behalf of the people of this Commonwealth.

The Public Health Committee,
STANLEY NICHOLS, Chairman.

PRESIDENT NEWCOMB: The Public Health report will be referred to Reference Committee "E".

Action, Sect. 51.

PRESIDENT NEWCOMB: The next is the report of the Committee on Honorary Membership.

21. HONORARY MEMBERSHIP

(Jour., May, page 265) .

DR. LANCELOT ELY (Somerville): I am making this report in the absence of Dr. Mulford. Word came this morning that he had been taken suddenly ill and could not attend the Convention. He sends the following report:

"The Committee on Honorary Membership takes great pleasure in presenting the names to the delegates of the following distinguished physicians of our State as candidates for Honorary Membership in the Medical Society of New Jersey:"

The first name is that of Dr. Joseph B. Harrison, 302 East Broad Street, Westfield, New Jersey. I am asking Dr. Hubbard to say a word in regard to this recommendation.

DR. H. V. HUBBARD (Plainfield): Mr. President, I feel it a great honor to speak in behalf of Dr. Harrison, who graduated from the College of Physicians and Surgeons, and has not missed a State Convention of The Medical Society of New Jersey in sixty years. I think that is a record which has never been equalled and it will be a long time before it will be equalled.

Dr. Harrison is a respected citizen and physician and he works just as hard in his County Society as he does in the State Society. It gives me great pleasure to speak in behalf of his nomination as Life Member.

DR. ELY: It gives me great pleasure, as a member of the committee, to recommend the name of Dr. Thomas W. Harvey, of Orange, New Jersey. I am asking Dr. R. D. Freeman, of South Orange, to say a word for Dr. Harvey.

Dr. Freeman spoke as follows:

Mr. President and Fellow Members of the State Medical Society:

You are honoring me in asking me to present for Honorary Membership in our State Society the name of Thomas W. Harvey, of Orange. Dr. Harvey was born in New York September 10th, 1853, the son of Hayward A. Harvey, inventor of Harveyized steel used in armor plating for battleships, so you see he had a solid foundation to begin with. The metal he has shown since is tough, reliable, and of a fine quality.

He graduated from Princeton University in 1875, and has been Class Secretary ever since. He refereed the first football game between Yale and Princeton, and managed the first game between Princeton and Rutgers. Graduating in medicine from the College of Physicians and Surgeons in 1878, he commenced to climb the difficult ladder of professional success. He was House Surgeon of Orange Memorial Hospital in 1878, becoming Attending Surgeon, and then Chief-of-Staff to Consulting Surgeon.

He helped organize the Training School for Nurses in the hospital—one of the three oldest schools in the country.

Responsible positions followed in rapid succession: City Physician, Board of Education, Consulting Surgeon Orthopaedic Hospital, Attending Physician Orange Orphan Home, President of the Essex County Medical Society, President of the State Medical Society, President of the Society of Surgeons of New Jersey, and a Charter Member of the Orange Mountain Medical Society, First President of the William Pierson Medical Library Association, which he helped organize; member of the American Medical Association, American College of Surgeons, New York Academy of Medicine, American Clinitological Society, New Jersey State Sanitary Association, New England Society, a Founder of the Orange Camera Club, and a Son of the American Revolution.

These are his professional and civic attainments; but his personal characteristics are not less striking. A mind richly stored in the classical mold, always alert for the new, with a faculty for winnowing the grain from the chaff, he has kept equal pace with the astounding program of our beloved profession through the Golden Age of Medicine which he has spanned.

To his patients he was a tower of strength, wise in council, reliable in adversity, and a benediction in countless homes. He was a gentleman with innate courtesy, and in practice, giving with ready help from his store of wisdom and sanity.

A husband to be proud of; a father to look up to; a friend to rest on; a companion to draw mental refreshment from.

He has worn with distinction the white flower of a blameless life, and there be many to rise up and call his name Blessed.

DR. ELY: We all know Dr. Harvey, but I would like to have him stand so we may all see him. (Applause.)

It gives me great pleasure also to announce the name of Dr. Andrew F. McBride, of Paterson, N. J. I am asking Dr. Marsh, a long-time friend, to say a few words.

Dr. Marsh described Dr. McBride's accomplishments as follows:

Andrew F. McBride, M.D., was born in Paterson on January 4, 1869. He was educated in the public schools of Paterson, and in the private school of Professor McManus, afterwards; and graduated from the College of Physicians and Surgeons of

Columbia University, New York City, in 1889, and has been practicing physician in Paterson ever since.

He was a member of the Paterson Board of Health from 1892 to 1908, and was the President of the Board for the last eight years of his term.

From 1897 to 1908 he was the County Physician of Passaic County, resigning this position to become the Mayor of the City of Paterson, to which honor he was elected for three terms.

Dr. McBride is a member and former President of the County and State Medical Societies, a member of the American Medical Association, and the American College of Surgeons.

During the World War Dr. McBride was stationed at Camp Dix, and was in service there during the epidemic of influenza, when hundreds of the army men of the country made the supreme sacrifice before ever reaching the fields of France. Dr. McBride worked untiringly at the camp, and was in command of the Base Hospital in 1918.

Dr. Martin J. Synnott, of Montclair, served with Dr. McBride during the epidemic at Camp Dix, and stated at that time that Dr. McBride certainly deserved the distinguished service cross. Dr. McBride became captain in the Medical Corps of the United States Army in 1917, and was mustered out in 1919 with the rank of Lieutenant Colonel, Medical Officers' Reserve Corps.

Dr. McBride is the visiting surgeon at St. Joseph's Hospital, Paterson. He is a member of the Board of Managers of the Paterson Savings Institution; he is a director of the Citizens Trust Company, Paterson. He was President of the Association of Governmental Labor Officials of the United States and Canada, and of the International Association of Industrial Accident Boards and Commissions.

Dr. McBride was chosen as the outstanding citizen of Paterson in 1933. The doctor has always lived in Paterson. He is married and has two children, one a physician, bearing his name, Andrew F. McBride, Jr. During his terms as the Mayor of Paterson, he gave a progressive administration; made excellent appointments to the various governing bodies, selecting the best type of citizenship, regardless of political affiliations. He had and still maintains an abiding interest in the school system; stood for improvements for the benefit of the citizenship; and advocated public parks and playgrounds.

On September 14, 1923, Dr. McBride was appointed Commissioner of Labor by Governor George Sebastian Silzer to succeed General Lewis T. Bryant, deceased, and later, on January 21, 1924, for the full term of five years.

DR. NEWCOMB: The report of the Honorary Membership Committee will be referred to Reference Committee "F".

Action, Sect. 52.

DR. J. B. MORRISON (Newark): May I talk for about three minutes?

Dr. Morrison read his prepared remarks about Honorary members, as follows:

22. PROPOSED AMENDMENT FOR HONORARY MEMBERSHIP

Mr. President and Members of the House of Delegates:

We have seen, during the past year, the passing of two of our most valuable members, one of them, Dr. James S. Green, of Elizabeth, a veteran in this House of Delegates and in the Medical Society of New Jersey for nearly forty years; the other, Dr. R. M. A. Davis, of Salem, a valued member of the Board of Trustees, who had represented South Jersey on the Board for many years, and whose balance, caution and good judgment were very highly appreciated. It appears to me that we do not award honors enough or frequently enough to those members of this House of Delegates who have spent a lifetime in our services. Why not hand out our flowers while the deserving members are still alive rather than express our deep appreciation of their services after they are dead? I happen to know that our late beloved Dr. James S. Green would have greatly appreciated having been made an Honorary Member of this Society.

There are other members sitting in this House of Delegates today, gray haired, who have spent over twenty-five years' activities and deliberations as Presidents, members of our Board of Trustees, members of important committees, who should also be honored.

Our Constitution, as amended in 1814, 122 years ago, provided for fifteen Honorary Members. The same limit was set in the Constitution as adopted in 1900. Our membership was then only 1100. We have now over 3000. In the past, professional and scientific attainment, usually of national scope, was the only merit recognized in the election of Honorary Members.

We have moved rapidly since 1900. Organized medicine and the great value of organization were then scarcely recognized. The vast services which many of our members have rendered to this Society could not have been so rendered in those days. Hence, in my opinion, the time has come to evaluate and recognize long years of service to the Medical Society of New Jersey as well as great scientific attainment, in the election of Honorary Members.

It is, therefore, my pleasure to offer the following amendments to the Constitution and By-Laws:

Amend Article IV of the Constitution, Sec. 5, by inserting after the words "shall be" in the first line of the section the words "Past Presidents and other Delegates so elected". In the eighth line of the section, substitute the words "twenty-five" for the words "fifteen" and the numerals "(25)" for the numerals "(15)", and in the last line of the section, after the words "members" insert the following: "but with the exception of the Past Presidents and the Delegates so elected".

The section of the article will then read:

"Honorary Members shall be Past Presidents and other Delegates so elected and physicians and sur-

geons who have attained distinction within the profession who shall have been elected by a two-thirds vote, after having been recommended by the Committee on Honorary Membership; provided the number of living Honorary Members shall not exceed twenty-five (25). They shall have all the privileges of membership but, with the exception of the Past Presidents and Delegates so elected, shall not be members of the corporate body."

To the Committee on Constitution and By-Laws.
Action, Sect. 51.

23. MEDICAL BILLS COMMITTEE

PRESIDENT NEWCOMB: Next is the Report of the Medical Bills Committee. Dr. David A. Kraker!

(Jour., May, p. 265)

DR. MORRISON: He is not present.

PRESIDENT NEWCOMB: Is anyone present to report for Dr. Kraker?

There was no response.

No report from Reference Committee.

24. COMMITTEE ON CANCER CONTROL

PRESIDENT NEWCOMB: The next is the Report of the Committee on the Control of Cancer.—Dr. Henry B. Orton.

Dr. Orton presented the prepared report, as follows:

REPORT OF THE COMMITTEE ON THE CONTROL OF CANCER

To the House of Delegates:

The Committee on the Control of Cancer of The Medical Society of New Jersey in 1935 submitted a coöperative State program for cancer control (Jour., April, 1935, page 219), which was accepted by this Society (Transactions, 1935, page 63), and the Committee at this time wishes to report that the program is now functioning.

Our objective this year is taking the "Medical Approach" only, through the State and County Medical Societies.

MEDICAL APPROACH

For the convenience of the members of the committee the State has been divided into five districts, namely:

District No. 1—Comprising the Counties of Essex, Union, Hudson, Bergen, Passaic, Morris and Sussex, under the jurisdiction of the Chairman, Dr. Henry B. Orton, of Newark.

District No. 2—Comprising the Counties of Mercer, Hunterdon, Warren, Somerset and Middlesex, under the jurisdiction of Dr. George Sommer, of Trenton.

District No. 3—Comprising the Counties of Monmouth, Ocean and Burlington, under the jurisdiction of Dr. Robert Halback, of Toms River.

District No. 4—Comprising the Counties of Camden, Gloucester and Salem, under the jurisdiction of Dr. E. E. Downs, of Woodbury.

District No. 5—Comprising the Counties of Atlantic, Cape May and Cumberland, under the jurisdiction of Dr. J. Carlisle Brown, of Atlantic City.

Each member of the committee is responsible for his district as above named. He will communicate with the Presidents of the County Societies within his jurisdiction to organize Cancer Committees, and to assist in arranging a cancer program in their County Societies at least one meeting a year.

Dr. John W. Gray, of Newark, is organizing a Speakers' Bureau; this bureau will have available a list of speakers on the subject of cancer to address either medical or lay groups, this bureau being available to County Societies throughout the State.

The Cancer Control Committee recommended to the Program Committee that a symposium on cancer be considered for the meeting in 1937.

The committee has undertaken a survey in the State by means of a questionnaire, in relation to the facilities available for the diagnosis and treatment of cancer. (Copy of questionnaire attached hereto.) The questionnaire was mailed to 171 hospitals and nursing homes throughout the State, and to date we have received replies from 106 of these institutions. Under the conditions, therefore, we are unable to give a complete report of the survey at this time. The returns are not all in, but of the 171 letters, questionnaires sent to hospitals we have received replies from 106. It might be of interest, however, to mention, that out of the 106 replies to question No. 1, namely, "Do you have a tumor or cancer clinic connected with your hospital?" there are only sixteen hospitals that have a tumor or cancer clinic. Upon completion of this survey the report will be published in the State Journal.

It is recommended that this committee be continued to further the work as outlined in its report of last year (1935).

The questionnaire of the cancer survey was as follows:

1. Do you have a tumor or cancer clinic connected with your hospital?
2. Do you have a special staff organization for this clinic?
3. How much radium have you available?
4. Do you have a modern deep x-ray therapy machine?
5. Do you admit indigent incurable cancer patients to the wards or rooms in your hospital?
6. If you do not admit patients mentioned in question 5, what arrangements do you make for the care of the indigent incurable cancer patient?
7. Approximately how many cases of cancer (all forms) do you have in your hospital during a year?
8. Has there been any organized movement for the establishment of a tumor or cancer clinic in your hospital?
9. Remarks: (Any information you care to give that will be of value to the committee.)

The first question is "Do you have a tumor or cancer clinic in connection with your hospital?" There are but sixteen that have such a clinic. There are but fourteen that have a special staff organization for that clinic.

"How much radium have you available?" Twelve answered they have from twenty-five milligrams to 335. There were twenty-six hospitals that had a deep x-ray therapy machine. There were twenty-seven hospitals that admitted indigent incurable cancer patients to their wards.

In the sixth question, "If you do not admit patients mentioned in number 5, what arrangements do you make for the care of indigent incurable cancer patients?"—the reply is that they are either sent to the county poorhouse, or out of the State.

"Approximately how many cases of cancer do you have in your hospital during the year?" Of 106 hospitals there were 4233 cases, and only sixteen answered the question, "Has there been any organized movement for the establishment of tumor or cancer clinic in your hospital?"

PRESIDENT NEWCOMB: The Report of the Committee on the Control of Cancer will be referred to Reference Committee "E".

Action, Sect. 51.

25. WELFARE COMMITTEE

(Jour., May, p. 269)

PRESIDENT NEWCOMB: The Report of the Welfare Committee, Dr. Hilton S. Read.

DR. HILTON S. READ: The Report of the Welfare Committee has been reported. It is in the Journal, and there are no additions.

PRESIDENT NEWCOMB: That report will be referred to Reference Committee "E".

Action, Sect. 51.

26. SUB-COMMITTEE ON UNIFORM MEDICAL PRACTICE ACT

(Jour., May, p. 271)

The next is the Report of the Sub-Committee on Uniform Medical Practice Act, Dr. Samuel Alexander.

Dr. Alexander was not present.

Action, Sect. 51.

27. SUB-COMMITTEE ON PUBLIC RELATIONS

(Jour., May, p. 271)

PRESIDENT NEWCOMB: The Report of the Sub-Committee on Public Relations, Dr. D. Ward Scanlan.

Dr. Scanlan was not present.

Action, Sect. 51.

28. SUB-COMMITTEE ON WORKMEN'S COMPENSATION

(Jour., May, p. 272)

PRESIDENT NEWCOMB: The Report of the Sub-Committee on Workmen's Compensation Act, Dr. David A. Kraker.

Dr. Kraker was not present.

Action, Sect. 51.

29. SUB-COMMITTEE ON MEDICAL PRACTICE

PRESIDENT NEWCOMB: The Report of the Sub-Committee on Medical Practice, Dr. Thomas K. Lewis.

Action, Sect. 51.

DR. LEWIS: There is no additional report.

PRESIDENT NEWCOMB: The reports of the Welfare Committee and its sub-committees will be referred to Committee "E".

30. PUBLICATION COMMITTEE

(Report, Jour., May, p. 266)

The next is the Report of the Publication Committee, Dr. Henry C. Barkhorn.

Dr. Barkhorn presented a supplementary report.

Following the publication of the article on "The First Decade of The Medical Society of New Jersey", page 300, May, 1936, Journal, the Editor received several items of information which may lead to other historical discoveries of interest and value if they are followed up. For instance, Dr. Marsh remembered that the original minutes, from 1766 on, are at the New Jersey Historical Society in Newark. Your chairman has looked them over with great interest. Formal approval given by the House of Delegates will open the door of opportunity to the Editor or to a historical investigator who is directed by the State Society.

This research work into the early history of The Medical Society of New Jersey, to which reference is made on page 268 of the report of the Publication Committee, has resulted in the location of Mr. Duff's in New Brunswick, in which the Society was founded 170 years ago. The lower story is still standing on the northeast corner of Albany Street (Lincoln Highway) and Peace Street, one block from the bridge over the Raritan River. The building or site should be marked with a suitable tablet erected by The Medical Society of New Jersey.

Investigation has also been made regarding the medical books which were placed in the State Library in the Capitol at Trenton as was noted in the Transactions of 1892, page 72 (Journal, May, 1936, p. 268). The report of the Librarian for 1892 refers to the action of the Society and to the delivery of a number of volumes, but not as a gift.

Later the State Department of Health stored some medical books in the State Library, and apparently they were mixed up with those of the State

Society. Most of these books were returned to the Health Department, but the Librarian has no record of them.

The State Library contains several volumes of the Transactions of the State Medical Society and has catalogued them and made them available for general readers.

The Library also has the bound volumes of the Journal of the State Medical Society. It subscribes to The Journal, and binds the numbers into yearly volumes.

Investigation was also made regarding medical books in the Trenton City Library. There is no

record that the State Medical Society ever deposited any books or records in the City Library; but the Mercer County Medical Society has deposited about 2000 volumes there.

The Publication Committee therefore suggests that the House of Delegates approve the following projects:

1. Direct the Publication Committee, or a special committee, to continue the work of discovering and publishing records and relics of former physicians.

2. Authorize the Trustees to place a tablet indicating the site of Mr. Duff's house.

A financial report follows:

FINANCIAL REPORT OF THE PUBLICATION COMMITTEE

RECEIPTS	
Advertising	\$ 8,315.05
Coöperative rebate	322.33
Journal copies	14.44
Extra subscriptions	51.60
Associate Member subscriptions	486.75
Code Authority rebate	2.34
Charts	5.00
Bills receivable	1,829.12
	<hr/>
	\$11,026.63

EXPENSES	
Commissions	\$ 2,236.05
Discounts	262.97
Bank maintenance charge	8.51
Printing and mailing of Journal	11,850.18
Reprints	151.91
Addressograph	28.88
Editorial office expenses attributed to Publication Committee	502.95
Editor's traveling expense attributed to Publication Committee	189.54
Special stationery	8.25
	<hr/>
	\$15,239.24

COMPARATIVE STATEMENT		
	1934-35	1935-36
Advertising	\$ 8,804.74	\$10,210.54
Extra subscriptions	43.15	51.60
Sale of Journal	8.58	14.44
Printing and Mailing of Journal	11,454.80	11,850.18
Reprints	135.50	151.91
Commissions	1,668.54	2,236.05
Discounts	266.00	262.97

SUMMARY	
Amount of advertising secured by Co-operative	\$ 4,834.50
Amount of advertising secured locally	5,376.04
Discount and commission allowed Coöperative	1,162.62
Discount allowed local advertisers	69.20
Commission paid local agents	1,267.20
Total amount of advertising	10,210.54
Total cash receipts, all sources	9,197.51
Amount sent Treasurer (including \$239.96 for advertising not included in above totals)	7,908.84

DISTRIBUTION OF RECEIPTS	
Dr. Elias J. Marsh, Treasurer	\$7,908.84
Commission, local agents	1,267.20
Miscellaneous adjustments, advertisers, etc.	12.96
Bank maintenance charge	8.51
	<hr/>
	\$9,197.51

NET EXPENSES	
Printing and Mailing of Journal	\$11,776.07
Sales Tax	74.11
	<hr/>
	\$11,850.18
Reprints	151.00
Sales Tax .....	.91
	<hr/>
	151.91
Addressograph	28.73
Sales Tax .....	.15
	<hr/>
	28.88
Editorial office expense attributed to Publication Committee	502.95
Editor's traveling expense attributed to Publication Committee	189.54
Special stationery	8.25
	<hr/>
	\$12,731.71

Respectfully submitted,

HENRY C. BARKHORN, Chairman.

(Applause.)

PRESIDENT NEWCOMB: The Publication Committee Report will be referred to Committee "C".

Action, Sect. 49.

31. SUB-COMMITTEE ON LEGISLATION

(Jour., May, p. 274)

The next report is that of the Sub-Committee on Legislation, Dr. B. S. Pollak. Dr. Pollak, of Hudson County!

DR. POLLAK: I thank you for the emphasis. Mr. President.

As Chairman of the Legislative Committee, I beg to report our committee's report is in substance contained in the report and I merely want to supplement it by saying—and I desire to have your verification to this, Mr. President—that in Hudson County we have at all times been called upon by

the President himself, and many members of the State, for aid in getting, securing certain legislation. In our twenty-five years' history, we have never failed the State Medical Society, to obtain them the support that they desired and which they cheerfully received. (Applause.)

PRESIDENT NEWCOMB: This report will be referred to Committee "E".
Action, Sect. 51.

32. SPECIAL ADVISORY COMMITTEE ON POLIOMYELITIS

(Jour., May, p. 280)

The next is the Report of the Advisory Committee on Poliomyelitis, Dr. S. A. Goldberg.
Dr. Goldberg was not present.
Action, Sect. 51.

33. SPECIAL ADVISORY COMMITTEE ON TUBERCULOSIS

(Jour., May, p. 281)

The Report of the Advisory Committee on Tuberculosis, Dr. B. S. Pollak, of Hudson County.

DR. POLLAK: Thank you for the honor. Coming from Hudson County, gentlemen, we desire to say that sometimes we have the privilege of serving not only the medical profession, but mankind, and after two or three years of indefatigable effort on our part, we were able to convince the Committee on Public Health, as well as the Welfare Committee, that there was something substantial in the efforts that we were making, to wit, to introduce into the schools of this State tuberculin testing by follow-up.

It was a difficult job to get over. We were happy to be able to receive the support of the Public Health Committee and we are happy to say that this work is now in full swing. We were able, by demonstrating the efficiency of this test among fifty-two hundred children of the State, of which Hudson County takes care to demonstrate certain facts. These facts were that 29 per cent of all these children responded definitely to the tuberculin test.

These 29 per cent of children we have submitted now to the rapid paper test, which has been very satisfactory, and as a result of this, the authorities in Hudson County, including both the local government of Jersey City and the county government, have given us absolute control,—I mean the tuberculosis authorities in our town or city or county, over which I have the honor to preside as medical director, and over which Dr. Quigley happens to be the Chairman of the Board of Managers.

They have given us absolute control to go into all the schools to test all the children. We are attempting to do this by getting the physicians of the County Medical Society so interested in our work, to learn the mechanics of the work, so that they may in turn do the work and be compensated for the work.

I am glad to report that Dr. Morrison, who is seated here, has interested himself, even though he happens to be of the opposition party, to learn this work and go forth and do likewise.

It has been a privilege for us to serve you. (Applause.)

Action, Sect. 51.

PRESIDENT NEWCOMB: They are doing excellent work in Hudson County, but that is not the only county in the State of New Jersey, because other counties are doing excellent work with this tuberculin testing in children, and we have done several thousand in Burlington County.

This report will be referred to Reference Committee "E".

34. SPECIAL COMMITTEE ON CRIPPLED CHILDREN

(Jour., May, p. 282)

The next report is that of the Crippled Children's Committee, Dr. Elmer P. Weigel.

DR. WEIGEL: Our report was published in detail in the last number of the Journal. In substance it was just this:

It was the opinion of the Crippled Children's Committee after carefully considering all the data we had available at the time, that it would be wise for our Society not to go along with the Social Security Legislation, as far as it applied to the care of crippled children in this State. In that opinion, we also had the approval of the Governor's Crippled Children's Commission.

Since then, however, as you know, our State Legislature has approved the Social Security Legislation in connection with crippled children's work, and we are now somewhat at a loss to know where we stand. We recommended to the Society that we did not feel, for the reasons stated in our report, that we would derive any special benefit from this legislation.

The amount of money which we can obtain from the Federal government is insignificant. We feel very sure that the money which we now get from the various Boards of Freeholders under this non-mandatory law will be curtailed if they realize we are accepting money from the Federal government.

We also fear that a great deal of the money which is now contributed privately for the care of crippled children in the State may be withdrawn and that amount would be far greater than any amount which we can get from the Federal government.

Further than that, the crippled children's work in the State of New Jersey has come to a point where it has met with the approval of many other states. We feel we have a splendid program. There isn't any crippled child we know of in the State that is not getting adequate care, and we fear the interference politically from Washington if we accept this Federal money.

That is as far as our committee has gone. Those are our recommendations to the Society and we are somewhat at a loss to know what our position will be, inasmuch as our State government has gone ahead and accepted this program of which we were not in favor from the medical standpoint, at least. (Applause.)

PRESIDENT NEWCOMB: Dr. Weigel's report will be referred to Committee "E".
Action, Sect. 51.

35. SPECIAL ADVISORY COMMITTEE ON MENTAL HYGIENE

(Jour., May, p. 280)

Now the Report of the Advisory Committee on Mental Hygiene, Dr. Renner.

DR. RENNER: The Mental Hygiene Committee feels that as yet it has been a committee in name only. We have published in the records some suggestions, but there really has not been any concentrated effort made on mental hygiene work as a problem for the Society, and we have made the suggestion in this report. We hope the report will be read, and probably next year we can get some concentrated effort directed in the right way; but we have to depend somewhat on the help from the Society as a whole, to find out just where we stand. We do not know yet.

PRESIDENT NEWCOMB: This report will be referred to Reference Committee "E".
Action, Sect. 51.

36. COMMITTEE ON MATERNAL WELFARE

(Jour., May, p. 282)

The Report of the Committee on Maternal Welfare, Dr. Arthur W. Bingham.

DR. RICHARD D. FREEMAN: Mr. President, Dr. Bingham has asked me to make this report, which is a supplementary report.

Dr. Freeman read the report.

MATERNAL WELFARE COMMITTEE SUPPLEMENTARY REPORT

The lecture course arranged by the committee has been completed and was, on the whole, successful. The attendance varied in different localities, but the interest shown in the lectures was gratifying. The committee wishes to thank the twenty men who gave up their valuable time to carry on this work all over the State. We appreciate the valuable cooperation of the County Societies in giving the lectures publicity and assisting in arranging meetings.

The Field Physicians are at work and after July 1st we hope to be able to appoint a few more so that the districts will be better covered. Essex County will then be included.

Great interest has been shown in our work by

communities outside of the State, and hardly a week passes but some inquiry is received from some other state. The maternal mortality for New Jersey dropped in 1935 to 4.5 per thousand live births, which is the lowest in its history and the first time it has been below 5.

On April 28th your Chairman spoke by invitation at the Conference of the Maternal Welfare Committee of New York State with the chairmen of various interested organizations. There were about forty present and many questions were asked regarding our new plan of work.

On May 21st at the Annual Meeting of the Maternity Center Association in New York, attended by the leading obstetricians and welfare workers, the President, Mrs. Shepard Kreck, in her introductory remarks, referred to the maternal welfare work in New Jersey as an outstanding example which should be copied by others. Dr. Louis I. Dublin and Dr. Haven Emerson discussed the problem of maternal mortality in New York, and a resolution presented by Dr. Kosmak was passed which provides for a Maternal Welfare Committee for New York City.

We hope the members of the medical profession of New Jersey will continue the fine support they have given in the past. The committee realizes it has only touched the surface, but with their cooperation it is hopeful of great results.

Respectfully submitted,

A. W. BINGHAM, Chairman.

(Applause.)

PRESIDENT NEWCOMB: Dr. Bingham's report will be referred to Committee "E".
Action, Sect. 51.

37. EMERGENCY RELIEF ADMINISTRATION

(Jour., May, p. 284)

The next is the Report of the Medical Executive Advisory Committee to the Emergency Relief Administration. Dr. E. Zeh Hawkes.

DR. HAWKES: There is no supplementary report.

PRESIDENT NEWCOMB: The report will be referred to Reference Committee "D".

Action, Sect. 50.

38. SCIENTIFIC WORK

(Jour., May, p. 286)

The next is the Report of the Committee on Scientific Work, Dr. Clarence L. Andrews.

(Jour., May, p. 286)

Dr. Andrews was not present.

REPORT OF THE COMMITTEE ON SCIENTIFIC WORK

A meeting of the Executive Officers and Chairmen of the various Scientific Sections was held at the Society headquarters, 137 East State Street,

Trenton, N. J., Sunday afternoon, December 22nd, 1935, to discuss arrangements for the Scientific Program of the Annual Meeting in Atlantic City June 2-4.

It was decided to depart somewhat from the usual custom of devoting the entire day on Wednesday, June 3rd, to both a morning and afternoon session of medicine and surgery and have only one session in the morning and a second general session Wednesday evening. Wednesday afternoon is to be free for members to play golf, fish, boat ride or fraternize as they see fit. Moreover, by having the afternoon of Wednesday free, our committee thought that the break in time would lessen the usual monotony of a continuous session, as well as would appeal to many who have remained away in the past because of their active afternoon office hours.

Hence, there will be five papers Wednesday forenoon of fifteen minutes each and three papers Wednesday evening of thirty minutes each; or eight papers in all, the same as last year.

It was thought best to limit the morning papers to fifteen minutes and the evening papers to thirty minutes to allow more time for general discussion.

Thursday, June the 4th, will be devoted to meetings of the various sub-sections. The Ear, Nose and Throat Section will hold its meetings in the forenoon on Thursday and the Eye Section will hold its meetings Thursday afternoon.

The Sections of Pediatrics, Radiology and Gastroenterology will each hold two sessions: one Thursday forenoon and one Thursday afternoon.

The arrangements for the program of the sub-sections has been left entirely to the wishes of the Chairman of each sub-section.

For the General Session of Medicine and Surgery, the usual custom of inviting four speakers of national reputation and four from the State has been carried out and as nearly as possible a speaker from each section of the State has been chosen.

As far as possible, speakers have been selected from those who have applied for a place on the program. But some papers could not be used because of the subject matter which was offered. It was thought best to balance the program and not have too much medicine nor too much surgery.

It was thought best not to create a Section of Obstetrics and Gynecology at this time, but to let it remain as it now is a part of the General Session.

Sincerely,

CLARENCE L. ANDREWS,
Chairman,
ROBERT S. GAMON,
LOUIS C. LANG.

Action, Sect. 49.

39. SCIENTIFIC EXHIBITS

(Jour., May, p. 286)

PRESIDENT NEWCOMB: The Report of the Committee on Scientific Exhibits, Dr. Asher Yaguda.

Dr. Yaguda was not present.

Action, Sect. 49.

39 a. STATE BOARD OF MEDICAL EXAMINERS

(Jour., May, p. 288)

PRESIDENT NEWCOMB: The Report of the State Board of Medical Examiners, Dr. C. C. Beling.

DR. H. H. SATCHWELL: It has been published in the Journal of May, page 288.

PRESIDENT NEWCOMB: That report is referred to Committee "D".

Action, Sect. 50.

40. ADVISORY COMMITTEE TO WOMAN'S AUXILIARY

(Jour., May, p. 289)

The Report of the Advisory Committee to the Woman's Auxiliary, Dr. Edward W. Sprague.

DR. SPRAGUE: Mr. President, the report has been published already.

(For minutes of meeting of Auxiliary, see Part 3, p. 41)

PRESIDENT NEWCOMB: That report will be referred to Reference Committee "F".

Action, Sect. 52.

That concludes all the committees. I will go back and see if someone who has not answered has come in.

Dr. Andrews, Dr. Goldberg, Dr. Kraker and Dr. Alexander were not present.

41. COMMITTEE ON HOSPITALS AND MEDICAL EDUCATION

The Report of the Committee on Hospitals and Medical Education, by Dr. Satchwell.

DR. HARRY H. SATCHWELL (Irvington): This is the Report of the Committee on Hospitals and Medical Education. It is usually offered in two parts, medical education and hospitals.

After a conference with Dr. Lewis, the Chairman of the Practice Committee, it was decided that insofar as our contact with hospitals related to matters of practice, and also inasmuch as his committee intended to make a survey and a study of the matters of staff relationship during the coming year, that our committee would coöperate, but would not carry on activity of its own. So the hospital section has no report. This is the report on medical education.

Dr. Satchwell presented the prepared report. (Applause.)

REPORT OF THE COMMITTEE ON HOSPITALS AND MEDICAL EDUCATION

To the House of Delegates:

This report is for the academic year ending June 1st, 1936, the sixth year of Post-Graduate Education in New Jersey.

At the last Annual Meeting of this Society, the committee reported that, in its opinion, the saturation point had been reached in didactic lecture instruction.

Rather than recess for several years, it decided to continue but to make no intensive effort to carry on a program for this year.

However, four centers asked for courses and their

request was granted. Details of the lectures are shown in the accompanying charts.

Coöperation with the Extension Division of Rutgers University was again decided upon. This year the financial plan was to charge each group \$250, and allow it to arrange the fee to subscribers as it saw fit. Lecturers were paid \$25 per lecture and expenses as in past years.

The committee takes this opportunity to commend the Staff of the Hackensack Hospital for its repetition of lectures under its auspices, and also to commend the State Maternal Welfare Commission on its excellent educational program.

Respectfully submitted,

H. H. SATCHWELL, M.D.,

Chairman.

CHART A

Centers and Courses	No. of Doctors	No. of Internes	Total Registration
1. Atlantic City (Atlantic and Cape May Counties)			
1. Endocrinology and Newer Therapeutic Methods.....	60	11	71
2. Camden (Camden and Gloucester Counties)			
1. Medicine and Surgery Clinics	71	10	81
3. Glen Gardner (Hunterdon and Warren Counties)			
1. Medicine	14	4	18
4. Newark (Essex County)			
1. Obstetrics	80	10	90
	<u>225</u>	<u>35</u>	<u>260</u>

4 Centers; 4 Courses.

CHART B

Opening Date	Closing Date	Time	Center	Course
1. February 27	April 2	4:30 p. m.	Newark	Obstetrics
2. April 8	May 13	4:00 p. m.	Camden	Medicine and Surgery Clinics
3. April 8	May 13	9:00 p. m.	Atlantic City	Endocrinology and Newer Therapeutic Methods
4. April 23	May 28	8:30 p. m.	Glen Gardner	Medicine

CHART C

1935-1936

FACULTY

Number of doctors who lectured this year, from:

New York	11
Newark	3
Philadelphia	2
	—

Total Number of Lecturers 16

Dana Atchley, M.D., Associate Professor of Medicine, College of Physicians and Surgeons, Columbia University, New York City.

R. Gordon Douglas, M.D., Assistant Professor of Obstetrics, Cornell University Medical College, New York City.

Eldridge L. Eliason, M.D., Professor of Clinical Surgery, University of Pennsylvania Graduate School of Medicine, Philadelphia.

J. Irving Fort, M.D., Chief of Fracture Service, St. Michael's Hospital and Presbyterian Hospital, Newark, New Jersey.

Harry Gold, M.D., Associate Professor of Pharmacology, Cornell University Medical College, New York City.

Samuel Goldberg, M.D., Pathologist, Presbyterian Hospital, Newark, New Jersey.

William Goldring, M.D., Assistant Professor of Clinical Medicine, New York University Medical College, New York City.

Alexander B. Gutman, M.D., Instructor, Department of Medicine, College of Physicians and Surgeons, Columbia University, New York City.

James Harrar, M.D., Associate Professor of Clinical Obstetrics and Gynecology, Cornell University Medical College, New York City.

Raphael Kurzrok, M.D., Associate in Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, New York City.

Robert A. Matthews, M.D., Associate in the Institute of Psychiatry, Pennsylvania Hospital for Nervous and Mental Diseases, Philadelphia; Instructor in Psychiatry, Jefferson Medical College, Philadelphia.

Harrison Martland, M.D., Medical Examiner, Essex County, New Jersey; Associate Professor of Forensic Medicine, New York University Medical College, New York City.

Bela Schick, M.D., Director of Pediatrics, Mt. Sinai Hospital, New York City.

Charles Hendee Smith, M.D., Professor of Pediatrics, New York University Medical College, New York City.

Robert Wallace, M.D., Assistant Clinical Professor of Medicine, New York University Medical College, New York City.

Hervey C. Williamson, M.D., Assistant Professor of Clinical Obstetrics and Gynecology, Cornell University Medical College, New York City.

DR. SATCHWELL: The shortness of this report should not indicate to you the Medical Education Committee has reached the end of its possible activities. Some of the items we intend to work on during the coming year involve matters of policy for the Trustees to decide so that we will report those in the nature of a study.

Besides coöperating with the Stanley Nichols' Public Health Committee to carry through a program in preventive medicine and pediatrics subjects, routines, lecturing in centers, similar to the program of the Welfare Committee this year, it is our intention to study and then report to the Welfare Committee on the problems relating to setting up of educational standards, examination and possible licensure by the State Board of Examiners or certification by the State Medical Society of laboratory technicians, x-ray technicians, and, as mentioned in the report on nursing, a low-grade practical nurse or nursing attendant.

Those problems will be ones for study and will be reported as a study with recommendations, and since they involve matters of policy, they will be reported for action.

The commercial laboratory has gotten to be a menace, not only to the ethical rights of the practicing physician, but to the legal practitioners in themselves. They are one of the major problems at the present time in the enforcement of the Medical Practice Act.

PRESIDENT NEWCOMB: Dr. Satchwell's report will be referred to Reference Committee "D".

Action, Sect. 50.

Is anyone here to report for the Committee on Insurance for Dr. Pinneo?

There was no response.

Action, Sect. 48.

PRESIDENT NEWCOMB: If not, we will take up New Business.

42. LICENSING PHYSICIANS

DR. MORRISON: Mr. President, under New Business, I have the following to offer:

Dr. Morrison presented his prepared remarks regarding the licensing of physicians.

To the House of Delegates:

During the past four years I have been making a study of the number and the distribution of physicians in the State of New Jersey, and it is my belief that the State Board of Medical Examiners is admitting far too many licentiates into New Jersey. The Board seems to have no control of the number or any option as to whether or not the existing number shall be increased.

In the Province of Alberta, in Canada, the government has decreed that there shall be licensed only one physician to every 1200 persons in the province. Alberta is an agricultural province with no town the size of Plainfield. The wider the distribution of population, the greater the need for physicians.

New Jersey has a population of 4,400,000, and has registered a little over 5000 physicians. This averages one physician to every 880 persons.

In all other states except New Jersey, the average of physicians from foreign countries licensed is 1.5 per cent; in New Jersey it is from 3.5 to 4.5 per cent.

In 1931 we admitted, by examination, 91 physicians; by endorsement, 113 physicians; a total of 204. We lost by endorsement to other states 22, by death and revocation of licenses, 103—a total of 125, leaving a net gain of 179, or 3 per cent. In that year we licensed 11 who were not full citizens.

In 1932 we admitted, by examination, 113; by endorsement, 157—a total of 270. We lost by transfer, deaths and revocation 93, leaving a total gain of 177, again 3 per cent. Physicians licensed this year not full citizens, 11.

In 1933 we licensed, by examination, 153; by endorsement, 156—a total of 309. We lost by transfer, deaths and revocation 118, leaving a total of 191, again 3 per cent gain. Physicians licensed who were not full citizens, 6.

In 1934 we licensed, by examination, 175; by endorsement, 157—a total of 332. We lost by transfer, deaths and revocation 109, leaving a gain of 223, or 4 per cent. Physicians licensed not full citizens, 13.

In 1935 we licensed, by examination, 182; by endorsement, 136—a total of 318. We lost by transfer, deaths and revocation 103, leaving a balance of 215, again 4 per cent.

So you see the average admission to practice is gradually increasing, while our population is practically stationary.

On a basis of one physician to every 1200 persons, we should have a total of about 3660 physicians registered. We have slightly over 5000, making an excess of 1340. And this 1340 is still in excess of the total number of new physicians registered during the past five years.

Now, if we consider the incomes of these physicians admitted during the past five years and set

the low estimate of \$2500 a year, for these five years from 1931 to 1935 inclusive, we find that in five years the 1931 licentiates have earned a round half million dollars annually, or a total for the five years of \$2,500,000
 The 1932 licentiates have earned 1,770,000
 The 1933 licentiates have earned 1,000,000
 The 1934 licentiates have earned 1,115,000
 The 1935 licentiates have earned 1,075,000

This makes a total of \$7,450,000
 As these doctors' practices increase after the first year, this total will probably be at least \$10,000,000

This means that these recently admitted physicians have taken out of the pockets of the physicians registered prior to 1931 an average of \$1500.00 for our total registration, or \$2260.00 for the 3300 members of the State Society. And this figure will more likely be \$3600.00 at the very least as we estimate these increases in practices. This means a loss of over \$600.00 a year to the average physician registered prior to 1931.

The only fly in the ointment, however excellent that ointment may be, is the matter of transfers for some of our physicians to other states. If we stop reciprocity with the other states, they will naturally stop it with us. This may affect about a score of younger physicians who may wish to move to other states. But we are considering the welfare of 3300 physicians against this possible 20 or 25. They are usually young physicians who have only been a year in practice, and, if denied reciprocity, are still fresh enough to take the examinations in the states to which they wish to move.

I propose, therefore, that this statement and these figures be read before the House of Delegates, and then referred to our Welfare Committee with the recommendation that this body study the matter and make recommendations.

PRESIDENT NEWCOMB: Is there any discussion on Dr. Morrison's remarks? If not, I will refer it to Reference Committee "E".

Dr. S. T. Snedecor, of Hackensack, First Vice-President, assumed the chair.

43. LICENSING FOREIGN-BORN PHYSICIANS

CHAIRMAN SNEDECOR: Is there any other New Business?

DR. H. S. MURPHY (Union County): I would like to present the following matter to the House of Delegates. This is in the form of a resolution or motion:

Resolved that, The Delegates of the New Jersey Medical Society recommend that the Medical Practice Act be amended to read that applicants for license to practice medicine in the State of New Jersey must be citizens of the United States.

It seems rather odd, in a way, that I should bring this up shortly after Dr. Morrison brought

out what he did about the influx of physicians, and yet I had not talked to Dr. Morrison or even discussed it with him.

In Union County we have talked about this during the course of the year, and we decided it was something Union County would like to bring before the State Medical Society. We passed in our County Medical Society in Union approval of this matter to present it to the House of Delegates. To some of you who perhaps have not thought about this, I would like to bring out some factors and facts which I have found by looking into this matter.

About seven or eight states in the United States today require full citizenship before anyone can apply for license to practice in the state. In foreign countries in late years, it has gotten more and more difficult for an American to practice in those countries. In France today, a man, in order to practice, must be a citizen of France.

In Brazil, Argentina and other South American countries, for a man to practice, he must live in that country ten years, must not practice during the ten years, but must live there ten years. He must take their State Board or National Board examination in their native language, which is Spanish. Most of you know it is very difficult for an American to take a foreign language.

In Canada, a man has to live in Canada five years before he can practice there.

If I am wrong by one or two years on these various facts, I would be glad to have you call it to my attention. I think, on the whole, the facts as I have them are fairly correct. Some of the fellows say after men get through at McGill they almost immediately practice in Canada. That may be true, but they count the four or five years they spend in medical school and internship as credit toward the fact they have put in their five years in Canada. If you and I were to go to Canada, we would have to live there five years and not practice medicine before we could even think about taking the Board or even thinking about practicing in Canada.

I spoke about the foreign countries, about South America. I do not know so much about the English situation. I cannot tell you as much as I would like to about there, but I can tell you about some of these others I have just mentioned.

Lately we have had an influx of a great many foreigners. I think most of you know that, and, as I understand it, under the quota system a man who has a profession or trade, who is well trained and well educated and perhaps has a little money, is given preference in coming into the United States over an uneducated person who does not have this training or does not have a profession or trade.

Gentlemen, it stands to reason if these men are having trouble in these foreign countries and they come to the United States and practice in our country (and especially we are interested in New Jersey) by merely declaring their intentions of becoming citizens, it seems to me as long as it is constitutional, it is up to us to kind of look out after our own interests.

It is not anything unfair. If they discriminate against us in these foreign countries, I do not see any reason why we have to hold the gates open and say, "Come in, fellows, there is room for all."

What Dr. Morrison just said brings out the fact that we are becoming a little crowded in the State of New Jersey. If that is true and this is constitutional, we can require these men, before they can even apply for license, to be citizens, and I do not see where it is discriminatory at all. I do not see why we should admit people from Germany, Austria, or any other country for any reason whatsoever, racial or any other reason, and let them practice in this country immediately.

I do not care what a man's race or religion may be. If you and I are here and paying taxes, we have been citizens and we are entitled to a certain amount of protection. They admit that in their country, because we cannot go there. As the men said this morning regarding the nominations, if the nominations from the floor are equal to the nominations by the Nominating Committee, the converse is true. The same should be true about the licensing matter. If it is true that we cannot go there, they should expect the same restrictions when they come here.

I feel this is a very sensible thing. I think it is one of the things that will work in with what Dr. Morrison spoke to you about, and I think Dr. Satchwell has some information on this matter that he will be glad to present to you.

I would like to turn this in as a suggestion or motion.

CHAIRMAN SNEDECOR: Is there any further discussion?

DR. SATCHWELL: The granting of the privilege to practice medicine in this State to those who are not full citizens is an old story. It dates back to 1921, before the days when I was a member of the State Board and the days when Dr. McGuire began to show his real worth to the profession in this State.

He tells me there was a five-year battle on the subject and we only succeeded in getting into the Medical Practice Act the clause to the effect that an applicant for license must have at least declared his intention to become a citizen and must have become a citizen within six years, or his license becomes automatically void.

Of course, I am in sympathy with a recommendation that the Practice Act be amended to read that applicants for license must be citizens, but what I am doing I think they describe in pugilistic circles as rolling with the punch. The rolling with the punch to me means that I do believe this is another matter that should be referred to the Welfare Committee.

I am in sympathy and agree that as in the legal profession, licentiates in medicine should be citizens. The Constitution of the United States grants rights to citizens, but does not grant any right whatever to those who are not citizens.

In investigating this matter and asking the New

York Board why they allowed applicants for license to obtain a license on the condition they become citizens in eight years, they state that they did it because they felt a man who was qualified to practice medicine and who, through no fault of his own could not become a citizen for a period of years, should be granted the right to practice medicine.

That, to me, is a poor argument. I would like to see this House of Delegates go on record as being in favor of citizenship for applicants for license, but I would like to amend the doctor's motion to read that the matter be referred to the Welfare Committee, for this reason: We are attempting to make uniform, by putting in a Uniform Practice Act, the Medical Practice Act as it applies to all practitioners of medicine, not only regulars, but cults. The question of advisability of entering that at the next Legislature arises, the advisability of entering it as a separate amendment or part of the Practice Act and so many things that can be deliberated upon and decided by the Welfare Committee.

I would like to see an affirmative vote on the motion, but I would like to amend it to read that the matter be referred to the Welfare Committee.

DR. MORRISON: I would like to add to Dr. Murphy's remarks that in Canada, England, Russia, Germany, France, you have to have full citizenship before you can practice medicine. You may go over there and study and graduate and pay your money to the colleges, spend your money for board and lodging, but you cannot be licensed unless you are a citizen.

If Europe hands that out to us, why should we accept these foreigners?

CHAIRMAN SNEDECOR: Dr. Kelley, from Hudson.

DR. C. B. KELLEY (Hudson County): I think both Dr. Morrison and Dr. Murphy have touched upon a very, very important subject. It is one that has gone through my mind for a number of years, and I am particularly glad to know somebody else is thinking about it.

There is no doubt that there are far too many licentiates in the State for the population needs. The difficulty is to know how to cut down the number. The Board has little or no discretion. We have the requirements in the State of two years of premedical work. Practically every man who comes through has a baccalaureate degree. We have the requirement of one year of internship. A great many men coming through have two or three years' internship. So that the number of applicants is always in excess of the number that we need.

As far as the examinations are concerned, there isn't a man who comes up who cannot pass the examination, or very few. If he is a graduate of a Class A school he can usually sail through the examination without any trouble. The Board has always taken the position that it was far more important to scrutinize the credentials rather than give an examination.

There are several ways by which the number of licentiates coming in might possibly be controlled. First, it might be along the line that Dr. Morrison mentions, about a government decree to the effect that there would be only one for a given number of a thousand or twelve hundred of the population. Another way might be by abolishing endorsements and simply conducting a much stiffer examination with the idea of eliminating. I do not know whether that is fair or not. Still, it is a possibility.

We have in New Jersey no such thing as reciprocity. We work on what we call endorsements and we accept as equivalent to our examination the license of any other state, provided the candidate has the other credentials necessary to have admitted him to examination.

The question of citizenship, as I understand it, was very carefully thought out at the time that the present requirement was enacted. The State Society or the Welfare Committee and the Board wanted full citizenship at that time. They only succeeded in getting the first paper requirement, because some of the legislators would not stand for citizenship. In fact, one of the State Senators said very definitely that such a requirement would be considered unconstitutional and that full citizenship could not be required. However, that was his opinion and at that time those looking out for the legislation were glad to accept the one-year paper. Even that one-year requirement works out advantageously.

I know specifically one man who was an Austrian. I met him while he was doing some interne work in the hospital. He inquired about obtaining a license in the State of New York by examination and I told him he would have to have his first papers. Instead of applying for examination in New Jersey, he went up to Vermont, where there is no citizenship requirement at all, passed his examination and practiced in Vermont for nearly three years.

It then turned out that he was in this country as a visitor, that particular clause by which a student is allowed to stay in the country a given length of time and he can have his visa extended. He had it extended five or six times and managed to stay in the country three years. He then was sent back to Austria by the Federal government and is now waiting to come back from Austria with the regular quorum. That particular individual would not apply for citizenship. He could not apply and yet he went up to Vermont and got the license.

So the one-year requirement is of some value. If it can possibly be raised to full citizenship, it would be even better. The foreign countries will not allow anybody to practice medicine unless they are citizens. In France, as I understand it, you not only have to be a citizen, but have to be a graduate of a French school. Switzerland will no longer permit any other than a Swiss citizen to practice. Germany will not.

We have a few instances of American boys who are studying in Germany and our particular law requires that in addition to the diploma from the

university, they must also show the right to practice medicine in the country from which they come. I know two who are finishing their course in Germany. They will not be permitted to get a license in Germany, and when they get back here, although they are New Jersey residents, they will have an additional hurdle to get over with our Board because they will not be able to present the credential of a license in the country from which they are coming.

Another way by which the requirements might be raised and the number of licentiates limited, is on the question of internship. We have a requirement that a man must have an internship approved by the Board. That could be changed, that that internship should be in an American hospital. At the present time they come through with internships in foreign hospitals which we have no way of inspecting, and even the A. M. A. cannot say whether they are worthwhile hospitals or whether the man has had a worthwhile internship.

The whole question, as I see it, is very well worthy of study and I sincerely hope that some committee will really go into the thing in a wholehearted way. (Applause.)

DR. J. R. MORROW (Bergen): Mr. Chairman and House of Delegates, I would like to draw to your attention the fact that we have quite a number of American citizens studying in Europe. The reason some of them have gone to Europe is because they could not make the grade in this country. I think that type of student, with improper credentials or unsatisfactory preliminary training, should be excluded.

On the other hand, we have some that feel when they enter the American colleges there is too great a mortality in the classes and they do not want to risk that chance. So we have had this problem in the matter of internships, that some of the boys from our own State have spent seven or eight years at training, and when they get to this side they cannot even get an internship because the A. M. A. requires that the hospitals in this State should take the American graduates first.

So I think, while I am in full accord with eliminating those who are really foreigners in the sense that they are not American citizens, we should still make provision for our own American citizens who study in European countries and who have recognized credentials, which would be acceptable in the first-grade American schools.

I wish that the committee would consider that when it comes to this program.

CHAIRMAN SNEDECOR: Gentlemen, I do not like to take too long on this one subject. Is there any further discussion before I turn it all over to the Reference Committee? As you know, the Reference Committees will take up all of the New Business that has been brought in here today. By the way, this session is the last opportunity to introduce any New Business in the House of Delegates, except by

unanimous consent. So if you have anything in the way of New Business to bring up, do so now. All of this will be referred to the Reference Committees.

I call your attention to the important work which the Reference Committees will be doing tomorrow. We will have the names of the Reference Committees and the rooms in which they are going to meet and the time posted up here and downstairs, and anyone interested in these topics that have been brought up here today is invited to attend those Reference Committee meetings and enter into the discussion.

That is the purpose of the Reference Committees, to go into deeper and fuller discussion of these subjects. You will find that all of the reports which were published in the last issue of the State Journal are to be studied by your Reference Committees.

If you have any suggestions you want to make, any motions to come out of those Reference Committees, do attend the meetings and put in your own opinions.

Is there any other New Business?

DR. SATCHWELL: A point of procedure—I wonder if it would not be a better procedure to allow this motion that has been offered to be voted on and then referred. The motion is to refer.

DR. MORRISON: To vote on it after the Reference Committee hands in its report.

CHAIRMAN SNEDECOR: I understand the procedure is to refer all New Business automatically to the nine Reference Committees, and it is to be acted on when the Reference Committees report.

44. AMENDMENT TO CONSTITUTION

(From Sect. 22)

DR. MORRISON: I have the following amendment to the Constitution to offer:

Dr. Morrison then read the proposed amendment to Article IV of the Constitution, repeating from Sect. 22, relating to Honorary Membership.

DR. MORRISON: This amendment to the Constitution must be referred to the Committee on Constitution and By-Laws, submitted in previous meeting in writing (this is the submission), published in the Journal, and sent to the component societies three months in advance of the 1937 session.

I submit this to the Committee on Constitution and By-Laws.

CHAIRMAN SNEDECOR: That requires no further action. Is there any other New Business?

45. PRESERVING THE EVIDENCE IN HUDSON COUNTY APPEAL

DR. J. SHAPIRO (Hudson): I have been requested by the delegation from Hudson to present this resolution:

Whereas, The House of Delegates of the Medical Society of New Jersey has decided to sustain the opinion of the Judicial Council of The Medical Society of New Jersey in the matter of Dr. Hugo Alexander, et alii, versus the Hudson County Medical Society, and

Whereas, The Hudson County Medical Society is preparing an appeal from the decision of The Medical Society of New Jersey to the American Medical Association, therefore be it

Resolved, That the evidence submitted to the Judicial Council of The Medical Society of New Jersey by Dr. Hugo Alexander, et alii, and the Hudson County Medical Society, be preserved so that the records may be properly presented to the American Medical Association.

CHAIRMAN SNEDECOR: If there is no objection, I will refer that to Reference Committee "A".

Is there any other New Business?

45a. GREETINGS FROM DR. MARVEL

I will read a message from one of our honored Fellows, Philip Marvel:

"My regards and regrets to the Fellows and members of the Society. Acute disability prevents my presence with you. My sincere wish for a successful meeting."

Signed "Philip Marvel".

45b. APPOINTING COMMITTEES

DR. MORRISON: Mr. Chairman, I had a request from the Hudson County Medical Society to put before the House of Delegates, that in the appointment of the members of the Welfare Committee, the incoming President consult the component societies.

CHAIRMAN SNEDECOR: We will incorporate that in the minutes.

45c. PURE FOOD AND DRUG ACT

The following resolution was presented:

The medical opinion of the country, as expressed by the officials of the American Medical Association, is firm in its belief that the Copeland Bill, S-5, would accomplish no better results than the present Wiley Act, and in many particulars is much weaker.

Complete Congressional investigation under oath is necessary to clear these issues.

We urge you, therefore, to use all possible influence to prevent this bill from coming be-

fore Congress for vote, or if it is presented, to vote against it.

See also Sect. 16.

CHAIRMAN SNEDECOR: Will the Chairmen of the Reference Committees get the reports

which have been turned in for their committees?

If there is no other business, I will entertain a motion that we adjourn.

The meeting adjourned at 5:20 o'clock.

WEDNESDAY MORNING SESSION, JUNE 3, 1936

The House of Delegates convened at twelve o'clock, President Newcomb presiding.

46. ELECTION OF OFFICERS

PRESIDENT NEWCOMB: I am going to ask Dr. Costello to give us the Report of the Nominating Committee.

DR. WILLIAM F. COSTELLO (Dover): The Nominating Committee met on June 2, 1936, at 8:30 p.m., in accordance with Chap. V, Sect. 1 of the By-Laws, and with Past President Ely presiding. All counties were represented except Cumberland, Hunterdon, Salem and Sussex.

Dr. W. F. Costello was appointed Secretary.

The rules of procedure as prescribed in the By-Laws were read.

The following nominations were made:

President-Elect, Spencer T. Snedecor
First Vice-President, William G. Herrman
Second Vice-President, William J. Carrington
Secretary, John B. Morrison
Treasurer, Elias J. Marsh

Members of the Board of Trustees:

Watson B. Morris Ralph Hollinshed
Harry R. North Aldrich C. Crowe
Thomas K. Lewis Frederic J. Quigley
John Maher

Councillors:

1st District Christopher C. Beling
4th District James A. Fisher
5th District Chester I. Ulmer

Delegates to A. M. A.:

Walt P. Conaway John F. Hagerty

Alternates to A. M. A.:

Lucius F. Donohoe Lancelot Ely

Standing Committee?:

Scientific Work—Clarence L. Andrews
Program and Arrangements—D. Ward Scanlan
Publication Committee—Henry C. Barkhorn
Finance and Budget—Herschel Pettit
Honorary Membership—E. R. Mulford

Respectfully submitted,

LANCELOT ELY, M.D.,
Chairman.

PRESIDENT NEWCOMB: Are there any other nominations from the floor?

If not, will someone move that the Secretary cast the ballot?

Upon motion made by Dr. B. S. Pollak, which was duly seconded, it was voted that the Secretary cast the ballot for the nominations as read by Dr. Costello.

DR. MORRISON: The ballot has been cast.

PRESIDENT NEWCOMB: The Secretary has cast the ballot. Do you want me to read the names again of those elected?

VOICES: Yes.

President Newcomb again read the names.

PRESIDENT NEWCOMB: I declare the names as read elected as your officers for the ensuing year. (Applause.)

The meeting of the House of Delegates adjourned at 12:10 o'clock.

THURSDAY AFTERNOON SESSION, JUNE 4, 1936

The House of Delegates convened at 3:50 o'clock, President Newcomb presiding.

PRESIDENT NEWCOMB: As I understand it, this is the last meeting of the House of Delegates. The By-Laws provide, on page 16, Section 7:

"Business During the Last Session—Unanimous consent shall be required for the introduction of New Business at the last session of the House of Delegates during the Annual Meeting, except when presented by the Board of Trustees or the Com-

mittee on Finance. All New Business so presented, shall require a three-fourths affirmative vote for adoption."

If anyone has any New Business to propose, it will have to be by unanimous consent later on.

This session is for the Reports of the Reference Committees and Unfinished Business. I will ask for the Report of Reference Committee "A", Dr. Edward W. Sprague, Chairman.

47. REFERENCE COMMITTEE "A"

Dr. Sprague presented the prepared report, marked paper Number 2. (Applause.)

REPORT OF REFERENCE COMMITTEE "A"

Includes:

1. Report of the President
2. Address of the President
3. Report of the Executive Officer
4. Report of the Board of Trustees
5. Report of the Secretary
6. Report of the Judicial Council and Councilors
7. Report on Special Resolution

Respectfully submitted,

EDWARD W. SPRAGUE, M.D., Newark, Chm.
SAMUEL ALEXANDER, M.D., Park Ridge
BYRON G. SHERMAN, M.D., Morristown
DAVID B. ALLMAN, M.D., Atlantic City
G. M. KNOWLES, M.D., Hackensack

Report of the President, Marcus W. Newcomb, M.D.

(From Sect. 6)

The report of the President, Dr. Marcus W. Newcomb, is a clear and comprehensive outline of the policies and work done during 1935 and 1936.

The major efforts of the administration "have been chiefly directed toward combating the tendency to institute governmental control and operation of medical practice. Our efforts have been largely devoted to the consideration of and opposition to Federal and State legislation which threatened to undermine the fundamental policies long in force, permitting the physician freedom to use his individual initiative and researches in providing and constantly improving medical service to the people in need thereof".

"New Jersey may well be proud of the persistent and well-organized defense of our Society of the present basic form of medical practice."

Attention is called of the value to the members of our State Journal. Herein are stated the aims and purposes, programs and plans, schedules and accomplishments of the Society.

He seriously urges each member of the State Society to acquaint himself with the many activities carried on to extend the practice of medicine, "in ways which experience has shown to be sound". He urges each member to put more effort into his Society "than is represented by his dues".

He urges organization—"the individual today can accomplish most only as a part of a well-organized group".

He particularly states, "There has never been a time when organization and a definite program to provide medical services to all people were more needed than at the present time."

He urges synchronizing County and State Society terms of office for officers and committees.

He calls attention to the great increase of physicians in New Jersey. This committee believes this matter should be considered by the Trustees of the State Society.

He believes more information as to program ac-

tivities should come from the State Society to the County Societies.

President Newcomb closes his admirable report with a plea for improved coördination between the State Society and the component County Societies.

Address of the President, Marcus W. Newcomb, M.D.
(Jour., June, p. 333)

The President's address states, "The practice of medicine in the next decade will be determined by the demands made by the public * * *, and will be founded upon the knowledge and experience gained by physicians in the past." "Any temporary changes based upon a revolutionary disregard of the ideals and traditions of this country and of the wisdom * * * accumulated by physicians * * * will eventually fail and fade away."

The general position of the physicians in the changing world is referred to. The profession "can and will continue to meet any real demands of the public promptly and effectively".

Regrets are expressed about the tendency of the nurse to invade fields of which because of her training she can never become a part.

Adoption of systematic records and time-saving business methods are suggested.

The well-grounded organization of the State Medical Society is noted. Through the efforts of the various committees, problems are analysed and methods set in motion to promptly meet them. "When * * * decisions are finally so approved they become the 'voice of organized medicine in New Jersey'." "* * *, who is better fitted than the modern practicing physician, * * * to protect the health of the people in the State and community."

Recommendations made are:

1. Better integration of State and component County Societies.

2. There should be a Speaker of the House of Delegates.

3. That a meeting of the House of Delegates should take place in January of each year.

This committee approves recommendations number one and number two.

This committee respectfully refers recommendation number three to the Board of Trustees for its consideration.

Report of the Executive Officer,

LcRoy A. Wilkes, M.D.

(From Sect. 8)

The report of the Executive Officer is a very satisfactory review of the work done by this office, and the report furthermore shows that the Executive Officer has a comprehensive understanding and is well informed as to the needs of the Society and of the efforts made by the officers and committeemen.

The report states, "We have passed beyond the stage of being organized only to present professional papers; and should furnish to the community organized service and be paid for much of the service we have gratuitously given in the past * * *."

"Our contacts with the public and with other community agencies are now being extended to pro-

vide better understanding of medical aims and the program of our Society, and to further improve its services to all the people at a price which each can pay."

This report states that it is unfortunate that each member cannot be kept more accurately informed of the work done by the State Society and the Executive Officer.

The report suggests a "periodic letter to each member would help toward this end". This committee *recommends* this subject to the attention of the Board of Trustees.

The report again calls attention to the efforts in the various departments for the furtherance of public relations. Increasing the scope and effectiveness of the Public Relations Committee and other contact men is *recommended* to the Board of Trustees as one of the major activities for the coming year. This committee endorses this recommendation.

The report calls attention that "physicians should seek and obtain appointment on important boards of influential agencies and organizations to provide for health services and secure payment of physicians". Here again this Reference Committee *recommends* this entire subject to the serious consideration of our Trustees.

In the supplementary report the Executive Officer presents the propositions from officials who are endeavoring to control crime—should we have laws making it mandatory for physicians to report gunshot and other wounds? This problem is referred by this Committee to the Trustees for consideration.

Report of the Board of Trustees,

Frederic J. Quigley, M.D.

(From Sect. 11)

The report of the Board of Trustees covers the year's work.

The report reveals that the Trustees gave much of their time and serious thought to the many problems confronting the practice of medicine.

The report shows that the basic philosophy and understanding of the fundamentals of good medical practice is thoroughly grounded.

Citation is made of the creation of a permanent Sub-Committee on Public Relations of the Welfare Committee.

The Trustees are well satisfied with the excellent work and zeal of the various scientific committees.

Chairman Quigley in this report states:

"The Trustees urge upon Committee Chairmen to see that members of their committees are paid their actual expenses incident to attendance at meetings of their committees." This is an important point in the report, and this Reference Committee urges that it be complied with.

Report of the Secretary, J. B. Morrison, M.D.

(From Sect. 7)

The report of the Secretary calls attention to the healthy condition of the Society and the outstanding position the Society continues to hold.

He calls attention to the large number of absentees of the elected delegates and suggests that

we should have a provision in our By-Laws that elected delegates, absent for two years without adequate excuse, should lose their seats as delegates. We respectfully call the attention of the Board of Trustees to this matter.

He calls attention to the possibility that some Component Societies may be represented in the House of Delegates with more delegates than they are entitled to. In view of By-Laws, Chapter 1, Section 2, paragraph (d), we respectfully refer this subject to the Board of Trustees.

The Secretary states, "Some of the County Societies are endeavoring to make *Active* Members of one County Society in the State, *Associate* Members in their own Society." This Reference Committee recommends that the State Society render a clear interpretation of the By-Laws on this point.

Answering complaints on non-receipt of the Journal, he advises—"See to it that your membership does not lapse." Secretaries and Treasurers of Component Societies should impress this upon their members.

Report of the Judicial Council,

Christopher C. Beling, M.D., Chairman

(From Sect. 13)

During the year the Judicial Council rendered the opinion on any form of obtaining public publicity as contrary to the principles of medical ethics. At the same time the attention of the Society was called to the undue publicity that is being given to matters which should be of interest only to the profession. This matter is of such importance that it should be considered by the Board of Trustees.

In 1934 the Council made recommendations regarding the rearrangement of Councilor Districts. In the 1936 report definite recommendations are made to increase the number of Councilor Districts from the present number five to seven. The Reference Committee approves this change in the Constitution, and asks the attention of the Board of Trustees in this matter.

The report of the Judicial Council impresses the Reference Committee that the Judicial Councilors have a very sound moral philosophy, which is a fine foundation for their work.

(Reports of Councilors, Jour., May, p. 261)

The First Councilor District—Dr. Christopher C. Beling

Reports continued progress in maintaining scientific work and interest in meeting different phases of medical economics and public health service.

The Second Councilor District—Dr. W. J. Sweeney

Cites the condition that medical economics at present is an all-absorbing subject throughout the district. Conditions at large are quite satisfactory.

"Economically, bitter complaints are made by members on account of the encroachment of corporate medicine, and the abnormal influx of unabsorbable licentiates", and the Councilor in this district especially states, after referring to

some of the problems which have to be solved in that district, "It is the objective of the Councilor that each county in the Second District shall exemplify Article II of the Constitution of the State Society—to advance medical service, elevate professional standards, safeguard the material interests of and promote friendly relations amongst members of the medical profession'."

Third Councilor District—Dr. Frank G. Scammell

A very brief but satisfactory report of conditions in this district was made by the Councilor.

Fourth Councilor District—Dr. James A. Fisher

"To my knowledge, no serious medical legal action is pending in the Fourth District."

The question of economics has been considered in the district.

Fifth Councilor District—Dr. Chester I. Ulmer

Report of the Councilor shows active interest in scientific meetings. There has been no trouble in this district and the Councilor expresses thanks to all of the members of the Component Societies of the Fifth District for their coöperation during his term of nine years as Councilor of that district.

The following resolution had been referred to Reference Committee "A":

June 2nd, 1936.

Whereas, the House of Delegates of The Medical Society of New Jersey has decided to sustain the opinion of the Judicial Council of The Medical Society of New Jersey in the matter of Dr. Hugo Alexander et alii versus the Hudson County Medical society, and

Whereas, the Hudson County Medical Society is preparing an appeal from the decision of The Medical Society of New Jersey to the American Medical Association,

Therefore, Be it resolved, That the evidence submitted to the Judicial Council of The Medical Society of New Jersey by Dr. Hugo Alexander et alii and the Hudson County Medical Society be preserved so that the record may be properly presented to the American Medical Association.

Reference Committee "A" advises that the above-mentioned records be preserved, and recommends such an action by the House of Delegates.

(See Part 4, Sect. 2)

PRESIDENT NEWCOMB: You have heard the Report of Reference Committee "A". What is your pleasure?

Upon motion regularly made and seconded, it was voted that the report be approved.

48. REFERENCE COMMITTEE "B"

PRESIDENT NEWCOMB: The next report is that of Reference Committee "B", Dr. Ulmer, Chairman.

Dr. Chester I. Ulmer presented the prepared report. (Applause.)

REPORT OF REFERENCE COMMITTEE "B"

Herewith, follows report of Reference Committee "B", appointed by the President, on committee reports assigned for its consideration, namely:

- I. Report of the Committee on Constitution and By-Laws
- II. Report of the Insurance Committee
- III. Report of the Treasurer
- IV. Report of the Finance and Budget Committee

I. Report of the Committee on Constitution and By-Laws

This committee had no report to make because it completed its work last June, when the House of Delegates took definite action on all proposals for amending the Constitution and By-Laws. The Chairman states that no work was referred to his committee during the past year.

II. Report of the Insurance Committee

(From Sect. 14)

The report of this committee is complete, comprehensive and of considerable interest. We commend the Chairman for his active and conscientious work at the head of this committee and we, the members of Reference Committee "B" recognize and endorse the splendid service which the Insurance Committee offers to each member of each component County Medical Society.

The Accident and Health Policy is popular with our members, as shown in the report by the increase in number of policyholders during the past year and by the many letters of satisfaction received. We urge all of our members to favorably consider placing their Accident and Health Insurance through the State Medical Society.

As regards the Automobile Insurance, the Chairman of the Committee on Insurance in a supplemental report given to the House of Delegates on Tuesday offers two features which your Reference Committee "B" endorses:

1. An arrangement whereby the members of our State Medical Society are given a broad choice of insurance companies through an agency service which has already proved satisfactory to most of the members.

2. Among the companies available the Insurance Committee is prepared to offer to those of our members who desire it, a policy in a reputable and long established indemnity insurance company. This particular policy provides for a 5, 10 or 15 per cent reduction in the premium when there is a "no accident" record. The Insurance Committee has long striven to obtain a policy of this type and it is gratifying to your Reference Committee "B" to note that this particular policy is now available to the members of the State Medical Society.

We of Reference Committee "B" feel that group insurance, as typified by the Automobile Insurance plan, tends to create among the members a fraternal relationship which is another link in the

chain of a strong State Medical organization. It must be obvious to all that in group insurance definite advantages accrue which cannot be obtained by individual action.

We, therefore, recommend to the House of Delegates the adoption of the Insurance Committee's report, but we wish to make two supplemental recommendations, namely:

1. That the Insurance Committee be officially empowered to advise our members on the subjects of Automobile and Accident and Health Insurance.

2. That periodically, mailings be made by the Insurance Committee to the members reminding them of the definite advantages obtained by securing their insurance through the State Medical Society.

III. Report of the Treasurer

(From Sect. 10)

We approve of his report and have no suggestions to make.

IV. Report of the Finance and Budget Committee

(From Sect. 9)

Your Reference Committee "B" approves of the report of this committee and is in full accord with its recommendation that the annual dues remain the same as last year, namely, \$13.00 per capita. While the budget requirement indicated a payment of \$18.00 per member, we think that it as judicious to obtain the \$5.00 difference from the surplus fund of the State Society.

We recommend the adoption of this committee's report.

Respectfully submitted,

CHESTER I. ULMER, M.D., Chairman,
JOSEPH W. HURFF, M.D.
D. LEO HAGGERTY, M.D.
A. H. COLEMAN, M.D.
ANDREW F. MCBRIDE, M.D.

PRESIDENT NEWCOMB: You have heard the report of the committee. What is your pleasure?

Upon motion regularly made and seconded, it was voted the report be adopted.

49. REFERENCE COMMITTEE "C"

PRESIDENT NEWCOMB: Reference Committee "C", Dr. Edgar A. Ill, Chairman.

DR. ILL: Reference Committee "C" wishes to report it has examined the reports of the Committees on Publication (Sect. 30), Program and Arrangements, Scientific Work (Sect. 38) and Scientific Exhibits (Sect. 39). It wishes to congratulate the members of these committees on the work they have done, with the high class and success of their endeavors.

The committee wishes especially to bring to your attention the suggestion on page 268 of the Committee on Publication (Sect. 25), namely, "That the Publication Committee be instructed to modify or discontinue the 'New

Jersey Formulary' if it is found unsatisfactory.

"2. That carefully edited tobacco advertisements be accepted. The annual income from these amounts to from \$420.00 to \$840.00, depending on whether or not we can put them into preferred space."

Two members of this committee were present and they recommend this report.

It was regularly moved and seconded that the report be adopted.

DR. CHESTER I. ULMER (Gibbstown): May I speak on the subject?

Mr. President and Assembled Members of the House of Delegates: I would ask you to pause several minutes before you indicate your action on the report in toto of Reference Committee "C". I would direct your several minutes' pause to the particular feature of the Publication Committee. They have requested that tobacco advertisements be reaccepted.

Your speaker appears before you with a definite knowledge and risk of being termed militant and, even worse, Puritanic, and, even greater than that, eccentric, but I wish and welcome to have my following remarks permanently transcribed on the one hundred and seventieth record of The Medical Society of New Jersey on this subject. I may have no converts, but I will be well content to have my thought and expression go down permanently in the records.

One year ago exactly, I had both the pleasure and privilege to serve as Chairman of Reference Committee "B", and on this committee our work was to analyze the report of the Publication Committee. In our report to this House of Delegates, we recommended three important changes in the Journal, all of which were accepted by this House of Delegates. It, therefore, became mandatory and was followed out by the Publication Committee.

Beginning January 1st of this year, three changes took place in our Journal. May I recite these to you?

The first one was the deletion of all advertising matter from the front cover. The second recommendation was the transposition of those pages that recite the officers and committees, from the rear of the Journal, where they are in a very obscure position, to a more notable place where they now reside, the second page. Our third recommendation was the removal of all tobacco advertisements from the Journal.

I would now have you reread with me an article that appeared in our Journal in October, 1935, issue, on page 596, an original article by Paul D. White, M.D., subject, "Cor-

onary Disease and Coronary Embolism in the Youth".

In this article and in the case reports that he gave, he cited that tobacco was a definite etiologic cause of coronary disease and coronary embolism, and stated that in his opinion rest? and tobacco should be discontinued.

I want to definitely put, if possible in italics, on the record that I am not concerned in the use or non-use of tobacco per se, but I am earnestly and definitely interested in the ethics and propriety of our Journal in accepting and endorsing tobacco advertisements, when in the same issue in a scientific article its use is controverted.

Why is the Publication Committee anxious to have tobacco advertisements reaccepted? Is it for financial reasons? No, because we heard on Tuesday in this House of Delegates from the Chairman of the Publication Committee that the committee was able to return \$500 more to the Treasurer than last year, and, too, he stated in a verbal supplemental report that we have a much better report financially than our committee has been able to report for some time.

I trust that this Publication Committee will not place commercialism above professionalism, and I trust that this House of Delegates will try to remember our Journal should accept ethical advertising for an ethical profession. (Applause.)

DR. MORRISON: Mr. Chairman, while Dr. Ulmer calls attention to the article by Dr. White on the pernicious influence of tobacco in coronary disease, I just want to state that that is not the opinion of medicine. The opinion of the chief cardiologists in the United States today is that tobacco is not a deterrent in cardiac diseases.

PRESIDENT NEWCOMB: Dr. Morrison says he is temperate in all things. I tell him he isn't. He has been sucking that old pipe ever since he has been here. He certainly isn't temperate in that, and if tobacco is going to cause coronary thrombosis, look out. The Lord have mercy on the rest of you out there.

Is there any further discussion?

Calls for the question.

The motion to adopt the report of Reference Committee "C" was put to a vote, and was carried.

50. REFERENCE COMMITTEE "D"

PRESIDENT NEWCOMB: The next is Reference Committee "D", Dr. Charles H. Schlichter.

DR. THOMAS B. LEE (Camden): Mr. Pres-

ident, Dr. Schlichter was obliged to leave before the hour set for this meeting and asked me to read this report.

PRESIDENT NEWCOMB: It is a very great pleasure to have the gentleman from Camden present the report.

REPORT OF REFERENCE COMMITTEE "D"

1. THE REPORT OF THE DELEGATES TO THE A. M. A.

(From Sect. 15)

This is an excellent and comprehensive report, and we congratulate the Delegates for their fine presentation, and for obtaining the Convention of the A. M. A. for Atlantic City in 1937.

2. COMMITTEE ON HOSPITALS AND MEDICAL EDUCATION

(Sect. 41)

The report is approved. We recommend that in the future courses be given only when requested and the expense underwritten by the County Society making such request.

3. THE REPORT OF THE MEDICAL EXECUTIVE ADVISORY COMMITTEE TO THE EMERGENCY RELIEF ADMINISTRATION

(Sect. 37)

We commend the committee for its excellent work and advise that its recommendations be studied by the Welfare Committee with the view of obtaining legislation to carry out these recommendations.

4. STATE BOARD OF MEDICAL EXAMINERS

(Sect. 39a)

The report is approved.

Respectfully submitted,

CHARLES H. SCHLICHTER, M.D., Chairman

D. WARD SCANLAN, M.D.

H. D. BELLIS, M.D.

THOMAS B. LEE, M.D.

THOMAS J. WALSH, M.D.

June 3, 1936.

PRESIDENT NEWCOMB: You have heard the report. What is your pleasure?

Upon motion regularly made and seconded, it was voted the report be adopted.

51. REFERENCE COMMITTEE "E"

PRESIDENT NEWCOMB: Reference Committee "E".

DR. MORRISON: Dr. Areson had to go home and respectfully requested that the Secretary read this report.

Dr. Morrison presented the prepared report, marked paper number 5. (Applause.)

REPORT OF REFERENCE COMMITTEE "E"**WELFARE COMMITTEE**

(From Sect. 25)

No member of our Society who cares for the highest welfare of this profession can be indifferent to this report of the Welfare Committee, having as it does the duty of maintaining, at full strength, all measures necessary to uphold the ideals and ethics of our profession.

The Chairman of this committee has prepared a most comprehensive report, and he has brought to this committee high abilities as an administrator. The immediate urge and dominant thought governing this report has been a unanimity of thought and action to the end that ultimate value in the welfare of our profession may be effectually provided.

SUB-COMMITTEES**LEGISLATION**

(From Sect. 31)

This committee, with the valuable assistance of our Executive Secretary, has been our watch dog, in protecting not only our profession, but more, the public, from threatening danger. In endorsing this report, may we point out to our members the fact that a careful reading well emphasizes the fact that medical men must assume and maintain an active interest in politics, particularly where health measures are at stake.

MEDICAL PRACTICE

(From Sect. 29)

As usual, Dr. Lewis presents a clean-cut, well-studied report. He pictures the situation as it has presented itself and summarizes his proposals for solution.

We read with much pleasure the work done by this committee in promoting coöperation between the pharmacists and our profession, for it must be admitted that it is time for the physicians and the pharmacists to begin again on common ground before all professionalism is gone.

PUBLIC HEALTH

(From Sect. 20)

The report of this committee brings out most forcefully the amount and diversified character of the work done by them and their able Chairman, Dr. Nichols. His slogan, "Every Physician's Office a Health Center", carried to a definite conclusion, will render a greater service to the members of the Medical profession than can at first be appreciated.

His work in securing the coöperation of the State Department of Health provides a most valuable adjunct to those influences which go to make our profession cleaner and finer in its mission of preventive health measures.

The immunization and the health preventive measures recommended by this committee are legitimate responsibilities that the medical profession should assume as their contribution to preventive medicine.

In the diphtheria immunization work the research

men, the physicians, the departments of health, have all done their part, so that the continued coöperation of parents or guardians is necessary to place their children beyond the reach of diphtheria.

This Reference Committee would like to recommend to the Public Health Committee that they use their influence with the State Board of Health in an effort to have this Health Board instruct the State Board of Education of the necessity of compulsory immunization of children against diphtheria, refusal of which would disbar any child from entering our public schools.

We do particularly call attention to Dr. Nichols' recommendation No. 4, viz., that the State and County Society and the Public Relations Committee do everything in their power this coming year to impress upon the minds of the physicians and the public of the State that "every physician's office in New Jersey will be a Health Center".

PUBLIC RELATIONS

(From Sect. 27)

This new committee, but one whose duties are to be important, presents an interesting report with worthwhile suggestions. It is only by insistence upon unity of effort that such progress can be accomplished for our welfare.

WORKMEN'S COMPENSATION

(From Sect. 28)

Dr. Kraker's work, as shown by his report, has been one of steady application with no attempt to do any dramatic leading. It would seem that some of the recommendations will find favor with the Commissioner of Labor, because this committee explained and emphasized the seriousness of the situation concerning the different phases of the present Workmen's Compensation Act.

UNIFORM MEDICAL PRACTICE ACT

(From Sect. 26)

This committee, under the leadership of Dr. Alexander, has given a great deal of thought to their subject. It simplifies the art of practice simply by compelling everyone engaged under the healing art to follow a plan of study and procedure which is most fair and equitable.

LICENTIATES

(From Sect. 42)

We heartily endorse Dr. Morrison's report and suggestions, but we feel that this question is one that should properly come before the *Welfare Committee*. This is our recommendation.

CONTROL OF CANCER

(From Sect. 24)

This most comprehensive report on a serious medical problem with its suggestions to continue the present committee has our endorsement.

ADVISORY COMMITTEE ON POLIOMYELITIS

(From Sect. 32)

This committee did a creditable service in arranging for the distribution of polio vaccine throughout the State.

ADVISORY COMMITTEE ON MENTAL HYGIENE

(From Sect. 35)

This committee served a useful purpose in its effort to keep in the hands of the private practitioner his rightful share of psychiatry. This can be done by making available through the Journal (as in Dr. Plant's article) and through speakers before the County Societies the newest standard methods of diagnosis, prophylaxis and treatment of mental disease. A useful activity in this field would be a study of the effect on the patient and society of sexual sterilization of the feeble-minded.

ADVISORY COMMITTEE ON TUBERCULOSIS

(From Sect. 33)

This committee has put under way a very important project for the control of tuberculosis. The method of mass tuberculin testing and x-ray examination of high school children in an expensive procedure which can well be justified, if the data available on completion of the project in some typical community shows its value, as compared with equal efforts along other lines of tuberculosis control.

CRIPPLED CHILDREN'S COMMITTEE

(From Sect. 34)

This committee has shown praiseworthy initiative in making constructive criticism of the lay legislative plans for controlling the health problems of crippled children.

There is much work in this committee's field in directing the changing influences into the most helpful channels, and in instructing the State Society as to how and when its influence is needed.

MATERNAL WELFARE COMMITTEE

(From Sect. 36)

The outstanding work of the Maternal Welfare Committee has been in accord with the importance of its objectives. Each county has felt the stimulating influence of its efforts and maternal mortality statistics should show its favorable influence and should continue its full support.

ADVISORY COMMITTEE TO THE EMERGENCY
RELIEF ADMINISTRATION

(From Sect. 37)

This committee has completed a fine piece of work which has done much to preserve the status of traditional medical practice at a critical time. They have given us a permanent basis for conducting the relationship between physicians and the government in treating the indigent.

Respectfully submitted,

WILLIAM H. ARESON, Chairman
LESLIE MYATT
E. G. HUMMEL
E. G. HERBENER
WRIGHT MACMILLAN

PRESIDENT NEWCOMB: You have heard the report. What is your pleasure?

Upon motion made by Dr. Ulmer, which was regularly seconded, it was voted the report be adopted.

DR. SNEDECOR: I did not hear any motion. I wanted to discuss it.

52. REFERENCE COMMITTEE "F"

PRESIDENT NEWCOMB: The Report of Committee "F", Dr. William F. Costello, Chairman.

Dr. Costello presented the prepared report, marked paper number 6. (Applause.)

REPORT OF REFERENCE COMMITTEE "F"

COMMITTEE ON MEDICAL DEFENSE

(From Sect. 13)

Your committee feels that this report is of exceptional importance to every member of the Society. That section dealing with the insurance problem of physicians who maintain beds in conjunction with their practice should have the careful attention of each component society when information is asked regarding those physicians as to competency and equipment.

We would especially urge that every County Society bring to the attention of its members that portion of the report dealing with the professional liability policies of those members who are in arrears. The policy now provides a period of sixty days' grace from the date of the publication of the Official List. It is emphasized that not only payment of premium but also payment of dues is necessary to keep the policy in force.

The adoption of this report is recommended.

ADVISORY COMMITTEE TO THE WOMAN'S
AUXILIARY

(From Sect. 40)

This report shows a steady growth in the development of the work of this organization and indicates a very harmonious attitude between the Auxiliary and this Society, which has done much to enhance the influence of the profession on the social and economic life of the community.

The adoption of the report is recommended.

COMMITTEE ON NURSING AND NURSING
EDUCATION

(From Sect. 17)

We recommend acceptance of the Report of the Committee on Nursing and Nursing Education.

COMMITTEE ON HONORARY MEMBERSHIP

(From Sect. 21)

This Committee recommends the elevation of three members:

Dr. Joseph B. Harrison
Dr. Thomas W. Harvey
Dr. Andrew McBride

to Honorary Membership and we recommend the adoption of this report.

There has been referred to this committee an amendment to Article IV, Section 5, of the Constitution and By-Laws which would make it read as follows and would increase the number of Honorary Members from 15 to 25:

"Honorary Members shall be Past Presidents and other Delegates so elected and physicians and surgeons who have attained distinction within the profession who shall have been elected by a two-thirds vote, after having been recommended by the Committee on Honorary Membership; provided the number of living Honorary Members shall not exceed twenty-five (25). They shall have all the privileges of membership but, with the exception of the Past Presidents and Delegates so elected, shall not be members of the corporate body."

This proposed amendment has not the approval of the Committee on Honorary Membership and your Reference Committee recommends that it be disapproved.

Respectfully submitted,

WILLIAM F. COSTELLO, M.D., Chairman
FRANK W. PINNEO, M.D.
J. F. WEBER, M.D.
NATHAN SWERN, M.D.
D. W. GREEN, M.D.

PRESIDENT NEWCOMB: You have heard the report. What is your pleasure?

It was regularly moved and seconded that the report be adopted.

PRESIDENT NEWCOMB: The motion has been made and seconded for adoption. Now it is open for discussion.

DR. THEODORE TEIMER (Newark): I wish to say at the last session of the House of Delegates the proposal to amend the Constitution as far as the Honorary Membership is concerned, was referred to the Special Committee on Constitution and By-Laws. As we have to present a report from our committee, I wish that this one item of the report of this committee be held open until our report has been rendered.

DR. COSTELLO: As far as this committee is concerned, that matter was handed to us with the Report of the Committee on Honorary Membership. As far as the committee is concerned, it is perfectly satisfactory to delete that portion of our report.

PRESIDENT NEWCOMB: Dr. Quigley, you made the motion.

DR. QUIGLEY: I will just move an amendment to the motion, that the report be adopted with the exception of the reference to the question of increasing the membership of Honorary Members.

DR. ULMER: I seconded the motion. I will accept that in my second.

PRESIDENT NEWCOMB: It has been moved and seconded that we adopt the report with the exception of the question of honorary membership, and we will take that up after we hear Dr. Teimer's report. Is there any further discussion?

The motion as amended was put to a vote and was carried.

53. SPECIAL REFERENCE COMMITTEE NUMBER ONE—CONSTITUTION AND BY-LAWS

PRESIDENT NEWCOMB: Special Reference Committee Number 1, Dr. Teimer, Chairman.

Dr. Teimer read the prepared report of the Special Reference Committee on Constitution and By-Laws, marked paper number 7. (Applause.)

REPORT OF THE SPECIAL REFERENCE
COMMITTEE ON CONSTITUTION
AND BY-LAWS

An amendment to Article IV, Section 5, of the Constitution was proposed by Dr. J. B. Morrison at a regular session of the House of Delegates under "New Business" and was referred to the undersigned Special Committee.

The proposed amendment reads as follows:

"In Section 5 of the Article, insert after the words 'shall be' in the first line, the words 'Past Presidents and other Delegates'. In the 8th line of the section, substitute the words 'twenty-five' for the word 'fifteen' and the numerals (25) for the numerals (15), and in the last line of the section, after the word 'members' insert the following, 'but with the exception of the Past Presidents and Delegates so elected'."

The section will then read:

"Honorary Members shall be the Past Presidents and other Delegates so elected, and physicians and surgeons who have attained distinction in the profession who shall have been elected by a two-thirds vote, after having been recommended by the Committee on Honorary Membership; provided that the number of living Honorary Members shall not exceed twenty-five (25). They shall have all the privileges of membership but, with the exception of the Past Presidents and Delegates so elected, shall not be members of the corporate body."

The members of the committee find that the proposed amendment is phrased in such a manner, that they were uncertain as to its exact meaning and possible interpretation in their deliberations. Similar doubts and uncertainties will confront the component County Societies to whom this matter

will eventually be presented, in due course, three months prior to the next Annual Meeting.

The committee has, therefore, refrained from endorsing this proposal, but has on the other hand, for the very same reason, not voted on its merits.

As interpreted by the chairman, the merits of the proposal are doubtful. There is no apparent reason why at the present time The Medical Society of New Jersey should waste energy, time and money on the question of Honorary Membership. In the opinion of the Chairman, Article IV, Section 5, of the Constitution is adequate. The Constitution should not be altered except for valid reasons, which, in the opinion of the Chairman of the Committee, do not exist.

Respectfully submitted,

THEODORE TEIMER, M.D., Chairman,
Special Committee on
Constitution and By-Laws.

June 4th, 1936.

PRESIDENT NEWCOMB: You have heard the report. What is your pleasure?

Upon motion regularly made and seconded, it was voted the report be adopted.

54. SPECIAL REFERENCE COMMITTEE NUMBER 2

PRESIDENT NEWCOMB: Special Reference Committee Number 2, Dr. Pollak from Hudson County.

DR. B. S. POLLAK: Mr. President, for the first time in this Convention, Hudson County arises to say that we have had no references, and quietly assume our seat. We have been otherwise heard from and so I thank you for the prefix which you have given to me, and I appreciate the honor. (Applause.)

55. SPECIAL REFERENCE COMMITTEE NUMBER 3 (From Sect. 18)

Special Reference Committee Number 3, Dr. Spencer T. Snedecor.

DR. SNEDECOR: Is that the Committee on Credentials?

PRESIDENT NEWCOMB: Yes.

DR. SNEDECOR: The registration was as follows:

Delegates	211
Members	362
<hr/>	
Total Members	573
Woman's Auxiliary	166
Guests	189
Out of State	35
Exhibitors	92
<hr/>	
Total	1055

It is the highest registration that this Society has ever had.

DR. MORRISON: It is within five of the highest we have ever had. We had 1060 once.

DR. CARRINGTON: We had 1063 once.

DR. QUIGLEY: I move the adoption of the report.

The motion was seconded, was put to a vote, and was carried.

56. SPECIAL REFERENCE COMMITTEE NUMBER 4

PRESIDENT NEWCOMB: Special Reference Committee Number 4, Dr. Renner.

DR. RENNER: Nothing referred.

Upon motion regularly made and seconded, it was voted the report be adopted.

PRESIDENT NEWCOMB: Unfinished Business.

Are there any other committees to report that I have not called upon?

57. HONORARY MEMBERSHIP

DR. TEIMER: In view of eliminating that section of the report of the Reference Committee on Honorary Membership, and the fact that a dual report is before the House, being in perfect agreement individually with the report of that committee, I would propose it should be acted upon.

PRESIDENT NEWCOMB: We deleted that from Dr. Costello's report. We acted on it in your report, unless you want to act on it twice.

DR. TEIMER: Our committee did not make any recommendation.

DR. MORRISON: I think I would like to withdraw that. I have talked it over with some of the members and it seems that I did not give the phraseology of it the proper amount of consideration. I think I can introduce it next year so it will satisfy the Chairman of the Reference Committee.

PRESIDENT NEWCOMB: Dr. Teimer said they did not make any recommendation, and Dr. Costello did, so I will entertain a motion for Dr. Costello's recommendation, that it be not adopted. I want that to be well understood, that the report is that we do not make the Fellows Honorary Members and increase it from fifteen to twenty-five.

Upon motion regularly made and seconded, it was voted the recommendation of the committee be approved.

PRESIDENT NEWCOMB: Are there any other committees that have not reported? If not, we will go to Unfinished Business.

58. SPECIAL SESSION

DR. P. A. MARAS (Hudson County): Under that heading, I would like, with your permission, to make reference back to the report submitted, in which the recommendation was made to preserve the evidence in the case of the Judicial Council and the resolution to the A. M. A. referring the appeal to the A. M. A.

In connection with that, I simply wish to say that we from Hudson will welcome the preservation of that evidence, and we will likewise welcome the appeal to the A. M. A., understanding the Constitution and By-Laws of both our parent association and our State Society; and in addition to that, to enhance the evidence presented, I ask at this time that the State Medical Society of New Jersey appoint a committee to investigate the conditions in Hudson County under which doctors live and practice.

PRESIDENT NEWCOMB: No New Business, unless unanimous consent of the House of Delegates is obtained. This was taken care of by Dr. Sprague's report. Do you want to ask for unanimous consent?

The gentleman from Hudson County moves we have unanimous consent to introduce a resolution under New Business—unanimous consent.

The motion was seconded, was put to a vote and was lost.

PRESIDENT NEWCOMB: Is there any other Unfinished Business?

DR. P. S. AVERY (New Brunswick): A resolution, not for discussion, but a resolution to be presented by title only so that we may refer it to the Welfare Committee for their consideration.

PRESIDENT NEWCOMB: He makes that as a motion.

The motion was seconded.

PRESIDENT NEWCOMB: You have heard the motion for unanimous consent to introduce a resolution under New Business, to be referred to the Welfare Committee.

The motion was put to a vote, and was lost.

PRESIDENT NEWCOMB: Is there any other Unfinished New Business?

59. PLACE OF MEETING IN 1937

DR. SNEDECOR: Just to remind you before closing that we should take up the place of the next meeting.

PRESIDENT NEWCOMB: I have a letter from Chalfonte-Haddon Hall, addressed to Dr. Haussling. Dr. Wilkes handed this to me.

"Dr. Francis R. Haussling, Pres.,
"Medical Society of New Jersey,
"Haddon Hall.

"Atlantic City, N. J.

"Dear Dr. Haussling:

"Please accept our sincere congratulations on your election as President of The Medical Society of New Jersey for the coming year.

"Through you, as the new executive officer, we would like to extend the facilities of Chalfonte-Haddon Hall as headquarters for your convention next year if mutually satisfactory dates can be selected.

"We are familiar with your problems and you are familiar with our facilities to meet your requirements, and between the two a successful convention is assured. You may count upon our active coöperation to assist in working out any plans you may have for your convention.

"With all good wishes,

"Yours very truly,

"Leeds and Lippincott Company,
(Signed) "HENRY W. LEEDS,

"President."

DR. E. E. DOWNS (Woodbury): The Monmouth County delegation have had to leave, and they have asked me (I am not saying I favor this) if I would extend to the House of Delegates their invitation to come to Asbury Park next year.

DR. DAVID B. ALLMAN (Atlantic City): Atlantic County Medical Society is unanimous in their request that I present to you their most cordial invitation to come here next year, and I do favor this. We do not want to appear selfish, but we do want you men to come back.

As has already been expressed in the letter from this hotel, not only are they, but we are familiar with all your needs and requirements. It is always a pleasure to entertain you, and Bill Carrington wouldn't know what to do next year at this time. He would probably run around this hotel, anyhow, doing things. (Laughter.)

We are sincere. We do not wish to appear selfish, and we do hope you will come back here next year.

I move we do come back next year.

The motion was seconded.

DR. MORRISON: A few years ago we held our meeting at Asbury Park. I made arrangements with the Manager of the Berkley-Carteret, but they proved to be unsatisfactory to us.

PRESIDENT NEWCOMB: All in favor of meeting at Haddon Hall will please so signify.

The motion was put to a vote and was carried.

60. ADJOURNMENT

PRESIDENT NEWCOMB: Is there any other business to come before the meeting?

(Signed) MARCUS W. NEWCOMB,
President.

I wish to thank all the members for their coöperation during the past year. I have enjoyed the work very much, and I am sure when I turn over the gavel to the new man, it is going to be in safe hands and that you will have even a more prosperous year next year. I thank you very much. (Applause.)

The meeting adjourned at 4:45 o'clock.

(Signed) J. B. MORRISON,
Secretary.

PART 2.

MINUTES OF THE SCIENTIFIC SESSIONS

The Scientific Work of the 170th Annual Meeting of The Medical Society of New Jersey was notable for its practical character and its appeal to the members. It was conducted in four divisions:

1. General meetings in which the entire Society participated.
2. Section meetings devoted to the specialties.
3. A Scientific Exhibit.
4. A Historical Exhibit.

1. GENERAL MEETINGS

The forenoon and the evening of Wednesday, June 3rd, 1936, were devoted to General Scientific sessions, at which the speakers discussed seven subjects in medicine and surgery, and one on medical economics. The programs were as follows:

MORNING SESSION

9:30 to 10:00 o'clock

1. Acute Perforated Peptic Ulcer
Thomas J. Summey, M.D., Mount Holly
Discussor: George N. J. Sommer, M.D., Trenton

10:00 to 10:30 o'clock

2. The Conservative Treatment of Eclampsia
James McCord, M.D., Atlanta, Georgia
Discussor: Arthur W. Bingham, M.D., East Orange

10:30 to 11:00 o'clock

3. After All, the Patient Is Human
C. Fred Becker, M.D., Camden
Discussors: Robert A. Matthews, M.D., Philadelphia, Pa.; Benjamin Weiss, M.D., Philadelphia, Pa.

11:00 to 11:30 o'clock

4. The Bone Marrow in the Leukaemias
Asher Yaguda, M.D., Newark
Discussor: Robert A. Kilduffe, M.D., Atlantic City

11:30 to 12:00 o'clock

5. The Rôle of Surgery in Pulmonary Tuberculosis
Walter E. Lee, M.D., Philadelphia, Pa.
Discussor: B. S. Pollak, Secaucus

EVENING SESSION

8:30 to 9:00 o'clock

1. Medical Complications in Diabetes Mellitus
I. M. Rabinowitch, M.D., Montreal, Canada
Discussor: Frederick M. Allen, M.D., New York City

9:00 to 9:30 o'clock

2. Surgical Complications in Diabetes Mellitus
Leland McKittrick, M.D., Boston, Mass.
Discussor: F. H. Lahey, M.D., Boston, Mass.

9:30 to 10:00 o'clock

3. Medical Progress Under the Leadership of the Medical Profession
A. C. Christie, M.D., Washington, D. C.
Discussor: Hilton S. Read, M.D., Atlantic City

2. SECTION MEETINGS

The morning and afternoon of Thursday, June 4th, 1936, were occupied with the four Section Meetings:

1. Radiology
2. Gastroenterology
3. Eye, Ear, Nose and Throat
4. Pediatrics

1. SECTION ON RADIOLOGY

The Section on Radiology held a morning and an afternoon meeting, whose programs were as follows:

MORNING MEETING

9:30 to 10:00 o'clock

1. A Five-Year Roentgen Survey of Oral Cholecystography
Louis J. Geiber, M.D., Newark
(A study of a thousand cases, with surgical and pathologic checking, illustrated with lantern slides.)

10:00 to 10:30 o'clock

2. The Value of Clinical and Radiological Examinations of Gall-Bladder
George S. Reitter, M.D., East Orange
Henry C. Crossfield, M.D., East Orange

10:30 to 11:00 o'clock

3. Diverticulosis
James Marquis, M.D., Newark

11:00 to 11:30 o'clock

4. The Roentgenological Characteristics of Different Types of Pneumonia
William Gregory Cole, M.D., New York City

11:30 to 12:00 o'clock

5. Device for X-Raying the Head in the Erect Posture
M. Rona, M.D., New Brunswick

12:00 to 12:30 o'clock

6. Chronic Appendicitis—Its Roentgen Diagnosis
Ernst A. May, M.D., East Orange

AFTERNOON MEETING

1:30 to 3:30 o'clock

Symposium on Tumors of the Reticuloendothelial System (leukoemia, lymphosarcomata, lymphoepithelioma, Hodgkins disease, Gaucher's disease, Schüller-Christian's disease, Niemann-Pick's disease, Endothelioma and Myeloma of Bone, etc.)

1. Medical Aspect
Raymond J. Mullin, M.D., Newark
2. Otorhinological Aspect
Henry C. Barkhorn, M.D., Newark
3. Surgical Aspect—Splenectomy, etc.
Harry Comando, M.D., Newark
4. Roentgenological Aspect—Bones
Nathan J. Furst, M.D., Newark; and William G. Herrman, M.D., Asbury Park
5. Radiotherapeutical Aspect
Ira I. Kaplan, M.D., New York City
6. Pathological Aspect
William Antopol, M.D., Brooklyn

The section officers elected for the year were as follows:

Chairman, William W. Maver, Jersey City
Secretary, Philip S. Avery, New Brunswick
The section adopted a State-wide plan for tuberculosis survey, as follows:

SUGGESTED PLAN FOR A TUBERCULOSIS SURVEY PROPOSED BY THE RADIOLOGICAL SOCIETY OF NEW JERSEY

I. Formation of a committee consisting of representatives of the County Medical Society, the Board of Freeholders and the Tuberculosis League to work out details of actual carrying of the plan.

II. Tuberculin test made of all children in certain groups (suggested first, age group of 12-14 years)

To be carried out as follows:

1. Those able to pay a fee are to have this test done by their private physician.
2. Those unable to pay a fee are to have it done at certain appointed clinics by physicians selected by the above-mentioned committee. Time and place to be mentioned in publicity.
3. Private physician to return to the committee form cards bearing name and reaction of all cases tested.

III. In all cases of positive reactions:

A notice to be sent to the families from the central office urging an immediate x-ray examination of the chest and stating the following regulations:

1. Places and time at which x-ray examination will be made.
2. Prices for x-ray examination to be as follows:
 - a. To families with yearly income of \$5000 or more—\$10.00.
 - b. To families with yearly income of \$2000 or more—\$8.00.
 - c. To families with yearly income of \$1500 or more—\$5.00.
 - d. To families with yearly income of less than \$1500—Free examinations at time and place specified.
(These free examinations to be paid for by the city, Freeholders, or Tuberculosis League.)
3. Space on card for parents to make affidavit stating to which financial class (a, b, c, d) they belong. This affidavit to serve as a guide in asking charges for the x-ray.
4. Statement urging parents to return child to their private physician for treatment, or in case of indigent cases, to return them to the clinic where test was made.
5. Statement that full reports of the x-ray examination will be sent direct to the private physician or clinic who made tuberculin test.

6. Statement that reëxamination by x-ray will be made in six months' time on request of private physician at the same rates.

The purpose of the suggested plan is to avoid the loss of the cases to the private physician, to eliminate mass examination of children, that the patient

bears the main burden of the expense, and that the county pays only for indigent patients.

WILLIAM G. HERRMAN, Asbury Park,
Chairman.
PHILIP S. AVERY, New Brunswick,
Secretary.

2. SECTION ON GASTRO-ENTEROLOGY

The Section on Gastro-Enterology of The Medical Society of New Jersey met in the morning and afternoon of Thursday, June 4th, 1936. The Chairman, Dr. Louis L. Perkel, Jersey City, wrote in describing the meeting:

"The officers of the Section of Gastro-Enterology are proud to report a highly successful session at the recent Annual Meeting. The lively interest in our program was shown by the excellent attendance. Our registration showed eighty-five present in the morning session and eighty in the afternoon. Except for the scientific program and the election of officers there were no other transactions.

"The following section officers were elected for 1937:

"Chairman, Dr. Louis L. Perkel, Jersey City, N. J.

"Secretary, Dr. S. Bernard Kaplan, Newark, N. J."

The program was carried out as follows:

MORNING SESSION

9:30 to 10:00 o'clock

1. Gastric Polypsis
Louis L. Perkel, M.D., Jersey City
Discussor: Julius Gerendasy, M.D., Elizabeth

10:00 to 10:30 o'clock

2. A Study of Pyloric Control and Gastric Emptying with Special Reference to Milk, Cream and Fats in Normal Organs and in Patients with Duodenal Ulcers
Harry Shay, M.D., Philadelphia, Pa.; Jacob Gershon-Cohen, M.D., Philadelphia, Pa.; Samuel S. Fels, M.D., Philadelphia, Pa.
Discussors: T. T. Mackie, M.D., New York City; Jacob Gershon-Cohen, M.D., Philadelphia, Pa.

10:30 to 11:30 o'clock

3. Gall-Bladder Disease and the General Practitioner

Martin E. Rehfuss, M.D., Philadelphia, Pa.
Discussors: Anthony Bassler, M.D., New York City; Burrill B. Crohn, M.D., New York City

11:00 to 11:30 o'clock

4. Antispasmodic Therapy in Gastrointestinal and Biliary Tract Disease
Hyman I. Goldstein, M.D., Camden
Discussors: Charles M. Gruber, M.D., Philadelphia, Pa.; Samuel Weiss, M.D., New York City

AFTERNOON SESSION

1:30 to 2:00 o'clock

1. X-Ray Demonstrations of the Mucous Membrane of the Stomach and Duodenum
Gustave Buckley, M.D., New York City
Discussor: Maurice Asher, M.D., Newark

2:00 to 2:30 o'clock

2. The Prognosis in Regional Ileitis
Burrill B. Crohn, M.D., New York City
Discussors: Rudolph V. Gorsch, M.D., New York City; Bernard Kaplan, M.D., Newark; Maurice Asher, M.D., Newark

2:30 to 3:00 o'clock

3. A Symposium on the Injection Therapy of Hemorrhoids
Carroll D. Smith, M.D., Paterson; Rudolph V. Gorsch, M.D., New York City
Discussors: Martin J. Synnott, M.D., Montclair; John L. Mathesheimer, M.D., Jersey City

3:00 to 3:30 o'clock

4. The Diagnosis of Duodenal Ulcer by Aimed Compression Roentgen Technic
Manfred Kraemer, M.D., Newark
Discussor: John Szymanski, M.D., Passaic

SIGURD W. JOHNSEN, Passaic,
Chairman.

LOUIS L. PERKEL, Jersey City,
Secretary.

3. SECTION ON EYE, EAR, NOSE AND THROAT

Two meetings of the Section on Eye, Ear, Nose and Throat were held on Thursday, June 4th, 1936. At the short business session Dr.

C. F. Adams, of Trenton, was elected Chairman and Dr. D. M. Yazujian, of Trenton, as Secretary for the 1937 Section Meeting.

Dr. E. J. Marsh presented a motion that the definition of optometry as outlined in the Unified Medical Practice Act be redrawn with much more limitation. The motion was passed and the Secretary is instructed to take this up with the Committee on Unified Medical Practice.

A communication was received and filed with reference to the Charles J. Kipp Memorial Fund, in which it was stated that \$30.00 was now on hand and further donations would be gratefully received.

Dr. Elbert Sherman, of Newark, presented the following motion, which was passed after considerable discussion by the members present:

"Whereas, There is a nation-wide movement to have specialists approved by suitable examining boards, be it

"Resolved that this Section urge its members who have not taken examinations of the Boards of Otolaryngology and the Board of Ophthalmology to do so in the near future."

Officers for the coming year were elected as follows:

Chairman: DR. CHARLES F. ADAMS, Trenton

Secretary: DR. D. W. YAZUJIAN, Trenton

The programs of the meeting were as follows:

MORNING SESSION

9:30 to 10:00 o'clock

1. Cerebral Injuries
J. Wallace Hurff, M.D., Newark
Discussor: Henry C. Barkhorn, M.D., Newark

10:00 to 10:30 o'clock

2. Diagnosis of Meningitis from Petrous Apex Suppuration
Wells P. Eagleton, M.D., Newark
Discussor: Curtis C. Eves, M.D., Philadelphia, Pa.

10:30 to 11:00 o'clock

3. Requirements for Hearing for Automobile Drivers
Douglas Macfarlan, M.D., Philadelphia, Pa.

11:00 to 11:30 o'clock

4. Requirements of Vision for Automobile Drivers
Elbert Stetson Sherman, M.D., Newark
Discussor of topics 3 and 4: Mr. James J. Shanley, Chief Inspector, Motor Vehicle Department, State of New Jersey

The Chairman and Secretary will entertain the Section speakers at a noon luncheon at Hotel Chalfonte.

AFTERNOON SESSION

2:00 to 2:30 o'clock

1. Operative Treatment of Detached Retina
James Shelby Shipman, M.D., Camden
Discussor: Edmund B. Speath, M.D., Philadelphia, Pa.

2:30 to 3:00 o'clock

2. Orthoptic Operative and Combined Methods of Treating Convergent Strabismus
Linn Emerson, M.D., Orange
Discussor: Legrand H. Hardy, M.D., New York City

C. COULTER CHARLTON, Atlantic City,
Chairman.
H. L. HARLEY, Atlantic City,
Secretary.

4. SECTION ON PEDIATRICS

The Section on Pediatrics of The Medical Society of New Jersey met on the morning of Thursday, June 4th, 1936.

Dr. Chester R. Brown, reporting for the State Poliomyelitis Committee, said that the immunizations had been discontinued because the serum had been withdrawn for further study.

The officers elected for the coming year were:

Chairman, Dr. Chester R. Brown, Arlington, N. J.

Secretary, Dr. Kenneth Blanchard, East Orange, N. J.

The Scientific Program was as follows:

MORNING SESSION

9:30 to 10:00 o'clock

1. Diagnosis and Treatment of Endocrine Disturbances in Children
Matthew Molitch, M.D., Instructor in Neurology, University of Pennsylvania, Philadelphia, Pa.

10:00 to 10:30 o'clock

2. Diagnosis of Hip Conditions in Children
Herbert Taylor, M.D., East Orange
Discussor: Chester Brown, M.D., Newark

10:30 to 11:00 o'clock

3. Recurrent Functional Hypoglycemia in Juveniles
Robert E. Jennings, M.D., East Orange
Discussor: F. H. Von Hofe, M.D., East Orange

11:00 to 11:30 o'clock

4. A Consideration of Increased Temperature Variations in Infants and Children
Lewis Robbin, M.D., Newark
Discussor: I. B. Rothstein, Newark

11:30 to 12:00 o'clock

5. Diet in Treatment of Anorexia
F. H. Von Hofe, M.D., East Orange
Discussor: David P. Evans, M.D., East Orange

12:00 to 12:30 o'clock

6. Strabismus in Children
J. W. White, M.D., New York City and East Orange
Discussors: F. H. Von Hofe, M.D., East Orange;
David P. Evans, M.D., East Orange

F. J. KRAUSS, Chatham,
Chairman.
CHESTER R. BROWN, Arlington,
Secretary.

3. SCIENTIFIC EXHIBITS

The Scientific Exhibits were more extensive and embraced more subjects than ever before. A preliminary list of twenty-seven of the exhibits was published in the May Journal, and with about fifteen more entered later, filled

the large exhibit room to over-flowing. Photographs of the exhibits were taken by direction of the Trustees and will be used with descriptive articles to be published in the scientific department of the Journal from time to time.

4. HISTORICAL EXHIBIT

The Historical Exhibit, sponsored by the Woman's Auxiliary, was worthy to be included in the list of scientific features of the Annual Meeting. This was conducted as a part of the Art and Hobby Exhibit of the Auxiliary, which is described on page 50 of these Transactions. It is expected that the Historical Exhibit will grow in importance and influence, in

view of the favorable action of the House of Delegates in promoting research into historical medicine in New Jersey. Recognition of the fruits of historical work, and the publication of articles on the famous doctors of olden days, and the backgrounds under which they worked, will promote an interest in the historical research along medical lines.

PART 3.
THE WOMAN'S AUXILIARY
TO
THE MEDICAL SOCIETY OF NEW JERSEY
NINTH ANNUAL MEETING IN HADDON HALL, ATLANTIC CITY
June 2-4, 1936

INDEX OF PART 3.

The numbers refer to sections.

	Section		Section
Arrangements, Committee on	3	Election of Officers	17
Art and Hobby, and Historical	22	Executive Board Meeting	23
Corresponding Secretary	19	Historian	11
County Auxiliaries, Reports of—		Hygeia	12
Atlantic	24	Legislation	14
Bergen	25	Memorials to Departed Members	20
Burlington	26	Organization and Membership	9
Camden	27	Press and Publicity Committee	7
Essex	28	Public Health	13
Gloucester	29	Public Relations	8
Hudson	30	President Kinch's Address	4
Mercer	31	President Kinch's Report	5
Monmouth	32	President-Elect Rogers' Address	6
Middlesex	33	Reception to President Newcomb	4
Ocean	34	Recording Secretary	20
Passaic	35	Registration	15
Somerset	36	Resolutions	16
Union	37	Treasurer's Report	18
Warren	38	Widows' and Orphans' Relief	10

1. INTRODUCTION

The Ninth Annual Meeting of The Woman's Auxiliary to The Medical Society of New Jersey was held on June 2, 3, and 4, 1936, in Haddon Hall, Atlantic City, in connection with the Annual Meeting of the State Medical Society. The program was carried out as it was printed on page 294 of The Journal of May.

2. BUSINESS SESSIONS

Business sessions were held on the morning and afternoon of Wednesday, June 3, with an official luncheon at noon.

The new Executive Board met at four o'clock on Wednesday and organized for the year 1936-1937.

3. REPORT OF THE COMMITTEE ON ENTERTAINMENT AND ARRANGEMENTS

By Mrs. Samuel A. Salasin, Atlantic City

Mrs. Salasin submitted a report of the entire program of the Ninth Annual Meeting of the Woman's Auxiliary, to be held in Atlantic City on June 2, 3, and 4, in connection with the 170th Annual Meeting of The Medical Society of New Jersey. She gave a list of the events and the personnel of the committees. This report was printed in detail in the Journal of May, 1936, pages 294-296. The program was most successfully carried out to the entire satisfaction of the Auxiliary and The Medical Society of New Jersey, and established the Auxiliary as an essential part of The Medical Society of New Jersey.—*Editor's note.*

4. RECEPTION, BANQUET, AND BALL TO PRESIDENT NEWCOMB

The social feature of the 170th Annual Meeting of The Medical Society of New Jersey was the Reception, Banquet, and Ball, held on the evening of Tuesday, June 2, 1936, in Haddon Hall, in honor of President Marcus W. Newcomb and Mrs. Newcomb. The events were described in the June Journal, page 363.

The after-dinner speaking at the close of the Banquet was opened by Mrs. Frederick A. Kinch, President of the Auxiliary, with the following words of greeting:

"It was the first day of a new term, and the teacher asked a small girl in her class, a new scholar, what her father's name was. 'Daddy,' replied the child. 'Yes, I know,' said the teacher, 'but what does your mother call him?' 'She doesn't call him anything,' was the quick answer, 'she likes him.' That quite

expresses the feelings of the officers and members of the Woman's Auxiliary toward the Medical Society. 'We like you.' You are quite necessary for our very existence, and we hope that we may render essential service to you in carrying your messages to the people.

"At all times throughout the year, the Medical Society has followed the characteristics of true physicians. We are greatly indebted to you for your advice, help, and coöperation,—advice from the Advisory Board, help, and coöperation from the Executive Office and the Journal.

"This Banquet is the great occasion to which the members of the Woman's Auxiliary look forward—that of being your hostess. Words are inadequate to express our pleasure in entertaining you, and we extend to you a most cordial and hearty welcome."

5. REPORT OF THE STATE PRESIDENT

By MRS. FREDERICK A. KINCH, Westfield, N. J.

This is the occasion when the President gives an account of the work that has been accomplished the past year.

We have continued along the lines of previous years. The Speakers' Bureau is more fully established. It has been used thirty-nine times. More counties are having reciprocity meetings. Two new counties have organized, Middlesex and Warren; and Ocean County has a renewal of interest.

Your President has hoped that every county in the State would be organized by the end of the year, but she finds the Medical Society in its county is responsible for the forming of an Auxiliary.

We have, however, increased our membership, not only by the forming of new Auxiliaries, but also by the membership drives. Our paid-up membership on March first was 712. The following counties reported gains: Atlantic, seven; Burlington, one; Camden, twenty; Essex, ten; Hudson, nineteen; Mercer, one; Middlesex, fifty-three; Monmouth, two; Passaic, one; Union, nine; Warren, twelve.

The reports of the counties you have heard in detail. A few of the outstanding features of the work are—the raising of money for benevolent and philanthropic purposes; the securing of an appropriation of \$3000.00 from

a Board of Freeholders for tuberculosis preventorium care; the discontinuance of a health column from a newspaper, which was edited by a chiropractor; the obtaining of five minutes from the program of twelve lay organizations each month for a talk on medical subjects.

I wish especially to call your attention to Warren County—our baby or youngest County Auxiliary, and an energetic one. They have appointed committees to go from town to town interviewing the doctors' wives and soliciting their membership in the Auxiliary.

It has been my privilege to attend two National Auxiliary Conventions in my year as President, an opportunity not often enjoyed. I have also visited many counties, and it has been my especial pleasure to come in contact with the members.

I take this opportunity to thank the Auxiliary members for the privilege and honor of being your President the past year. I thoroughly appreciate the many acts of kindness and courtesies extended. It has been a pleasure to serve you. I wish you all success now and in the years to come.

Respectfully submitted,

ANNA BELLE KINCH.

6. ADDRESS OF THE PRESIDENT-ELECT

By MRS. GEORGE A. ROGERS, East Orange, N. J.

I come before you today to receive the badge of authority to guide the work of the State Auxiliary during the coming year.

Keenly sensible of the honor conferred upon me, I accept the responsibility with due humility, and trust that your confidence has not been misplaced.

The pioneers of this organization had a hard road to travel, but their devotion to the task has smoothed the way for their successors and opened to us a field of usefulness which enlarges from year to year.

A standard has been set up which must on honor be maintained.

As your representative, I am responsible for results, but these can only be accomplished by the coöperation of the many who have undertaken active part in Auxiliary work.

It is a case of wheels within wheels; should the least of these cease functioning, the orderly revolution of the others is hampered or mayhap stopped. Should the smallest of the county committees fall down on its appointed work, the State's work will be incomplete.

Our season is short at best, our meetings comparatively few—only four—but let me emphasize the fact that two of these four meetings are open to all members of the County Auxiliaries, and to these two meetings they are urged to come, not as members of County Auxiliaries but in virtue of that, as members of the State Auxiliary.

While it is true that each County has its own individuality, and its own problems to cope with, we must not lose sight of the fact that it is only by united and concerted effort that we can accomplish or prepare for accomplishment any undertaking offered us by the parent society; from this point of view we must be a united State Auxiliary.

The County Presidents being members of the State Executive Board, represent the interests and can voice the opinions of their Auxiliaries at the two closed meetings on all subjects of State policy. Should distance prevent attendance, the copy of the minutes which is sent to each member advises them of all proceedings. This has been done during the past year, and will, I hope, be an established custom.

Among the many undertakings of the Counties I look upon the yearly Reciprocity Meetings as outstanding spheres of usefulness, and as time goes on I think their value in regard to contact with the laity will be even more appreciated, so let the good work be kept up with a will.

There is the matter of reciprocity between the Counties which I should like to touch upon. When the courtesy of an invitation to special meetings is extended from one County to others, their neighbors, there should in each one be a committee, the members of which would represent its Auxiliary at such meetings to maintain the spirit of friendliness existing between the Counties. New ideas are gained and valuable contacts made on such occasions.

The fact that in the State Journal, Dr. E. W. Sprague, Chairman of our Advisory Committee, has given us public recognition with gracious words of commendation is proof that in deed as well as name we are an Auxiliary in the true sense of the word. (May Journal, p. 289.)

Should the Medical Society have no definite work to give us this year, still we can carry on projects already started, and remember that "They also serve who only stand and wait".

ETHEL M. ROGERS.

7. REPORT OF PRESS AND PUBLICITY COMMITTEE

By MRS FRANK P. NICHOLSON, Jersey City, N. J.

The Medical Society of New Jersey has sixteen Auxiliaries, twelve of which have Press and Publicity Chairmen. At the beginning of the year I let them know their duties in regard to reports, and also about clippings for the annual scrap book. I had coöperation from twelve of the counties, and received many interesting reports.

The outstanding reports came from the larger counties—Essex, Hudson, Atlantic,

Mercer and Union. The subjects were health meetings and projects, monthly meetings and social activities. Each month we have had notices of five and six pages in our State Journal, but the space for us has never been limited. I have sent about seventy-five articles to the State Journal, and all have been used in entirety.

We have been given radio time on our local stations. We also have a chairman who makes

contacts with lay organizations, and at their monthly meetings we have been allotted five minutes' time in which an Auxiliary member reads an article written by a doctor of the Medical Society. The articles are on special subjects, written in language readily understood by a lay audience.

I have made three reports to the National Chairman.

The quarterly news letter has been an inspiration to us all, and we have used it to further the purpose of the Auxiliary, and to show what a far-reaching influence for good it really is. It is like a connecting length of telephone wire, which keeps us constantly in touch with our neighbors having a common interest,—with all the doctors and their wives throughout the land. We have found no necessity to stimulate interest in the Auxiliary pages of the State and national publications. We do discuss

the articles, but usually find that all have read them.

I would like to take this opportunity to thank the responding County Chairmen for their excellent work, and to say that personally I have enjoyed the reports very much, and regret that I shall not be serving as a go-between in the future between them and the Editor of the Journal, who has always been so gracious and generous; but I am looking forward to the reports of the future and expect to read each and every one with a keener interest than if I had never been a stepping-stone between the paper report and the printed page.

Respectfully submitted,

EDNA L. NICHOLSON,
Chairman of Publicity and
Reporter to State Journal.

8. COMMITTEE ON PUBLIC RELATIONS

By MRS. A. HAINES LIPPINCOTT, Camden, N. J.

Of the fifteen County Auxiliaries organized in the State, twelve have Public Relations Chairmen, of whom eleven have sent reports of work done in the Public Relations Department. Five questions were asked of each County Auxiliary.

The first question—"Have you held a Public Relations Meeting to which other organizations have been invited?"

Nine counties reported having held a Public Relations meeting. Essex County reported having held two meetings, one being a Health Institute Day. Passaic County reported having held two meetings and Camden County reported having sponsored a two-day Child Welfare Institute. Atlantic County reported twenty-one organizations were represented at their Public Relations Meeting. Other counties having held Public Relations meetings were Bergen, Burlington, Hudson, Mercer and Union. Great interest seemed to have been manifested by lay organizations in these meetings.

Second question—"What other contacts have you made with other groups?"

Nine counties reported contacting other organizations by sending speakers on health work; by working through welfare departments in many clubs; by dramatizing health through plays; by broadcasting over local radio stations; by meetings held in hospitals throughout the counties; by raising money for welfare work among crippled school children, and one

Auxiliary reports that two members protested the reading of a chiropractor's advertisement to the members of a woman's club. Another county reports contacts with the press in regard to misleading advertisements of a chiropractor.

Third question—"How many of your members answered the questionnaire sent to you in November? How many members in your Auxiliary and what proportion of your membership answered questionnaire?"

Seven counties used the questionnaire, reporting that over 50 per cent of the membership of the State had answered. Seventy-five per cent of the women answering the questionnaire belong to other organizations, about fifty lay organizations being represented. Seventy-two hold offices in other organizations; fifty-eight are chairmen of committees; sixty-seven are members of committees. Three are on boards of national organizations; nine are on boards of State organizations; one woman in Essex County serving on three State boards and one woman in Camden County serving on two State boards.

Fourth question—"Have you contacted your local library to request recommended books on medical subjects be posted on library bulletin boards?"

Eight counties contacted the libraries in their counties and besides having the list posted on the bulletin boards requested that the books

be placed on the shelves. One county had the list of books posted on the high school bulletin boards. Essex County reports fullest coöperation from all the libraries in the county. The State Librarian, Miss Askew, has also given full coöperation.

Fifth question—"Have you a Speakers' Bureau?"

Eight counties report having a Speakers' Bureau. Six counties report having supplied speakers from the Bureau to various lay organizations in their counties, particularly to P.-T. A. groups.

Respectfully submitted,

MIRIAM LEE EARLY LIPPINCOTT,
State Chairman.

9. COMMITTEE ON ORGANIZATION AND MEMBERSHIP

By MRS. H. V. HUBBARD, Plainfield, N. J.

The following report is submitted:

Counties organized, 15; unorganized, 6.

Counties paid up, 14; inactive, 1.

Counties organized this year—Middlesex, 54 members, 27 paid up.

Counties organizing—1, Warren, 15 members.

New members reported—Mercer, 6; Union, 9; Monmouth, 2; Atlantic, 18; Camden, 20; Hudson, 24; Bergen, 6; Burlington, 2.

The means for increasing membership in our Auxiliary were:

1. Circular letters to individual women.
2. Personal and telephone calls.
3. Small card parties among doctors' wives.
4. Letters to Presidents of Medical Societies in unorganized counties.

5. Invitations to representative women in unorganized counties to attend State meetings and luncheons.

6. Urge use of uniform membership application blanks, to be supplied to County Auxiliaries by the State organization Chairman, at cost.

7. Counties use membership cards as receipts for dues.

Reports received from counties:

County	W. Attend.	Meetings	Number Paid Up	New Members
Mercer	38	5	37	6
Bergen	11	7	18	6
Monmouth	18	3	32	2
Camden	33	4	67	20
Burlington	25	5	29	2
Essex	50	4	161	..
Atlantic	35	9	51	18
Hudson				24
			386	78

Respectfully submitted,

VIOLA B. HUBBARD.

10. REPORT OF THE COMMITTEE ON THE MEMBERSHIP DRIVE FOR THE SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN OF NEW JERSEY

By MRS. THEODORE TEIMER, Newark, N. J.

In the fall of 1935 I communicated with every County Auxiliary. In counties where a chairman for the membership drive for the Society for the Relief of Widows and Orphans had been appointed, application blanks and folders of concise information were sent to her; and in County Auxiliaries which had no chairman, my correspondence was directed to the County Presidents.

My advice was again to communicate with the wife of every physician whose name did not appear on the membership list of this organization.

In November, 1935, a two-page article written by Dr. E. J. Ill explaining the work of this Society appeared in The Journal of the State Medical Society (page 629), and hundreds of reprints were sent to the County Auxiliaries in the hope of gaining members for this worthwhile work.

Since I have held the position of State Chairman of this work, I have each year stressed the importance of it, with the hope that you would carry the message back to your counties, so that your members who do not attend

the annual meetings would be informed of the good that is being done by this society.

We are given credit for having added ten new names to the membership list.

We are sure that it has been only the economic situation in the past few years which has prevented our physicians from burdening

themselves with any extra responsibility; but with a hoped-for improvement in conditions I sincerely wish our new Chairman success in her membership drive for 1936-1937.

Respectfully submitted,

MIRIAM S. TEIMER.

11. REPORT OF THE HISTORIAN

By MRS. JAMES HUNTER, Westville, N. J.

Reports received during the year from the Executive Offices and your President have been filed.

Requests for information from the National Historian have been acknowledged.

Mrs. F. Nicholson, of Hudson County, has added materially to the ever-growing collection by forwarding an interesting scrapbook marked 1934-1935.

Atlantic County requested a perusal of material concerning its history. This unit met with a grave misfortune in losing all its data through fire. This unfortunate experience should give us serious thought.

Middlesex County, through Mrs. Ira Degenhardt, has shown a keen interest in establishing a method for the care of its history and materials.

An effort has been made to get a complete set of the books entitled "Minutes and Reports of Annual Meetings of the Woman's Auxiliary to the American Medical Association". We have filed 1933-1934-1935.

All materials touching in any way on our organization found in the Journal have been clipped and placed in folders. These we have endeavored to keep in duplicate. Mrs. Edward

Clarke has supplied us with extra copies and we herein express to her our appreciation.

We are still very vague concerning the ultimate care and storage of all material. Until we evolve a permanent method and are equipped with proper facilities, all that can be done is careful storage.

Your historian would like to see incorporated into your President's first message the following: A concise but meaty report of the year in duplicate is to be sent to your historian at a date suggested by your president. This should contain official family, names of those occupying national, State or district offices. With this, in duplicate printed stationery, programs, invitations, etc. Deaths to be reported at once. Where possible, small unmounted photograph, newspaper clippings resumé of deceased activities in the Auxiliary and copies of resolutions passed.

Your historian has been interested in the care of antique instruments, and the Auxiliary is to be congratulated that this will occupy the attention of the Committee on Art and Hobby Exhibit.

Respectfully submitted,

ELIZABETH HUNTER,
Historian.

12. HYGEIA COMMITTEE—1936

By MRS. JAMES H. MASON, Atlantic City, N. J.

There has been but one inquiry this year concerning Hygeia—that from Middlesex County, a new Auxiliary.

Twelve counties were sent sample copies and data.

Union and Essex Counties were the only ones sending reports.

Last year's report showed twenty-nine subscribers, while this year there are twenty-five taking the magazine.

Respectfully submitted,

MRS. JAMES H. MASON.

13. PUBLIC HEALTH COMMITTEE

By MRS. DON EPLER, Newark, N. J.

As State Public Health Chairman, I am delighted to report continued progress in public health projects throughout the counties.

It is also a pleasure to state that I have had 100 per cent coöperation this year.

I sent the usual outline at the beginning of the season, and also letters too numerous to mention; and I wish to thank the county presidents and public health chairmen for the splendid reports which they have sent from their counties.

Respectfully submitted,

MRS. DON EPLER, Chairman.

14. REPORT OF THE COMMITTEE ON LEGISLATION

By MRS. JAMES J. MCGUIRE, Trenton, N. J.

A complete report of the Committee on Legislation would be a repetition of that of the State Committee, whose leadership the Auxiliary has followed. (Jour., May, p. 274.)

Respectfully submitted,

BLANCHE M. MCGUIRE,
Chairman.

15. REGISTRATION

By MRS. CARL A. SURRAN, Atlantic City

The report of the Committee on Credentials and Registration was given in the form of a table, as follows:

County	Delegates	Alternates	Members	Guests	Total
Atlantic	6	3	18	2	29
Bergen	1				1
Burlington	2				2
Camden	2	1	1		4
Essex	8	2	6	3	19
Gloucester	2	1	1		4
Hudson	3	1			4
Mercer	1		1	2	3
Middlesex		1			1
Monmouth	1	1	3		5
Ocean			1		1
Passaic	1		1		2
Somerset	1		2	1	4
Union	2	1	3		6
Warren	2	1			3
	32	12	37	7	88

17. ELECTION OF OFFICERS

The Nominating Committee reported the following nominations for officers for the year 1936-1937:

President—Mrs. George A. Rogers, East Orange (Essex County)

President-Elect—Mrs. Samuel Salasin, 511 Pacific Avenue, Atlantic City (Atlantic County)

First Vice-President—Mrs. H. D. Corbusier, 612 Park Avenue, Plainfield (Union County)

Second Vice-President—Mrs. G. E. McDonnell, Mt. Holly (Burlington County)

Third Vice-President—Mrs. William Freile, 25 Tonnele Avenue, Jersey City (Hudson County)

Recording Secretary—Mrs. Dan S. Renner, Skillman (Somerset County)

Treasurer—Mrs. T. P. McConaghy, 10th and Cooper Streets, Camden (Camden County)

Directors to serve three years:

Mrs. Murray Woronoff, Keyport (Monmouth County)

Mrs. LeRoy Wilkes, 19 East Delaware Avenue, Pennington (Mercer County)

Respectfully submitted,

MRS. HARRY H. BOWLES (Union County)

MRS. A. J. CASSELMAN (Camden County)

MRS. KENNETH FORSYTH (Essex County)

MRS. CHESTER I. ULMER (Gloucester County)

MRS. E. G. WATERS (Hudson County)

Nominating Committee.

These officers were unanimously elected.

16. REPORT OF COMMITTEE ON RESOLUTIONS

By MRS. GEORGE L. ORTON, Rahway, N. J.

Be it resolved, We the Officers and Members of the Woman's Auxiliary to the New Jersey State Medical Society wish to express our appreciation and sincere thanks to Dr. Wilkes for the assistance from his office, and to Dr. Overton for printing in the Journal all the articles sent him.

And be it resolved that a copy of this resolution be spread on the minutes of this meeting.

This resolution was unanimously adopted.

Respectfully submitted,

RUBY F. ORTON, Chairman,
Resolutions Committee.

18. TREASURER'S REPORT

By Mrs. Thomas P. McConaghy, Camden, N. J.

	General Fund	Annual Meeting Fund
Balance May 1, 1935	\$174.69	\$141.72
Receipts General Fund:		
708 Dues—47 Arrears	\$377.50	
9 Arrears	4.50	
Billheads	1.25	
	<u>383.25</u>	
	\$557.94	
Receipts, Annual Meeting Fund:		
Surplus Returned from \$50.00 Contributed to 1935 State Convention	\$ 3.55	
Surplus Returned from \$200.00 Contributed to 1935 National Convention	70.68	
Annual Meeting Fund	82.00	
		<u>156.23</u>
		\$297.95
Disbursements, General Fund:		
National Dues	\$189.75	
Federation Dues	6.00	
Donation—Mrs. Sloop	10.00	
Federation Legislative	5.00	
Yardley Foundation	5.00	
Treasurer Bond	5.00	
1000 Billheads	4.25	
Printing, Postage, Telephone	41.08	
Stationery	21.95	
President's Travel Expense	36.55	
	<u>324.58</u>	
	\$233.36	
Disbursements, Annual Meeting Fund:		
Page Ribbons	10.20	
Mimeographing—Stencil—Postage .....	.70	
President's Pin	22.50	
Mrs. G. A. Rogers, A. M. A. Expenses	25.00	
		<u>58.40</u>
		\$239.55

Balance, General Fund \$233.36

Balance, Annual Meeting Fund 239.55

Bank Balance June 2, 1936 \$472.91

Respectfully submitted,

MRS. THOMAS P. MCCONAGHY, *Treasurer*,
Camden, N. J.**19. REPORT OF THE CORRESPONDING SECRETARY**

By Mrs. George S. Laird, Westfield, N. J.

Your Corresponding Secretary has attended three Board meetings; and has written and sent the letters and notices that your President has requested her to write and send. She has also corresponded with officers of the State

Society and answered inquiries for information, and supplied the Journal with news items.

Respectfully submitted,

CAROLINE E. LAIRD,
Corresponding Secretary.

20. REPORT OF THE RECORDING SECRETARY

By Mrs. Lancelot Ely, Somerville, N. J.

Regular meetings of the Executive Board of the Women's Auxiliary to The Medical Society of New Jersey have been held in May, October, January and March, 1935-1936. Attendance has been: May, 21; October, 29; January, 22; and March, 22. The President, Mrs. Kinch, has presided at each meeting.

In October, Dr. E. W. Sprague, of the Medical Society Advisory Committee, addressed the meeting and presented projects for the year's work. In January, at the open meeting, speakers were Dr. Julius Levy, Director of the Division of Child Hygiene, Newark Department of Health, and Consultant to the State Department of Health; and Colonel Norman Schwartzkopf, of the New Jersey State Police.

Committees already functioning have continued their activities throughout the year, and at each meeting chairmen have presented reports showing progress.

Two new counties have organized Auxiliaries, Warren and Middlesex, totaling sixteen.

The New Jersey State Auxiliary, with the assistance of the Pennsylvania and Delaware Auxiliaries, were hostesses for the American Medical Association Convention at Atlantic City in June, 1935. Letters of appreciation from national officers expressed the success and efficiency of our efforts.

New work during the year has been:

a. Revising the Constitution and By-Laws for our State Auxiliary to conform to those of the National Auxiliary. In this, the advice of Dr. Sprague and Dr. Quigley has been most helpful.

b. Compiling lists of books relating to medical subjects which have the indorsement of our Auxiliary. Such lists have been sent to the State Librarian, and through her to all local libraries.

c. Sending copies of the minutes taken at each meeting to all members of the Executive Board. Thanks for mimeographing and mailing is due to the office of the State Society in Trenton.

d. Entire charge of the Arts and Hobbies Exhibit for the Annual Meeting, and the innovation this year of the Historical Exhibit.

We close our year with satisfaction in having carried on successfully the projects presented to us for our assistance to the Medical Society. It is impossible to measure our success in that most important aim, to quote from our Constitution, "To promote good fellowship among physicians' families".

Respectfully submitted,

ALICE L. ELY,
Recording Secretary.

21. MEMORIAL TO DEPARTED MEMBERS

Mrs. James Hunter, Jr., conducted beautiful memorial exercises in remembrance of the following departed members:

Mrs. Clinton D. Wendenhall, Burlington County, November, 1934.

Miss Lydia Rogers, Burlington County, December, 1935.

Mrs. Francis J. Weber, Essex County, February, 1936.

Mrs. J. Enright, Hudson County, February, 1935.

Mrs. Frank Haggerty, Hudson County, February, 1936.

Mrs. H. B. Wilson, Bergen County, May, 1936.

22. THE ARTS AND HOBBY, AND HISTORICAL COMMITTEE OF THE WOMAN'S AUXILIARY TO THE MEDICAL SOCIETY OF NEW JERSEY

Madam President:

The Arts and Hobby Committee of the Woman's Auxiliary again held its annual showing of Art and Hobby Exhibits in the Derbyshire rooms of Haddon Hall from 9 a. m. Tuesday, June 2nd, to 4 p. m. Thursday, the 4th, and, in conjunction with this, held the initial display of exhibits bearing on New Jersey Medical History.

Due to the large number of entries and the size of the various collections displayed, it was necessary to use nine large locked show-cases, of which three and a half cases were used for Medical History exhibits. The show-cases used all the space on one side, and both ends and the sides of the entrance to the rooms; and racks and tables on the other side were filled with splendid paintings, photos, etchings, fabrics, and other examples of the arts. In fact, there was some crowding, and it may be necessary to arrange for larger quarters and especially for better lighting for the paintings next year.

Last year we simply had a door check of visitors, but this year we had a guest register to which 315 names were signed, of which 162 were women, and 153 men. Many did not sign, and many came back repeatedly, and as the rooms were constantly thronged no accurate door check was possible, but we feel it will be no exaggeration to state the attendance was well above 1000 visitors. Many used the rooms for writing, resting, and as an entertaining meeting place. While, as usual, many women visited the rooms for the above purposes in addition to viewing the exhibits, a surprising number of men were guests, and it was indeed gratifying to see their interest in the Art and Hobby entries, and especially in our initial exhibits on New Jersey Medical History. The hotel gave us every attention and filled every request for service.

On Wednesday, June 3, Dr. Frank Overton talked on New Jersey Medical History, in the exhibit rooms, to an audience of nearly 100 who listened attentively to his most interesting presentation of the beginnings and course of New Jersey Medical History, with a plea to his listeners to search for and exhibit articles of their own which they probably had forgotten or overlooked and which would be of value and great interest to historians and the Medical Society. Following this address tea was served until closing and there is no doubt, but

that this talk will lead to the uncovering of many an historical relic.

We were quite surprised and proud to have such a large initial showing in the Medical History section of the exhibit and are greatly indebted for this to Drs. Edward J. Ill, Newark, and Arthur Marshall Smith, New Brunswick, for their showing of large collections, and to the many others who showed their interest by smaller, though most interesting, collections and objects. As outlined in my preliminary report, Archives on New Jersey Medical History will be in seven or more divisions and we hope to have made considerable progress by 1937, with the assistance of the State Society, the County Societies and their Auxiliaries so that there will be a permanent record of the work of the many doctors who have given their best service for their medical contemporaries and for posterity; and also so that we may be in a position to have some part of this for the New Jersey State exhibit at the next A. M. A. meeting here in 1937. Due to the great interest shown in the exhibits by guests, many of this year's exhibitors have promised larger and different exhibits for 1937 and also many entries have been received from visitors who were encouraged to show their treasures by the interest displayed this year.

Nearly 500 articles were shown by forty-seven exhibitors. Arts and Hobbies entries numbered thirty, while seventeen were on New Jersey Medical History. Nearly all entries were collections, and so occupied much space, but all were most interesting, beautiful, unusual or valuable. The following is the list of entries:

NEW JERSEY MEDICAL HISTORY EXHIBITS

1. Dr. Carl Surran, Atlantic City—Case of old surgical saws and instruments of Dr. Lewis Reed, the first doctor in Atlantic City, who located there in 1857.
2. Dr. Samuel Goldstein, May's Landing—One large and one small photo of Dr. D. B. Ingersoll, of May's Landing, father of Judge Ingersoll; born January 30, 1831; died August 30, 1890; President Atlantic County Medical Society 1886.
3. Dr. C. Garrabrant, Atlantic City—Photo and diploma given in 1936 by the Atlantic County Medical Society for fifty years in practice.
4. Dr. C. H. Shivers, Atlantic City—Ditto diploma. Died
5. Dr. D. J. Milton Miller, Atlantic City—Ditto diploma.

6. Dr. Philip Marvel, Sr., Atlantic City—Ditto diploma.
7. Dr. William Martin, Atlantic City—Fourteen small and old instruments, diploma, State Society Certificate, old Fee Schedule.
8. Dr. Edward J. Ill, Newark—Nineteen old books and instruments comprising: Anatomy by Bidloo, 1684; Harvey on Generation of Animals from Ova, 1651; First Edition Harvey on Circulation of Blood and Motion of Heart, 1737; Ambrose Pare, 1678; Vesalius on Anatomy, 1729; Eustachius on Anatomy; Paracelsus on Medicine, 1618; Heister's Clinical Medicine, 1731; Avicenna in Latin, 1595. Also many documents, fee lists, doctors' ledgers, etc.
9. Dr. Lancelot Ely, Somerville—Old instruments including turnkey, curettage set, old wood mortar, and scarifier. Manuscripts dated 1800 by Dr. John Marshall Paul, of Philadelphia and Belvidere, New Jersey, on subjects of Epidemic of America, Diseases of Alimentary Canal, Gastretis, Gastretis from Poison, Enteretis or Inflammation of Intestines, Colic.
10. Dr. E. C. Chew, Atlantic City—Old Treatise on Obstetrics.
11. Dr. H. D. Corbusier, Plainfield—Silver, Sheffield plate long bell stethoscope.
12. Dr. Frank Overton, Trenton—Turnkey for extraction of teeth, mounted in cast of lower jaw to show method of action. Before the Civil War every doctor carried one.
13. Mrs. James Hunter, Westville—Physician's bill of 1832.
14. Dr. William K. Campbell, Long Branch—Original Minute Book of Monmouth County, 1816 to 1844; Dr. Jacobus Hubbard's Account Book, 1791 to 1805.
15. Dr. E. H. Dyer, Atlantic City—Complete instrument case used in Civil War.
16. Mrs. S. H. Jessurun, Newark—Clipping book, medical and scientific articles in papers during 1930 to 1936, from Essex County Medical Society Auxiliary.
17. Dr. Arthur Marshall Smith, New Brunswick—Five shelves full of old books, diplomas, instruments, microscopes, including Medical History of Atlantic County, by J. B. Somers, 1881; Various County Histories, and Surgeon General's reports on Civil War.
6. Dr. F. R. Sheppard, Millville—Remarkable collection of sixty-three gold-framed miniatures on porcelain, and thirty colored pictures in frames, all of his only child, a 2½-year-old girl.
7. Mrs. W. B. Mount, Montclair—Twenty-six pieces religious art, very old and valuable.
8. Dr. C. B. Whims, Atlantic City—Two showcases of sixty pipes from many nations, especially four huge Siamese, one bearing effigy and horns of sacred bull; Tibetan pipe taken from head of slain bandit.
9. Dr. Edward F. Uzzell, Atlantic City—Twenty-eight pages of stamps: U. S. Air Mail, the "Farley Issue", Silver Jubilee, two albums, one portrait King George.
10. Mrs. N. W. Currie, Plainfield—Popcorn counterpane (took six months to make).
11. Dr. Fred Hughes, Plainfield—Two oil paintings.
12. Mrs. James Mason, 3rd., Atlantic City—Sixteen ancient bottles.
13. Dr. Robert N. MacGuffie, Passaic—Life-sized bronze head.
14. Emlen P. Darlington, New Lisbon—Entomological collection of three cases of moths, butterflies and disease-carrying flies, mosquitoes and insects.
15. Dr. Christopher C. Beling, Newark—Six large, framed oil paintings, landscapes.
16. Mrs. Dan Renner, Skillman—Four etchings, one of which, "1935 Archway of Library Princeton", hangs in National Gallery.
17. Mrs. Blair Stewart, Atlantic City—Early American china and glass, including one flat platter 100 years old, a museum piece.
18. Mrs. Violet Mason, Atlantic City—Collection, glass and china pitchers.
19. Mrs. Thomas P. McConaghy, Camden—Two paintings on boards of birds.
20. Dr. E. C. Chew, Atlantic City—One flint-lock pocket pistol about 175 years old.
21. Dr. Stanley Nichols, Long Branch—One boat model.
22. Mrs. Frederick A. Kinch, Westfield—One bed spread, star pattern; framed skeleton leaves made by Dr. Kinch's mother sixty years ago.
23. Mrs. H. D. Corbusier, Plainfield—Fourteen pieces of fabric: Old Sardinian, ancient embroidery from Rhoads, old towel from Crete, old embroidery from Rabat, Morocco; madonna's robe of Spanish brocade, embroidered apron from Zagreb, Yugoslavia; embroidered apron from Hungary, two bags of old Greek embroidery, old Dalmatian bag and scarf, Turkish embroidery in silk and bullion, Spanish samples, old Skyros embroidery.
24. Mrs. F. B. Gilpin, Cranford—Beaded purse made by her grandmother; embroidered velvet pillow top by her mother.
25. Mrs. D. B. Ackley, Trenton—Bronze paper knife, napkin holder, twelve pieces of silver jewelry, three pottery bowls and seven paintings, all but one made recently by her mother, now eighty-eight years old.
26. Mrs. James Hunter, Westville—One pair glasses 125 years old.

ARTS AND HOBBIES EXHIBITS

1. Mrs. and Dr. A. VonDeilan, Atlantic City—Collection of old muskets, guns, naval cutlass, English cross-bolt, pistols.
2. Mrs. David Weeks, Atlantic City—Needle point bag, woven bag and scarf silver ring and pin, wooden door-stop, copper box, door knocker hinge, letter opener, blotter corner.
3. Dr. Sloan Stewart, Atlantic City—Three pastels, five pencil etchings of dogs.
4. Miss Carolyn E. Teimer, Newark—Three oil paintings for children, one portrait, one still.
5. Dr. S. Husserl, Newark—Plaster casts of five pairs of hands, surgeon's, pianist's (Mrs. Husserl) and child prodigy pianist.
24. Mrs. F. B. Gilpin, Cranford—Beaded purse made by her grandmother; embroidered velvet pillow top by her mother.
25. Mrs. D. B. Ackley, Trenton—Bronze paper knife, napkin holder, twelve pieces of silver jewelry, three pottery bowls and seven paintings, all but one made recently by her mother, now eighty-eight years old.
26. Mrs. James Hunter, Westville—One pair glasses 125 years old.

27. Mrs. William Wallace Maver, Jersey City—Two oil paintings.
28. Mary Lea Davis, Haddonfield—Two oil paintings and one pastel.
29. Dr. Louis L. Perkel, Jersey City—Ten large still photo studies on matts.
30. Mrs. Frank R. Nicholson, Jersey City—Publicity scrap book for New Jersey Auxiliary.

Respectfully submitted,
(Mrs. Ily R. Beir) ADELE M. BEIR,
Chairman, Arts and Hobby
and Historical Committee.

23. NEW EXECUTIVE BOARD

The Executive Board of The Woman's Auxiliary to The Medical Society of New Jersey for 1936-1937 was held in the Garden Room of Haddon Hall at Atlantic City, June third, 1936, at 5:00 p. m.

The President, Mrs. George A. Rogers, presiding, presented the following names of women to act as chairmen of standing committees:

- Program—Mrs. J. H. Hornberger, Roebling (Burlington County)
- Public Health—Mrs. Frank Facciolo, 562 Boulevard, Bayonne (Hudson County)
- Entertainment—Mrs. Carl A. Surran, 6 New Brunswick Avenue, Margate City (Atlantic County)
- Credentials—Mrs. A. E. Jaffin, 41 Emory Street, Jersey City (Hudson County)
- Public Relations—Mrs. A. Haines Lippincott, 406 Cooper Street, Camden (Camden County)
- Organization—Mrs. Don Agard Epler, 45 Hillside Avenue, Newark (Essex County)
- Historian—Mrs. James Hunter, 104 Station Avenue, Westville (Gloucester County)
- Hygeia—Mrs. T. F. Thompson, 316 First Street, Lakewood (Ocean County)
- Resolutions—Mrs. Lancelot Ely, 128 High Street, Somerville (Somerset County)
- Parliamentarian—Mrs. H. D. Corbusier, 612 Park Avenue, Plainfield (Union County)
- Nominating—Mrs. F. A. Kinch, 267 East Broad Street, Westfield (Union County)

The President asked that the budget for the coming year be discussed. It was moved by Mrs. F. A. Kinch and seconded by Mrs. Bickner, that the President of our Auxiliary confer with the President of the State Medical Society in regard to the amount of money they will contribute for the expenses of the State Convention and for the expenses of the National Convention in 1937. Motion adopted.

After some discussion, it was moved by Mrs. F. A. Kinch, seconded by Mrs. Gilpin, that the name

"Chairman of Program" be changed to "Chairman of Arrangement" and that "Chairman of Program and Public Health" be used as one. This motion was carried.

Mrs. A. Haines Lippincott gave the experience of her year as first President of the Auxiliary—that when Mrs. Samuel Barbash acted as Organization Chairman, she wrote the President of each County Medical Society asking permission to speak to the Society, and suggested that, where feasible, a group of women eligible to membership in an Auxiliary be brought together, ready to organize, if the Medical Society so desired.

Mrs. A. J. Casselman stated that a great deal depended on the interest taken by the President of the State Medical Society. If he is interested, he will urge the counties to organize. The President asked that the Organization Chairman bring her plans for organization to the October meeting.

Mrs. Lippincott suggested that letters be again sent to the Presidents of the County Medical Societies, asking that they organize Auxiliaries; that perhaps the new President of the County Medical Societies would have more favorable attitudes toward Auxiliaries.

Mrs. Casselman reported that interest had been shown in Morris County, in that several women had asked her, during her year as President, to help them organize.

Mrs. Lippincott requested that the names of the officers of the Executive Board, together with names of Chairmen of Standing Committees, be sent to all members of the Executive Board as soon as possible; also names of the County Presidents.

The meeting adjourned to convene again the second Monday in October.

Respectfully submitted,
Clara C. Renner,
Recording Secretary.

REPORTS OF COUNTY AUXILIARIES

24. ATLANTIC COUNTY

By Mrs. Carl A. Surran, President

Nine Executive Board meetings were held during my term of office, one preceding each regular meeting of the Auxiliary. Here routine work and communications were taken care of and plans made for Auxiliary activities. Here also were given the reports of committee chairmen. As our regular meetings are held on Friday evenings, our Executive Board meetings were held on Monday afternoons, either at the home of the President or of a member.

A friendly atmosphere was produced by making a little "party", either tea after the business meeting or luncheon before.

Nine regular meetings were held, the President presiding, at different hotels. Interesting programs consisting of music, speakers, monologues and theatrical acts were features of seven meetings. Here the minutes of the Executive Board were read, so that members could all know of activities and share in them.

A "Masquerade Party" was given at the Traymore Hotel, netting over \$100 for our Charity Fund.

A bridge party was given at the Madison Hotel, netting over \$102 for our Charity Fund.

Two thousand dollars was secured from the County Board of Freeholders for indigent children needing preventorium care at Farmingdale.

A Reciprocity Tea was given at the Hotel Crillon, in coöperation with the Woman's Club of Atlantic City. Mrs. Kinch was our guest of honor; Dr. Hilton S. Read, our speaker. Attendance represented clubs throughout the city.

A Public Relations dinner was given at the Hotel Madison. Dr. Ellen C. Potter was our speaker, and we had representatives from thirty organizations present.

We attended as a group a "Tea Musicale" given by Mrs. Whims, our Music Chairman, at her home in Ventnor.

We attended as a group a luncheon given by a former President, Mrs. George W. C. McCarter, at her home, "Outabounds", in Rumson, New Jersey.

Our annual Spring luncheon-bridge-tea was given at the Ambassador Hotel. This is our big "social function" of the year, and was a great success.

We gave over \$100 to charitable institutions.

We helped emergency cases with coal, dental and eye care to the extent of \$10 monthly.

We formed a group to study "plays"—meeting at homes.

We coöperated whenever possible in projects for the betterment of our community.

We had a history of the Auxiliary broadcast over WPG. We had notices of Auxiliary activity put in county medical publication and we received publicity in the local papers and two Philadelphia papers.

We sent to our members who were ill during the year cut flowers or plants.

We revised the Constitution and By-Laws of the Auxiliary.

Officers, chairmen of committees and members of our Auxiliary coöperated during the year so willingly that I feel justified in saying that your year together has been a happy and a successful one.

Edna Walsh Surran, President.

25. BERGEN COUNTY

By Mrs. A. W. Bickner

The Woman's Auxiliary to the Bergen County Medical Society held regular monthly meetings from October to May and two executive meetings during the year.

Our programs were interesting and educational. In October we had as our guest speaker Dr. Carl Ritter, a psychologist, who spoke on "The Wholesome Personality"; in November, Rev. Alfred E. Willett, who spoke on "Village Life in China", which he illustrated with miniature carvings of their various implements and furnishings.

Our December meeting was in the form of a luncheon, social and business meeting. In January we had a well-known man from our own county—Dr. Spencer T. Snedecor, who talked to us about "The Doctor's Wife" and told us many interesting incidents in the history of medicine.

At our February meeting we had Dr. A. F. Coca, Editor of the Journal of Immunology, who spoke on "Immunization Against Infectious Diseases", and in March we heard a very fascinating story of "Changing India" by Rev. Martin A. De Wolfe. In April the Parke-Davis Company showed us how biological products are made, illustrating it with motion pictures.

Our annual luncheon and meeting was held in May, at which our guests of honor were Mrs. A. J. Casselman, of Camden, and Mrs. Don Epler, of Newark.

Our Public Health and Relations project this year was a Reciprocity Meeting, at which we had over 200 women to hear Dr. Walter H. Eddy, Professor of Physiological Chemistry at Columbia University and Director of Good Housekeeping's Bureau of Research, speak on "Dietary Fads and Correct Nutrition".

In May we held a supper-dance at the White Beeches Country Club for the benefit of our Philanthropic Fund, which was both a social and financial success. We are very grateful to the County Medical Society for the backing and aid they gave us in this project.

This Spring we were successful in eliminating from a local newspaper a health column with questions and answers written by a local chiropractor. It only appeared once.

Twice during the year, as President, I spoke to the Medical Society about our activities and wrote one article for the County Bulletin in hopes to acquaint more people with the aims and purpose of the Auxiliary.

26. BURLINGTON COUNTY

We have had four regular meetings.

1. A luncheon.
2. A tea at the home of Mrs. M. M. Schisler, Florence, at which time we entertained Mrs. Kinch.
3. A luncheon at the Riverton Country Club.
4. A short business meeting preceding our Public Relations meeting.

We will have one more meeting June 9th with a box luncheon at Mrs. McDonnell's home in Seaside Park, when the new officers will be installed. In addition, we have had two executive meetings.

Our Public Relations meeting was held in the Community House in Moorestown May 5th with Miss Lula P. Dilworth, Associate in Health and Safety of the New Jersey State Department of Public Instruction, as guest speaker. Two hundred invitations were extended representatives of the women's clubs, P.-T. A. groups and similar organizations to meet with us. About seventy-five persons were in attendance.

Mrs. McDonnell, Chairman of the Public Health and Relations Committee, and I attended the Health Institute held by Philadelphia County Auxiliary April 14th, and Mrs. McDonnell represented the County at the Camden County Auxiliary Health Institute. She and I attended the Board meeting in Westfield, while the County President represented us in Newark.

Our activities have included:

1. Eight subscriptions to Hygeia for high schools in the county, who in turn are using the health playlets in school work.
2. We have obtained thirty speakers for Parent-Teacher groups.
3. We have had one card party and one moving picture benefit to raise money for our student nurse scholarship.
4. We have given a dinner party for student nurses at hospital with a committee of three acting as hostesses.
5. We have given a wheel chair costing approximately \$50 to the maternity floor of the Burlington County Hospital. We also gave a set of dishes for the nurses' dining room costing \$100.
6. We contributed a Christmas bag to the Burlington County Chapter of the American Red Cross for boys in veterans' hospitals and in service away from home.

Mrs. Daniel Remer, Mt. Holly, is acting as a hostess for the Art and Hobby Exhibit. We have two delegates, two alternates and the President representing us at the State Convention, and one delegate, Mrs. E. R. Mulford, represented us at the National Convention in Kansas City.

Two new members have joined our group and two have died.

We have tried to cooperate with the State Auxiliary whenever possible. We have tried to interest those who have been inactive and to bring up our membership so that we may be 100 per cent. We now have twenty-nine paid-up members.

Respectfully submitted,

Leah M. Hornberger, President.

27. CAMDEN COUNTY

By Mrs. Joseph Roberts, Camden

The Woman's Auxiliary to the Camden County Medical Society held four regular meetings on the afternoons of the first Tuesdays of October, January, March and May at the homes of our members.

The average attendance was forty-five.

Three Executive Board meetings were held with an attendance of twenty-two out of twenty-five on two occasions.

The first meeting was entirely social, a tea and reception to new members, held at the home of the President in Haddonfield.

The January meeting was held at the home of Mrs. A. Haines Lippincott, in Camden, with three distinguished guests present, Mrs. Kinch, our own State President; Mrs. Odenatt, President of Pennsylvania, and Mrs. Percival, President of Philadelphia Auxiliary. Dr. Thomas K. Lewis gave a fine blackboard talk on "Some of the Economics of Medicine", and Mrs. Lewis R. Dick spoke on "Poetry in the Lighter Vein".

The March meeting was held at the home of Mrs. Joseph E. Roberts in Haddonfield, and Mrs. Lippincott gave a delightful review of some of the plays on the stage in New York.

The May meeting is the annual luncheon and election of officers and was held at the Tavistock Country Club with a short program by Mrs. George Emerson Barns on some of the "Books of the Year", and musical numbers by Carol Johnstone Sharp.

Our outstanding accomplishment of the year was a drive for new members and our chairman and her committee added twenty to our enrollment, making our number eighty-seven out of a possible ...

In November we held our annual Card Party to benefit the Camden County Tuberculosis Association and made a donation of \$150 to them.

We also made a donation of \$100 to the newly formed Maternal Health Center of Camden County.

We cooperated with Camden's Second Child Welfare Institute and acted as sponsor for the two afternoon sessions and were able to bring before the large audiences prominent speakers from the medical profession.

We enrolled our membership 100 per cent at 25 cents each, or made a donation of \$25.

We joined the National Social Workers Association and sent delegates to the convention held in Atlantic City from May 22nd to May 29th.

A donation of \$5 was made to the Vineland Training School; also a donation of \$9 to the Needle Work Guild of America.

Some of our members visited the county institutions through the year and many of us attended the fine all-day "Health Institute" held by the Philadelphia Auxiliary to that Medical Society.

We close the year enriched by the addition of many new members, and fortunately a balance in the bank of \$62.32.

We have a deepened desire to be of still further help to the Camden County Medical Society, of which we are an Auxiliary.

Ethel A. Roberts, President.

28. ESSEX COUNTY

By Mrs. Kenneth C. Forsyth, Newark

The Woman's Auxiliary to the Essex County Medical Society herewith submits the following report for 1935-1936:

The Board of Directors has held ten meetings. There have been four general meetings, three of which were open to the public and were well attended. Notices and invitations were sent to all organizations interested in health programs. One special meeting, termed "Health Institute Day", was an all-day program devoted entirely to educational health topics. On that day The Sheltered Workroom, a semi-philanthropic society conducted under the auspices of the Newark Board of Education, had an exhibition and sale of articles made by crippled girls and women. Sales of practical and hand-made work are the only means whereby these unfortunates may become self-supporting.

An unusual number of cases of illness within the ranks of the members and their families has, to some extent, curtailed the activities of the Auxiliary, but we are gratified at the increased publicity and recognition of our Society through the number of invitations received from various organizations to coöperate with them in their educational and welfare programs. Time does not permit me to enlarge on our activities, and as a detailed report has been sent from our county chairmen to the State chairmen, these I will not repeat.

Our social activities have consisted of lunches preceding the first and last general meetings of the year and teas served at the close of meetings. On April 27th, a tea and entertainment was given in honor of doctors' mothers. This was a very enjoyable affair, at which members and daughters of the Auxiliary gave a fashion parade in costumes of the "Gay Nineties". On March 19th, The Academy of Medicine of Northern New Jersey held its twenty-fifth annual meeting, and we were very glad to assume the responsibilities of the social side of the affair and to provide and serve refreshments to the members and their guests.

Our philanthropic work was concentrated on a gift of \$500 to the Benevolent Fund of the Essex County Medical Society. This fund is maintained solely for the benefit of needy physicians and their families.

The Speakers' Bureau, like all new projects, has been slow in development, but the Essex County Medical Society has gotten together a group of young physicians who have taken a course in public speaking, and will be prepared next season to address lay groups on authentic medical subjects.

We were gratified to be invited by the Academy of Medicine to assist them in a new educational project. They are planning a series of lectures to be given by prominent physicians, and to which the public is invited. Two of these lectures were given this spring, and the Woman's Auxiliary was able to give them considerable publicity and through the efforts of the telephone committee increased the attendance considerably.

In closing, let me express our sincere thanks to

our beloved State President, Mrs. Kinch, and to the members of the State Board for the suggestions and advice, without which we would many times find ourselves at a loss in furthering the ideals and aims of Auxiliary work.

Respectfully submitted,

Lela M. Forsyth, President.

29. GLOUCESTER COUNTY

By Mrs. J. H. Underwood, Woodbury, N. J.

The Auxiliary to the Gloucester County Medical Society is functioning in a small way; we are a very small Auxiliary, having only thirty members now with one new member, one resignation and prospects of two or three more new members.

We don't do very much, as the Medical Society men prefer to attend to everything themselves. We do, however, meet once a month when the doctors meet—our meetings are not held with them, but they always invite us to partake of refreshments with them. We try to do what we are told to do, have a regular business meeting and then a social time. It is very hard to get the business attended to because some of the ladies prefer talking to listening to business.

We opened our meetings this past year in October with a covered-dish luncheon at the home of the President. It was very well attended and all present seemed to enjoy themselves; we had about sixteen present. The next month we had a business meeting and in December we had our Christmas party, which was very enjoyable. We played games, gave prizes to the winners, had very nice refreshments, and there were about twenty-five people present. Our average attendance at both monthly meetings and parties is about from twelve to fifteen.

We were to have had a valentine party in February at the home of one of our members in Swedesboro, but the weather was so bad that no one could get there, so it was postponed until March, when we had a lovely day, also very good food but a very small attendance. We also had a business meeting in March and in April we had our reciprocity tea with Dr. Ellen Potter as the guest speaker. She spoke to us on the future of relief in New Jersey and the value of the economic program to the medical profession. It was a very interesting talk but only about fifty people were present. This meeting was held in the Woodbury Presbyterian Church.

Our last business meeting for the year was held on the evening of May 28th, after which we were invited to join the doctors at a testimonial dinner given for Dr. Ralph K. Hollinshed, the retiring Secretary of the Medical Society. Before we joined the doctors we had our election of officers for the coming year and that ended our year's work, although we still have one more party in view—a garden party on the lawn of the summer home of one of our members at Silver Lake. This is to be held on June 16th and is to be a money-making affair. We are each to take a box lunch, which will

be auctioned off. In this way we hope to make a few cents to carry on our work for next year.

Respectfully submitted,
Sara V. Underwood, President.

30. HUDSON COUNTY

By Mrs. A. E. Jaffin, Jersey City

The Hudson County Medical Auxiliary has enjoyed a year of activity with much coöperation. Every committee has been functioning and achieving results.

Our Membership Committee made personal contact with each one of the members over the phone a few days previous to a meeting and succeeded in securing an excellent attendance at each monthly meeting. This same committee also was responsible for twenty-four new members, increasing the roll call from 114 to 138. They have rendered splendid service and we are proud of them.

Aside from taking part in a local Public Health Campaign and having one of our members present over the radio her own paper on diphtheria, we ourselves, with the approval of the Medical Society and our Advisory Board have started a Public Health Campaign of our own.

The Chairman of the Speakers' Bureau has built up, by persistent endeavor, a staff of physicians who will address lay organizations upon request of the Medical Auxiliary. She has also succeeded in obtaining from another group of physicians short five-minute articles on some phase of preventive medicine written in simple language for the lay mind.

Through the Public Relations Committee, lay organizations throughout the county were requested to grant us five minutes on their monthly programs. In this space of time our Auxiliary representative proposed to read a paper on some particular health problem,—the paper to be written by a member of the County Medical Society or obtained from some other authentic source. We offered also to provide lay organizations with authentic speakers on preventive medicine, the speakers to be members of the Medical Society.

Thus far, over a period of only three months, nineteen organizations have requested the five-minute papers, and eight have asked for speakers. The five-minute papers have been warmly received, and several times requests have come for copies of the papers to be distributed. Because of the overlapping in this work of Speakers' Bureau, Public Relations, and Public Health, these committees have been working hand in hand, and doing it splendidly.

Our Reciprocity Meeting, in spite of bad weather, was very well attended. Not only members but also representatives of some fifty-odd lay organizations made up an audience of 230 people. Our Guest Speaker, Dr. Martin Refhuss, of Philadelphia, presented a paper on "Fads in Diet" to a very appreciative audience.

The Press and Publicity Committee have given us some excellent service. The monthly lectures, meetings and social activities have been much publicized in all the county newspapers. We also have been sponsoring a quarterly publication, in pamph-

let form, by means of which news of the meetings, social items and other matters of interest to doctors' wives are sent out to all members. Two of our members edit this pamphlet, which they have named "Entre-Nous".

Our Historian has started a scrap book of publicized events and hopes to work backward as well as forward, so that it shall soon be as far as possible a chronicle of our Auxiliary since its inception.

The Widows and Orphans Chairman has obtained about seven applicants and all in a very short period of time.

The Auxiliary is indebted to the County Medical Society, its President, officers, members of the Advisory Board and Speakers' and Writers' Bureau for their advice and excellent coöperation.

As President, I wish to express my sincere appreciation to the Past Presidents of the Auxiliary, the officers and chairmen of committees for their keen interest and splendid support throughout the year. It has been a pleasure to work with them.

Respectfully submitted,
Matilda S. Jaffin, President.

31. MERCER COUNTY

By Mrs. A. S. Fell, Trenton

I beg to submit herewith a brief report of the activities of the Women's Auxiliary during the past year.

In October we held our scheduled meeting in the Nurses' Home at the Trenton Municipal Colony at 11 a. m. From that hour until 1 p. m. we engaged in making up surgical dressings for the institution.

Invitations had been extended to Mayor Connor and the other members of the City Council, Mr. Paul Morton, City Manager, who was unavoidably absent, and Dr. A. S. Fell, Director of Public Welfare.

At one o'clock a fine luncheon was served under the direction of Mrs. Anna N. Walker, Directress of Nurses, after which Mayor Connor was introduced and spoke a brief word of greeting and encouragement.

Dr. Fell was then introduced and gave an account of the Colony growth from the time he first became connected with the institution officially up to the present time. He stated that originally there was only an old farm house, a delapidated barn, and a small frame hospital located on what was in those early days a six-acre bog infected by man-eating rats.

The frame hospital would only hold about twelve patients at a time and was used for scarlet fever and diphtheria cases. Smallpox cases were treated in the old farm house, and at times there were as many as twenty-five cases of that disease in the building.

From that small nucleus, within the past twenty-five years has grown the present hospital units, devoted to the interests of not only the aged and infirm, but those who may suffer from dangerous communicable diseases, especially children who cannot be properly cared for under such conditions in their homes. There were forty-five members pres-

ent at this meeting and before its close the members were taken on a tour of the various buildings by Mrs. Walker and some of her nurses.

Our December meeting was held in St. Francis' Hospital, and as usual the time was devoted mainly to surgical dressings to be used in the institution, after which the Sisters served a delightful tea.

The speaker at this meeting was Mrs. Theodore Turner, from Newark, N. J., and her subject was "The Society for the Relief of the Widows and Orphans of Medical Men". This was a very interesting and instructive talk on a subject vital to all concerned, and the speaker gave a very clear and convincing argument on its merits.

At the January meeting our members were the guests of the New Jersey Medical Society at the Stacy-Trent Hotel.

The speaker on this occasion was Colonel H. Norman Schwartzkopf, head of the New Jersey State Police, who gave a very interesting address which was much appreciated. Our organization furnished some songs and several delightful readings were rendered by Mrs. Holland.

Another meeting was held during January at Mercer Hospital, where, after the usual work of making up surgical dressings was completed, we were served with a very fine luncheon, after which we heard another instructive address given by Mr. William H. MacDonald, representing the New Jersey State Department of Health.

During April, Mrs. D. Leo Haggerty, our Public Relations Committee Chairwoman, sponsored a tea at the Stacy-Trent Hotel, to which all the women's organizations and Parent-Teacher Associations in the city had been invited.

Mrs. Haggerty gave a word of greeting, after which the speaker for the occasion, Mr. Cecil K. Blanchard, representing the New Jersey State Department of Health, was introduced and gave an instructive and informative talk on "Communicable Diseases and How to Control Them". Mr. Blanchard used charts to illustrate the subject and this gave the address added interest.

At the close of this meeting, tea was served and a social hour enjoyed by the entire gathering.

During March, an all-day meeting was held in McKinley Hospital, where after the completion of the usual surgical dressing work, a business meeting was held, followed by a luncheon and an interesting address was given by Dr. Frank Overton on the Spring chorus of toads and frogs.

The last meeting was held in May at the New Jersey Hospital, where the organization was entertained by Dr. Robert J. Stone, the Medical Director of the institution.

Following the completion of the usual surgical dressings, we held a business meeting, at which annual reports were submitted and new officers elected to serve for the coming year.

Dr. Stone had a delicious luncheon served to the members, followed by an inspection of several of the buildings.

The speaker at this meeting was Miss June Jocelyn, a psychiatrist at the hospital, who gave a very interesting talk about her work among the patients.

After this we were entertained by a series of songs rendered by a group of patients, all of which were well rendered and much appreciated.

These meetings in the various hospitals were well attended, the average being forty-five, and through this personal contact the physicians' wives were linked together socially and this will mean harmonious work for the best interests of the organization.

Mrs. A. S. Fell.

32. MONMOUTH COUNTY

By Mrs. W. K. Campbell, Long Branch

The Woman's Auxiliary to the Monmouth County Medical Society has held four meetings since our last State Convention.

On May 31st, 1935, the meeting was held in the old historical town of Shrewsbury with a luncheon at the Blue Door Tea House. Routine business was carried on. The speaker of the afternoon was Mrs. Iris Pappy, of Red Bank, a graduate of Oxford University, England. She has been connected with the Wave Crest Convalescent Home at Far Rockaway. Her subject was "The Adjustment to Normal Life of the Crippled Child". Mrs. Pappy answered many questions. She is a delightful speaker and her subject was most interesting.

September 30th the Auxiliary members were guests of Dr. and Mrs. Berkely Gordon, of Marlboro. Luncheon was served at the institution, followed by a short business meeting. Dr. Gordon addressed the members on the different kinds of work and treatment of the patients. We were then taken on a tour of inspection of the entire institution and State Hospital included. Dr. Gordon is the superintendent of the institution. We really found this meeting a very outstanding one. A cordial welcome awaits any Auxiliary in the State who would care to visit the State Hospital.

Our third meeting was held at Freehold. Luncheon was served at the Christopher House and the meeting was held at the home of Dr. and Mrs. John C. Clayton. The members were very much interested in Dr. Edward J. Ill's editorial on "The Society for the Relief of Widows and Orphans of Medical Men of New Jersey". Our honored guest was our State President, Mrs. Frederick Kinch, of Westfield. She spoke of the work which is being carried on by both the State and National Auxiliaries. Our other speaker of the afternoon was Dr. W. H. Fairbanks, of Freehold, President of the Monmouth County Medical Society. His topic was "Socialized Medicine". Questions and answers followed this address. It was a very interesting meeting.

The last meeting this year was held on the afternoon of April 30th, in Keyport, at the home of Dr. and Mrs. Murray Woronoff. Business meeting was held and election of officers took place for the year 1936-37. The speaker of the afternoon was Dr. Marjorie Rankin, Dean of the Monmouth Junior College. Her topic was "Sane Adjustment to Life". We found this subject was most interesting. Dr. Rankin was very gracious in answering our questions. A social hour with delicious refreshments

served by our hostess was followed by a trip to her garden of tulips and many other flowers.

In December we sent a Christmas basket to a doctor's widow. She died on February 14th and had she lived until March 12th, she would have been ninety-four years old.

We have contributed to the Vineland Training School.

In October it was my pleasure to attend the State Executive Board meeting at the home of our President, Mrs. Kinch, in Westfield.

We have tried to meet all our financial obligations during the year.

We are very proud of being an Auxiliary to the Monmouth County Medical Society, which was organized in 1816 at Freehold. The original minute book is now on display in the Arts and Hobby Room.

The friendly feeling which exists in our Auxiliary, I feel, is responsible for our good attendance.

Respectfully submitted,

Lucia Hathaway Campbell,
President.

33. MIDDLESEX COUNTY

By Mrs. J. J. Mann, Perth Amboy

The Woman's Auxiliary to the Middlesex County Medical Society submits the following report of its activities to the Auxiliary to the State Medical Society.

We are a newly organized group, having been in existence just about a year. The first task seemed to be to get properly and firmly organized. This, I believe, we have successfully done. We have a membership of sixty which is steadily increasing. Our meetings are held monthly and are generally very well attended. Our main difficulty has been in getting the larger organizations, which arrange their programs for the year, to accept speakers. For the Fall, however, several such arrangements have been made. We did supply local talent to some of the smaller groups. We have also planned two reciprocity meetings for the Fall and we have attended to newspaper publicity, books in the libraries, etc.

All in all, it is our opinion that notable progress has been made and the doctors feel that we shall be a valuable adjunct to them in their efforts to put across the Public Health and Public Relations programs. It is also apparent that the newly formed social contacts among the doctors' wives develops a more friendly and coöperative attitude among the profession itself.

In conclusion, I wish to thank Mrs. F. Kinch and Mrs. Don Epler for their very valuable advice and assistance.

Respectfully submitted,

Mrs. J. J. Mann, President.

34. OCEAN COUNTY

By Mrs. Emanuel M. Sickel, Lakewood

The Ocean County Woman's Auxiliary held its final regular monthly meeting on June 5th, at the home of Mrs. Abraham Goldstein, of Lakewood.

The group was addressed by Miss Bond of the New Jersey League for the Prevention of Tuberculosis, who told of the splendid work of the League in connection with the Ocean County Health Association in sponsoring the tuberculin testing of all children in the schools of the county. Miss Solbey, Executive Secretary of the Health Association, also addressed the meeting in the same connection.

Those attending were Mrs. Adolph Towbin, Mrs. Theodore Thompson, Mrs. Robert Buermann, Mrs. Robert Halbach, Mrs. Abraham Goldstein, Mrs. Fred Bunnell and Mrs. Emanuel Sickel.

The meetings of the Auxiliary will again be resumed in October.

Respectfully submitted,

Mrs. Emanuel M. Sickel.

35. PASSAIC COUNTY

By Mrs. Frank W. Ash, Paterson

The Auxiliary activities in Passaic County opened for 1935-1936 with a picnic at Glen Wild Lake, the Summer home of Mrs. R. J. MacDonald, our Chairman of Public Health Relations. This meeting was greatly enjoyed by the members and was the means of raising a sum of money with which we bought much-needed equipment for public school children who are physically handicapped.

We next met in October for a luncheon, business meeting and bridge at the North Jersey Country Club.

In January we held a meeting in Passaic at the Young Woman's Christian Association, at which we discussed the A. M. A. pamphlets on Health Insurance, State Medicine and kindred topics. Several of our members participated in the discussion, giving different phases of these problems as presented in the pamphlets. At this meeting the members decided to join "The Woman's Civic Council of Paterson", which is composed of delegates from fifteen local woman's organizations. At this meeting the Auxiliary was asked by the Medical Society to help in establishing a Medical-Dental Service Bureau.

At our March meeting, which was a Public Health meeting held at the Paterson Woman's Club, Dr. Allen G. Ireland, of Trenton, spoke on the value of recreation in building health. This was a very enjoyable and worthwhile lecture.

The closing meeting of the year was in May—a luncheon held at the Swiss Chateau in Rochelle Park. The year's work was reviewed and officers for the coming year were elected, after which a one-act play was presented by three of our members and several 'cello solos with piano accompaniment were rendered.

Respectfully submitted,

Helen M. Ash, President.

36. SOMERSET COUNTY

By Mrs. A. L. Stillwell, Somerville

Madam President and members of the Somerset County Woman's Auxiliary to the New Jersey State Medical Society is glad to report life, if not a superabundance of it.

Our membership is small, our active membership is smaller, but not owing to lack of effort to increase it. There appear to be many and sufficient reasons on the part of a goodly number of the eligible women of the county why they cannot unite with the County Auxiliary.

It has been voted that procuring memberships in the Society for Relief of Widows and Orphans of Medical Men of New Jersey be the major effort of the Auxiliary.

Hygeia has been placed in two high schools and in three libraries in addition to subscriptions privately taken.

One speaker, a social service worker with the Gould Foundation, was enjoyed.

Meetings have been held concurrently with the County Medical Society and twice during the past year the Auxiliary was invited to share its program.

Strenuous efforts have been made to place some one from the Speakers' Bureau with the County P.-T. A., but without avail.

The members of the Auxiliary are always invited to attend the Annual Banquet of the County Society, at which time the attendance is nearly 100 per cent, showing conclusively that the social part of Auxiliary endeavor is most popular. The State Entertainment Fund received Somerset's quota, as did the Vineland Training School. Election was held in April, with no unseemly strife for office. Besides the President and Delegate, Somerset County is usually well represented at the State Auxiliary Meeting. The retiring President deeply regrets the necessity for her absence from the conference this year, 1936.

Respectfully submitted,

Adaline W. Stillwell.

37. UNION COUNTY

By Mrs. Maluan P. Gilpin, Cranford

Union County Auxiliary has had three Executive Board meetings and four regular meetings the past year.

Our membership from January 1st to December 31st, 1935, was forty-seven, including two new members, and one member resigned.

Our Executive Board gave a Tea on October 30th to meet our State President, Mrs. F. A. Kinch, and

also to greet new members and prospective ones. We held a "Desert Bridge" on November 20th, by which we netted the sum of thirty dollars for our Student Fund.

We gave a Reciprocity Tea on March 19th, with a large attendance of members of the various County Auxiliaries, and the lay organizations interested in health problems. We had as our speaker Dr. Norman W. Burritt, of Summit, who spoke on the subject, "The Doctor's Office—A Health Center". Other speakers were Dr. LeRoy A. Wilkes, Executive Officer of the State Medical Society, and our State President, Mrs. F. A. Kinch.

We have made a drive for new members and have added ten to our list from January 1st, 1936.

We have also stressed reciprocity work, trying to interest lay organizations in health problems.

We have contributed to the Vineland Training School.

We subscribed to the News Letter, thereby keeping in touch with what other Auxiliaries in various parts of the country are doing.

We have tried to carry on, as best we could, the work required of us by the State and National Auxiliaries.

Respectfully submitted,

Maluan P. Gilpin, President.

38. WARREN COUNTY

By Mrs. W. H. Varney, Washington

Madame President, Members of the Executive Board and Fellow Members:

The Woman's Auxiliary to the Medical Society of Warren County was organized in January, 1936, and has been slowly growing to the present membership of fifteen. The Auxiliary has not done any specific work, but with the additional membership from five to fifteen, we feel that enthusiasm for the organization is increasing.

Since January the Auxiliary has held monthly meetings at the home of different members, but during the Summer months they will be dispensed with. However, when the Medical Society holds its meeting in July the Auxiliary will meet with them.

Respectfully submitted,

Alice B. Varney, President.

(Signed) ANNA BELLE KINCH,

President.

(Signed) ALICE L. ELY,

Recording Secretary.

PART 4

MINUTES OF THE SPECIAL MEETING OF THE HOUSE OF DELEGATES

President Newcomb called the special meeting of the House of Delegates to order on June 2, 1936, at 11:30 a. m.

SECTION 1

REASON FOR THE SPECIAL MEETING

PRESIDENT NEWCOMB: This is a special meeting of the House of Delegates called in accordance with the provisions of the By-Laws, Chapter II, Sect. 2, in order to consider the appeal of the Hudson County Medical Society from the decision of the Judicial Council. I declare this an executive session of the House of Delegates. Only members of the House of Delegates and members of The Medical Society of New Jersey may remain. I appoint Drs. Hollinshed and Leo Haggerty as sergeants-at-arms to see that this order is carried out.

An appeal involving an election held by the Hudson County Medical Society last October came up before the Judicial Council for action. As you know, the Council is the judicial body of the Society, just as the House of Delegates is the legislative body and the Board of Trustees is the executive body.

The Judicial Council has full authority to consider such appeals. The Council went over the written data and the exhibits, heard the evidence, and rendered its decision.

Not content with the decision of the Judicial Council, the Hudson County Medical Society has appealed from the decision of the Council to the House of Delegates.

When Hudson County served this petition signed by at least twenty members of at least four component societies, I asked the Chairman of the Board of Trustees to call a special meeting of the Board to advise me as to procedure and order of business and course of action.

I have appointed a committee of five members of the House of Delegates as my advisory committee as to procedure if we get into controversy. We will abide by the Constitution and By-Laws of The Medical Society of New Jersey and by Robert's Rules of Order. I expect to be fair to everyone and expect everyone to be fair to us.

During our discussions on procedure to be followed in this special session, there were a number of things that happened from time to time. We had outlined and agreed upon a

method of procedure and then something developed that knocked it in the head. We had several meetings of the Board of Trustees to decide on a procedure to be recommended to the House of Delegates for the conduct of this appeal. We have done a lot of hard work to try to get this straightened out for the good of The Medical Society of the State of New Jersey. We do not want any internal dissension in the State Society.

The Board of Trustees formulated and adopted, early this morning, a report containing recommendations as to procedure in this case to be submitted to the House of Delegates for its consideration. The report with its recommendations is the unanimous opinion of your Board of Trustees; only one member of the Board was not present, Dr. Haussling, President-Elect, who was ill in Newark.

I will now recognize Dr. Nafey, Secretary of the Board of Trustees, and ask him to read its report and recommendations.

Dr. Nafey then read the report and recommendations of the Board of Trustees, as follows:

SECTION 2

UNANIMOUS RECOMMENDATION FROM THE BOARD OF TRUSTEES TO THE PRESIDENT AND THE HOUSE OF DELEGATES IN THE MATTER OF THE APPEAL OF THE HUDSON COUNTY MEDICAL SOCIETY FROM THE DECISION OF THE JUDICIAL COUNCIL

The Board of Trustees was requested by the President to assist him in formulating a definite and impartial procedure which might be recommended to the House of Delegates in considering the appeal of the Hudson County Medical Society.

In following out this request, the Chairman of the Board of Trustees appointed a special committee to study the problem, to review the Constitution and By-Laws, to consult with the counsel of the State Medical Society, Mr. Albert C. Wall, and to formulate a tentative procedure in regard to the appeal from the decision of the Judicial Council, which was as follows:

OPINION AND DECISION OF THE JUDICIAL COUNCIL

The opinion and decision of the Judicial Council of The Medical Society of New Jersey in the matter of an appeal of Dr. Hugo Alexander from the

action of the Hudson County Medical Society in the matter of the ballot used at the annual election of the Hudson County Medical Society, October 1st, 1935; which the appellant, Dr. Alexander, alleges was an improper ballot.

Consideration of this appeal by the Judicial Council is authorized by and is in conformity with Chapter VII, Sections 4 and 5, of the By-Laws of The Medical Society of New Jersey. The consideration and the determination of the appeal in the instant case is in accord, we feel, with the letter and spirit of the Charter, Constitution, and By-Laws of The Medical Society of New Jersey, the Constitution and By-Laws of the Hudson County Medical Society, Robert's Rules of Order, and the Code of Ethics of the American Medical Association.

1. The circumstances leading to this appeal are as follows:

a. In accordance with the By-Laws of the Hudson County Medical Society, nominations for offices to be voted at the Annual Meeting of the Society were presented by the Nominating Committee at the March, 1935, meeting of the Society; at the May meeting, additional nominations were made from the floor.

b. In pursuance of the By-Laws, the membership of the Society received from the Secretary, by mail, about September 23rd, 1935, a facsimile of the ballot to be voted at the annual election October 1st, 1935.

c. September 26th, 1935, a letter signed by the appellant and seven other candidates was sent to the President of the Hudson County Medical Society, and copies forwarded to the Secretary of the Society and to the Secretary of The Medical Society of New Jersey protesting against the form of the ballot and specifically pointing out the features which were deemed improper.

d. Friday, September 27th, 1935, the President of the Hudson County Medical Society called a meeting of the Executive Committee for the purpose of presenting for their consideration and action the letter which he had received from the appellant and seven other members of the Society, candidates for office. Neither the appellant nor any of the other signers of this letter of protest were invited to be present at or to send one or more representatives to the meeting.

e. The features of the ballot to which objections had been made by the appellant in the letter of September 26th, 1935, were unchanged in the official ballot distributed to the members at the annual election held October 1st, 1935; with the exception that the stub at the head of the ballot had been widened and separated from the body of the ballot by "perforations."

f. The By-Laws of the Hudson County Medical Society, Chapter II, Section I (b), P. 14, states that: "The meeting shall be called to order at 8:30 p.m." Usually meetings of the Society are called to order between 9 and 9:30. The meeting held October 1st, 1935 (Annual Meeting) was not called to order until 10:25 p.m. (Bulletin, Hudson County Medical Society, November 1935). This was about 20 minutes after the polls had been officially

closed and the tellers had begun to count the ballots. It was then too late for the appellant to take up the question of the protest of the ballot.

It should be noted that no report of the meeting of the Executive Committee of September 27th, at which the protest of the appellant had been received and considered, was made by the President or Secretary at this meeting (October 1st, 1935). The By-Laws of the County Society, in this connection, state: "It (the Executive Committee) shall consider all matters of business and policy concerning the Society and make *recommendations or reports* to be presented at the *next regular meeting*." (Italics ours).

g. On October 14th, 1935, the appellant, Dr. Alexander, forwarded a formal notice of appeal from the action of the Hudson County Medical Society to Dr. Christopher C. Beling, Chairman of the Judicial Council of the Medical Society of New Jersey.

2. At a special meeting of the Judicial Council held at the Academy of Medicine of Northern New Jersey, February 9th, 1936, various members of the Hudson County Medical Society were examined with reference to this appeal. The appellant, Dr. Hugo Alexander, and the Secretary of the Hudson County Medical Society, Dr. Thomas McG. Brennock, were examined at length and both submitted briefs.

3. Testimony shows that following receipt of the protest signed by the appellant and seven other candidates for office, the Secretary of the Hudson County Medical Society secured a legal opinion as to the ballot; the opinion being to the effect that the preparation of the ballot and the ballot itself conformed to the Constitution and By-Laws of the Hudson County Medical Society. At this point we wish to observe that this question did not call for a legal opinion; it was an ethical matter, to be decided from the standpoint of sound moral philosophy. The question resolved itself into whether the ballot to be used *infringed the rights* of any of the members participating in the appeal.

4. The intent of the Charter, Constitution and By-Laws of the Medical Society of New Jersey is to permit the fullest measure of autonomy on the part of the district (county) societies. The Charter reserved the right, however, and the Constitution and By-Laws of the State Society are in accord with the Charter reservation to "adopt such rules and regulations for the management of the concerns of this and the *several district* societies as may be deemed necessary." (Italics ours).

This reservation is emphasized in Chapter X, Section 2 of the By-Laws of the Medical Society of New Jersey, which states:

"Upon recommendation of the Board of Trustees, this Society may revoke the Charter of any component society whose actions are in conflict with the *letter or spirit* of the Constitution and By-Laws." (Italics ours).

Rules of Conduct (Chapter XII of the By-Laws of the State Society) states:

"The 'Principles of Medical Ethics' adopted by

the American Medical Association shall govern the conduct of the members of the Medical Society of New Jersey in their relations to *each* other and to the public." (*Italics ours*).

5. Proceeding to the consideration of the ballot used at the annual election of the Hudson County Medical Society:

a. The By-Laws of the Hudson County Medical Society, Chapter IV, Section 5 (b), provides:

"The secretary of this Society shall prepare the official ballot, which shall contain the names of the nominees for all offices, elected standing committees, delegates to and alternates to, and the member and alternate of the Nominating Committee of The Medical Society of New Jersey.

"He shall mail to each member of this Society, ten days in advance of the Annual Meeting a facsimile of the official ballot, marked 'sample', 'Not to be voted', and to each member in good standing credentials entitling him to vote."

b. Under the section of the By-Laws above quoted, the sole responsibility of preparing the ballot is vested in the secretary. The fact that the By-Laws do not specify the form or type of ballot to be used, does not, in our opinion, give to the person instructed to prepare a ballot the authority to draw on his imagination or to exercise his ingenuity in the preparation of a ballot or to prepare a ballot which makes it possible to vote for a group of candidates with one mark. The absence of specific instructions as to the form and type of ballot imposes upon the person responsible for its preparation—in this case the Secretary of the Society—the duty of preparing a ballot in a form which shall not infringe the rights and privileges of *any member* participating in the election.

Section 66 (p. 263, Robert's Rules of Order) states:

"The (Nominating) committee's nominations are treated just as if made by members from the floor." The converse of this must be equally true: *that nominations from the floor are treated just as if made by the Nominating Committee*. To divide into groups nominations made by a Nominating Committee from nominations made from the floor, is not, in our opinion, *equal treatment of the nominees*. Equal treatment of the nominees could only be obtained by placing their names under the heading of the office for which they are candidates.

6. "Voting by Ballot". "The main object of this form of voting is secrecy." (Section 46, p. 193, Robert's Rules of Order). The secrecy of the ballot could be readily violated by the ballot used at the annual election of the Hudson County Medical Society, October 1st, 1935, for the following reasons:

a. The use of a box (square or oblong) at the head of each column, with the information printed on the ballot that a cross placed in the box will be acknowledged as a vote for all the candidates listed in the column below, is so obviously contrary to the accepted practice in all deliberative assemblies that it scarcely requires a lengthy discussion.

b. The large box at the head of the column may make a large X visible through the back of the ballot, especially so if the ballot is printed on thin paper.

c. The presence or absence of a large X in the box at the head of the left hand column may possibly be noted by the teller when handling the ballot or in the process of depositing the ballot in the box.

d. The difference in time in making one X at the head of the column instead of 49 is obvious to an interested person standing near the booth or anywhere in the same room.

e. The refusal to fold the ballot on the dotted line might be interpreted as a disinclination on the part of the voter to vote according to previous agreement or instructions.

f. In the ballot in question, one column contained a complete list of the offices to be filled and a complete list of candidates, less one, whereas the other column contained a complete list of offices to be filled, but less than one-half of this list had names of candidates to be voted for.

If such grouping of candidates is permissible for no stated reason—how could the individual authorized to prepare a ballot be prevented from indicating his own personal choice of candidates by arranging their names in a group to suit his own fancy or to suit the convenience—as a matter of expediency—of one or more individuals who may be in a position to bring pressure to bear on a large number of members, and then, to permit voting for the entire group by making a mark at some designated place on the ballot.

g. Such information contained in one of the columns, "as nomination declined" and "no nomination made" belong in the official minutes of an organization but not on the ballot. Nothing should appear on the ballot but the names of the candidates and the names of the various offices to be filled.

h. Such information printed in the spaces provided for the names of candidates may tend to obscure the names of certain candidates, may tend to confuse the person desiring to vote, and finally, may tend to lead to the suspicion that the spaces were so filled in in order to make it appear that there were two complete and independent tickets, whereas with the spaces clear it would immediately be evident that this was not the case.

7. The arrangement and form of the ballot in question with its segregation of candidates and the voting of one column of candidates by a *single mark in a box square at the head of the column* lends itself to possible group regimentation of voters by coercion and intimidation.

8. The Judicial Council, after a careful survey of the evidence in this case, is convinced that the ballot prepared by the Secretary of the Hudson County Medical Society and used at the annual election of the Society October 1st, 1935, defeated the main purpose of a Ballot, namely, "Secrecy." We feel, also, that the ballot was violative of the *equal rights and privileges* due all members of the Hudson County Medical Society and the Medical Society of New Jersey. The equal rights and privileges of any member or group of members must be protected from arbitrary action by a temporary majority. Our decision is that the ballot used at this election was an *improper ballot*.

b. Finding, as we do, that the ballot used was an improper ballot, we are perforce obliged to find the annual election of the Hudson County Medical Society, October 1st, 1935, invalid, except in the case of offices where there were no contests.

9. In view of the lateness of the decision and the fact that the Hudson County Medical Society will have but one more regular meeting before its annual meeting in October, 1936, it is deemed inexpedient to order another election. In lieu thereof, it is directed that the candidates for offices and elected standing committees, et cetera, at the annual meeting of 1935 where there were no contests for these offices, and whose terms were for one year, will be considered duly elected and shall retain their respective offices until the annual meeting of the Society in 1936.

b. In the matter of contested offices (where there was more than one candidate), elected Standing Committees, member of the State Nominating Committee and alternate, delegates and alternates to the State Society, the members of the Society who occupied their respective positions and whose terms expired at the annual meeting of the Society, October 1st, 1935, will re-occupy their former respective positions until the annual election of the Society, October, 1936.

c. It is further directed that all candidates for contested offices, elected Standing Committees, delegates and alternates to the State Society, et cetera, the terms of which are for more than one year, who were nominees at the annual election of the Society, October 1st, 1935, shall be voted for, for the unexpired terms, at the annual election of the society, October, 1936. The names of the candidates whose terms would have been three years, or two years, shall appear on the "sample" ballot and official ballot of the annual election of 1936. Their names shall appear under the offices to be filled; alongside of the office to be filled shall be placed in parenthesis the number of years of the unexpired term. To illustrate: delegates and alternates to the State Society are elected for a term of three years; in the present case the candidates for delegates and alternates who were nominees at the 1935 election will appear on the ballot of the 1936 election as candidates for a term of two years.

d. It is directed that candidates for all offices, elected standing committees, delegates, et cetera, shall be grouped, in alphabetical order, under the office for which they are candidates. The ballot shall be arranged so that a box square shall be placed to the left of each candidate's name. Alongside or directly beneath the name of the office to be voted there shall be placed in parenthesis the number to be voted for, as example: "(Vote for one)".

The decision reached in this case, contained in pages 1 to 9 inclusive (each page of which has been initialed by me), is in accordance with Chapter VII, Section 5 (d), of the By-Laws of The Medical Society of New Jersey.

(Signed) JAMES A. FISHER,
Secretary, Judicial Council.
The Medical Society of New Jersey.

To Dr. Hugo Alexander, appellant

To. Dr. Thomas McG. Brennock, Secretary, Hudson County Medical Society

Copy to Dr. J. Bennett Morrison, Secretary, The Medical Society of New Jersey

DR. NAFAY: The above report is the decision of four of the five officers comprising the Judicial Council. A minority opinion was submitted by one member of the Judicial Council, as follows:

Dr. Christopher C. Beling.

Clinton Avenue, Newark, N. J.

My Dear Doctor:

After listening to the testimony relative to the irregularity of the Hudson County Medical Society election, I am convinced that the conduct of the election was proper and that it was a Secret Ballot.

At no time was testimony brought out that the Secretary was not duly qualified, i.e., a regularly qualified physician, well liked by his colleagues and showing enthusiasm for his Society as well as intelligence, having been nominated and elected at the regular meeting of his Society.

These qualifications, in my judgment, are necessary for him to meet the requirements of the office of Secretary and as such to prepare the ballot. The object of his procedure was to save time in the counting of the vote, and as no one can truly judge the individual time required for making the ballot, I can see no reason terming it other than a Secret Ballot.

Very truly yours,

FRANK G. SCAMMEL, M.D.,
Councilor, Third District,
Medical Society of N. J.

Copy of Minority Report to Hudson County and Dr. LeRoy Wilkes.

Dr. Nafay continued to read the report of the Trustees, as follows:

The committee of the Board of Trustees met and discussed the problem thoroughly; and then at a later date conferred for two hours with the counsel to the State Medical Society, Mr. Wall. A suggested procedure was reported at a special meeting of the Board of Trustees on May 17th in Trenton called for the sole purpose of considering this problem.

After several hours' discussion along lines of assuring impartial approach to the problem presented, which meant strict adherence to the Constitution and By-Laws of the Society, the assurance of proper presentation of the decision of the Judicial Council and the report of the minority members; and to permit each side of the controversy a fair allotment of time to present its side to the House of Delegates, a number of pertinent facts were brought forth.

The Constitution and By-Laws of the State Medical Society provides for three divisions:

1. The Board of Trustees is the Executive Body;
2. The Judicial Council is the Judiciary Body;
3. The House of Delegates is the Legislative Body.

In this action the Judicial Council held a hearing with written data, examined exhibits, and examined witnesses, and altogether considered 196 typewritten pages of evidence, and rendered its decision.

In this action we are concerned with an appeal from the decision of the Judicial Council which is duly constituted by our Constitution and By-Laws to hear such controversial questions as arose in this case, and to render a decision.

We are advised by the counsel of the State Society that the decision of the Judicial Council is entirely within its constitutional powers.

In the present action, the Judicial Council is not on trial. In fact, there is no trial. This is an appeal from the decision of the duly constituted court of the State Medical Society. As such, the appeal must be confined entirely to the evidence before the Judicial Council, the opinion and decision, the notice of appeal, and the grounds of appeal. No new evidence can be considered under the By-Laws.

Chapter VII, Section 5, page 25, of the By-Laws reads:

(a) Any aggrieved member of a component society, or applicant who may have been excluded from membership in such society, may appeal from its action to the Judicial Council.

(b) The notice of appeal shall set forth in writing the name of the appellant, the name of such component society, the date and substance of the questioned decision, and shall indicate the grounds upon which such appeal is taken.

(c) Upon filing a notice of appeal, the appellant and the component society must submit to the Secretary of this society all records, minutes, letters, papers and written evidence, including a digest of all testimony whether or not stenographically reported, relative to the matter. All data so submitted shall be confidential and privileged, and made available only to the Judicial Council and its respective members. In case of an appeal being taken from the decision of the Council to the House of Delegates, all such data must then be submitted to the House of Delegates or to a committee appointed by that body to consider the appeal.

(d) The Judicial Council shall consider any appeal on the data so submitted, and may affirm by a majority vote, modify, or reverse by a two-thirds vote of its members present and voting, the appealed decision. If, in its opinion, further evidence is desirable, the Judicial Council may summon wit-

nesses, take such evidence in any manner it may deem proper, and render its decision by a two-thirds vote of the members present and voting; and all its decisions shall be binding unless or until reversed or modified by the House of Delegates.

The Board of Trustees tentatively agreed upon a procedure to be suggested and referred it back to the committee for further analysis and report.

The President also asked the advice of the Board of Trustees at that time about the petition signed by at least twenty members of the State Society and representing more than four component societies, which reads as follows:

May 8, 1936.

To the House of Delegates, and Marcus W. Newcomb, President:

Take Notice, that we, the undersigned, members representing at least four component societies, in good standing, of The Medical Society of New Jersey, hereby request that a special meeting of the House of Delegates be called within fourteen days from the date hereof, for the purpose of hearing an appeal taken from the decision of the Judicial Council of the Medical Society of New Jersey, rendered on or about the 2nd day of April, 1936, entitled, "In the matter of an appeal of Dr. Hugo Alexander from the action of the Hudson County Medical Society, in the matter of the ballot used at the annual election of the Hudson County Medical Society on October 1, 1935; which the appellant, Dr. Alexander, alleges was an improper ballot."

1. Said appeal is taken on the grounds that the decision of the Judicial Council of The Medical Society of New Jersey is contrary to the weight of evidence, and contrary to the facts produced before them.

2. Said action of the Judicial Council directing the candidates for office, elected at the October 1, 1935, meeting, who were unopposed, retain their respective office until the annual meeting in 1936, and the continuing in office of the members whose terms expired on October 1, 1935, was beyond the scope of their authority and was unconstitutional.

3. The grounds of appeal set forth by said Dr. Hugo Alexander, before the Judicial Committee, were insufficient to warrant the findings invalidating said election held October 1, 1935.

It is further requested that a decision on this appeal be given forthwith.

The advice of the counsel of the State Society, which the President sought, was that such petition made it mandatory for him to call a special meeting of the House of Delegates for the purpose of hearing this appeal, but that the time was left to his discretion. Since a regular meeting of the House of Delegates would be held within three weeks, it would seem reasonable that the special meeting should

be arranged at the time the Delegates had been called for the regular session.

The Board of Trustees concurred in this opinion and the President called a special meeting of the House of Delegates for 11:30 a. m., on Tuesday, June 2nd, 1936.

The tentative plan which had been approved by the Board of Trustees to insure an impartial and proper procedure for the hearing on the appeal, was in the hands of the committee for further elaboration, when a pamphlet was sent out, apparently to the delegates, over the signature of the Secretary of the Hudson County Medical Society, prefaced by the following:

This pamphlet is prepared by the Secretary of the Hudson County Medical Society and contains all the facts available in the matter of the appeal, now pending, by the Hudson County Medical Society against the opinion and decision of the Judicial Council of The Medical Society of New Jersey.

It is prepared for distribution to those members of the Society who request it, and for further distribution to all delegates to the Annual Meeting, 1936, of The Medical Society of New Jersey.

THOMAS MCG. BRENNOCK, M.D., Secretary
Hudson County Medical Society.

Jersey City,
May 18, 1936.

With the distribution of this pamphlet, the problem of this appeal assumed an *entirely different* aspect. The contents of this pamphlet definitely and admittedly contain data which were submitted to the Judicial Council as confidential and privileged matter as called for by the By-Laws and as requested by the Judicial Council during their deliberations.

According to the By-Laws, Chapter 7, Section 5-C, "All data so submitted shall be *confidential and privileged*, and made available only to the Judicial Council and its respective members. In case of an appeal being taken from the decision of the Council to the House of Delegates, all such data must then be submitted to the House of Delegates or to a committee appointed by that body to consider the appeal." (Italics ours.)

In seeking further advice, the committee again conferred with the counsel of the State Society, Mr. Wall; and his opinion, after consideration of the publication of this evidence and its effect upon the nature of the appeal, is as follows:

The effect of this publication is to destroy the kind of an appeal for which the By-Laws call. I

say nothing as to the merits of the appeal. We are not concerned with that, nor does it make any difference whether the publication was a blunder or a bit of political strategy. The publication is an accomplished fact and it cannot be undone, nor does it make any difference whether the provision of the By-Laws as to the confidential and privileged character of the appeal is a wise provision or not. It is the rule by which the Society is governed; and until that rule is changed by appropriate action, it should be obeyed by everyone who appeals, and should be upheld by the State Medical Society. If it is to be overruled, it should be done by the Medical Society of New Jersey itself, and not by any group of individuals who choose for their own purpose to violate the rule.

I personally think it is a wise provision, for it is easy to imagine a case where doctors would wish to decide certain questions involving character and professional ethics themselves instead of publishing private matters to the world; but the real point is that the Hudson County Medical Society has, by its action, destroyed the possibility of considering the appeal in the only manner which the By-Laws provide. The Hudson County Medical Society by its act has taken the appeal and thrown out the confidential and privileged feature. The State Medical Society's only method of dealing with an appeal is with the confidential and privileged feature included. This is not the way to change the By-Laws and would furnish a precedent which would make the organization of the State Society meaningless.

The Board of Trustees last night again resumed full discussion of this problem and considered it in the light of this publication issued by the Hudson County Medical Society. In its discussion, the Board of Trustees sought from every aspect to protect the rights of The Medical Society of New Jersey as set forth in its Constitution and By-Laws, and to be fair to all concerned.

The conclusion of their deliberations was an unanimous agreement of the Board of Trustees, all members being present except the President-Elect, who was ill and was unable to attend, that the Hudson County Medical Society by violation of the By-Laws as expressed in Chapter VII, Section 5-c, has destroyed the *only method of appeal* by which the House of Delegates may hear their appeal.

It is therefore the unanimous recommendation of the Board of Trustees to the President and to the House of Delegates that the appeal from the decision of the Judicial Council by the Hudson County Medical Society be dismissed, and the decision of the Judicial Council be affirmed.

(End of presentation of the report of the Board of Trustees)

SECTION 3

THE MOTION BEFORE THE HOUSE

DR. A. C. ZEHNDER (Essex County): Mr. President, I rise to a point of order. In view of the report and the unanimous recommendation of the Board of Trustees just made, I move that the appeal of the Hudson County Medical Society from the decision of the Judicial Council be dismissed and the decision of the Judicial Council be affirmed.

Motion seconded.

(The vote, Sect. 5, page 72)

SECTION 4

DISCUSSION OF DR. ZEHNDER'S MOTION

DR. J. F. NORTON (Hudson County): Mr. President, fellow members and fellow delegates of this convention: There is nothing farther from my mind, as I stand here, or more at variance with my purpose in coming here, than the bringing in of personalities. This question is far too big, and transcends all petty personalities. If at any time during the course of my remarks, it seems to the Chair that I am straying away, and in danger of bringing in personalities, I now specifically request the Chair to again remind me, and keep me within the bounds.

I am the Chairman of the Delegation from Hudson County, and in rising now, I speak the will of the vast majority of the Hudson County delegation.

If I were to tell you that we were taken by surprise by this motion, denying our right of appeal; if I were to tell you that we had not the faintest conception, until we heard the report of the Secretary of the Board of Trustees that we were not to be allowed an opportunity of presenting our case, I would be stating only feebly what all of us from Hudson feel was one of the most astonishing methods of denying us the right to be heard. We had no idea in coming here today that we were going to be put out by the back door. This move is entirely new, and it finds us without any planned or pre-arranged defense.

I make a plea to you delegates assembled here today, representing what I know to be the highest type of leadership, the grandest type of representation of one of the greatest professions in the world. If I served no other purpose in rising on this floor than to help dismiss from your minds that there is something contemptible in the group from Hudson, I care not what action you take on this motion. The facts in the matter are these:

A large component Society of this State, the second largest, incidentally, in the entire State, is under indictment for the act, or acts, of one or more of its elected officers. That, to my mind, is indeed a very serious matter. The delegates from Hudson feel that it is important enough to have the entire charge or charges aired in public before this Convention, so that you gentlemen, men of intelligence and capacity, may pass upon the validity or the non-validity of the charges. The Judicial Council says, in its decision, that the Hudson County

Medical Society,—not any elected officer, not any committee, not an individual, but the Hudson County Medical Society collectively—is unethical, and has debased the principles of sound moral philosophy. If it is the will of this Convention that a charge as serious as this can be made against a group of men in a neighboring county, and that these men, following the procedure defined by our State Constitution, come here and ask for a hearing; if it is the will, I say, of this Convention, to summarily eject, without hearing one syllable of testimony or explanation, there is nothing left for us to do but humbly to submit to the will of the majority of this Convention. We feel, however, that we should have an opportunity of presenting our side of the matter.

You have listened to the opinion of the Judicial Council read in toto by the Secretary of the Board of Trustees. You have listened to a minority report dissenting from the findings of the majority submitted by a member of the Judicial Council who heard and read all the testimony produced. Out of all this, I say, comes an indictment that the Hudson County Medical Society, a component body of the State Society, is unethical and immoral.

We have, in Hudson County, engaged in the practice of medicine, as fine a group of men as you will find in any county in this State, men who are conscientious, learned in their profession, and respected in their communities because of their very high type of citizenship. To this body of men this Convention today says that you are going on record as sustaining the findings of unethical conduct and immoral practices without according them the privilege, the right, or the decency of an appeal. This means, of course, that we leave here today with the stigma upon our whole Medical Society of being unethical, of having debased the principles of moral philosophy. We leave as a unit in schism. I do not think that it is the intention of one delegate in this Convention that this should happen, but you are going to vote to deny us our appeal and sustain the decision without hearing from us one solitary, single syllable in defense.

I am unable to go into the question of whether it was wise or unwise, whether it was expedient or inexpedient, or whether it nullified our chance of appeal when the Secretary of our County issued the pamphlet which is in question. I ask you, when you are disposing of this matter, and I speak especially to the more populous counties in the northern section of the State, to remember that we are all doctors of medicine; many of us have come from the same schools; many of us belong to the same special societies; many of us have had pleasant professional contacts; but we all adhere to, and believe in, the same principles of medicine. In fairness, then, give us a chance to tell you our side of the matter. We were told that the question is one of a ballot. If this be so, then please listen to our side. We have nothing to hide, nothing to be ashamed of, nothing to cover up. We stand here pleading with you to allow us to lay before you, in its naked truth, the entire story, from beginning to end. What can be fairer, and what objection

should anyone interested in fair play or decency have to granting a plea such as this? I tell you now that never once in the history of the State of New Jersey has a fairer and more decent, more representative and more intelligent, more learned or more honest group of men represented any county in any State Convention than we have here sitting in this Convention today representing Hudson County. And to them you say that, without hearing our protest, without listening to any of our differences, you are summarily to eject them. I cannot understand why you do not want to accord us the right, or the privilege of putting in a defense. I cannot understand why some of the counties have taken such an active, such an aggressive, antagonistic attitude toward Hudson County in this matter. It is an impersonal affair, concerning—not any one individual in Hudson County,—but, collectively, the Hudson County Medical Society; and why some counties, as a unit, come in here today to deny Hudson County the right of being heard, I cannot imagine. I can see a reason for personalities in elections where big issues are at stake, where some one individual might want to render aid to someone else in whom he is particularly interested; but in this matter, what has Hudson County done to anyone outside of Hudson? What have they done unethically to anyone in Hudson County? Will you let us put this before you here and now?

I ask of this Convention that no one believe what I am saying because he happens to know me; I ask also that no one disbelieve me because he happens not to know me. Let us put before you all the facts in the matter, and each one of you for yourself judge as to which side right and decency belongs. Delegates to this Convention, in behalf of the Hudson County Medical Society, I make an appeal to you today to do one thing only; and in asking this, I speak again more particularly to those more populous counties in the northern tier, and again more particularly, in those counties, to those members who are leaders and who have influence for good in their delegation. I appeal to you that you do not deny us the right of voicing our appeal. I ask only this, and nothing more; and there is not one man in this Convention who feels in his heart that this is asking one hit more than we are entitled to. If you hear both sides, and tell us that we are in error, we submit to your judgment. You are assembled here today as a court, a court of errors and appeals, and we are appealing to you from a decision of an inferior body. You, as a House of Delegates, supersede the Judicial Council. The State Constitution tells us that we have to appeal directly to this Convention. We are so appealing. If you turn us out of here without hearing us, we have nothing to do but go out. If you were to tell us that some one in our County Society made a mistake in sending out a pamphlet, and that the whole Society must, because of that, be smirched, there is nothing left for us to do but remain inarticulate. We originally appealed because we had full and abiding confidence in the spirit of justice which, we thought,

would pervade this Convention. We thought that the Judicial Council had gone far beyond their constitutional powers, and were prepared to prove it. We came asking,—not for special consideration—but only justice, a justice that we felt we would receive at the hands of a Convention composed of the elected representatives of one of the grandest and noblest professions in the world. And now, I wonder if you can imagine our feelings when we find that justice in this Convention is about to be denied us.

Do you delegates, possessing the high degree of intelligence that we know you to have, have this as your idea of justice? Are we to be left without voice and without defense in this Convention? It is hard to believe it. If I dared, I would like to call upon the leaders of this State Society who are sitting in this room within hearing of my voice, and indicate them by name. If only they would,—in spite of what preconceived ideas they had, in spite of any caucus to which they might feel bound, in spite of some personal animosities they have carried through the years,—today rise to the occasion and say to the Hudson County Medical Society, "You have made a blunder, you have made an error, but we will at least listen to your case, and having listened to it, we will return you to your own County Society so that you can report to them that you received a hearing at the hands of the State Convention", this will satisfy us. We do not want to leave here and go back and tell our Society that because of a technicality we were ejected, that Hudson County was denied the right to put in one syllable of proof, that the State Convention has stigmatized Hudson County as a Schismatic unit. We do not want to do this; but unless we are accorded a hearing, what report can we make to our local Society of the transactions of this Special Session? We have had years of trouble, and we do not want more. Your denial of our right to be heard is only augmenting our difficulties.

I leave you with only one request: it is a plea that the appeal of the Hudson County Medical Society from the decision of the Judicial Council be heard by this Convention. The plea is based upon the naked, solid ground of justice. Dr. Zehnder, if your motion prevails and we are denied a hearing, I can say for myself that I am more than a little disappointed. I at least thought we would be given an attentive ear; we did not expect to be thrown out. If you honestly and truly believe that the issuance of the pamphlet is of sufficient moment to deny us any rights in the matter, I suppose we cannot then question your motives. But if you are coming in here to find the most convenient way of not listening to what we have to say, and you adopt this as the most expedient method of circumventing our appeal, then, I say, the delegation in this Convention today from Hudson County will be disappointed, and I am positive that the Hudson County Medical Society will be disappointed.

Please, I appeal to your sense of fairness, your sense of decency, your sense of justice, may we have an opportunity of presenting the facts in the

matter of an appeal now pending before the House of Delegates?

(Applause.)

DR. LEE (Camden County): As I sat listening to Dr. Nafey reading the decision of the Board of Trustees, two or three things appealed to me as being inconsistent. There in the report of the Judicial Council or comments of the Board of Trustees, it was stated that this matter should be approached from an ethical standpoint. If that be true, why are we throwing it out on a legal technicality?

There is one thing which is not clear. The By-Laws provide that the testimony given to the Judicial Council shall be secret. How long does this remain secret? It has now become public in the fact that the Judicial Council rendered a report. This case seems to be over if the Board of Trustees have tried it for the assembly.

PRESIDENT NEWCOMB: The evidence as presented to the Judicial Council is still secret. It is still with the Council and has not been released. Nothing has been given by the Judicial Council.

DR. S. T. QUINN (Union County): Mr. President and members. I rise with one point, and that is the point that this Society of medical men is larger than any of its component units. I heard the remark that the purpose of such a matter coming before the House could not but bring discontent. The question of the legality of the ballot was considered and the counsel of the Society said it was legal. Arguments are on both sides.

The main point is that no personalities are involved, but the Society is making a plea that we do something to abolish this friction; and I would offer an amendment that it is the sense of the House of Delegates that the meeting of October, 1935, be declared void and a new election ordered. We recognize the Judicial Council as the Judicial Body of this Society.

DR. V. P. BUTLER (Hudson County): I am quite in accord with everything which has been said by Dr. Norton. All we ask is that the evidence be heard and a decision be given on the basis of that evidence. If this is an ethical matter, why not consider it such instead of making it a legal matter in bringing in some technicality, which the Board of Trustees has interpreted for us out of our By-Laws? I certainly feel that the procedure of the Board of Trustees in recommending what action should be taken by the House of Delegates is decidedly out of place. The Board of Trustees functions for this Society when the House of Delegates is not in session, but we are now in a session called especially to decide upon an appeal from the decision of the Judicial Council. In spite of the fact that Section 5, Chapter 7, of the By-Laws states that all data in the matter of an appeal must be submitted to the House of Delegates or a committee appointed by it, the Board of Trustees would deny to this body the privilege of hear-

ing that data, judging its value, and then rendering a decision.

As I understand it, there is one point in the whole procedure on which the Board of Trustees would deny to the Hudson County Medical Society the right to an appeal to the House of Delegates, and that point is because the Secretary, in their opinion, violated, by the procedure of sending out this pamphlet, certain rules and regulations of the State Society, and that the published evidence or material supposedly was privileged and confidential with the Judicial Council. Now, is this really the case?

The Secretary can well speak for himself; but what actually occurred was that a pamphlet containing two parts, one, the decision of the Judicial Council, both the majority and minority opinion, and the other, all the evidence which the Secretary submitted to the Judicial Council at its hearing on February 9, 1936, was sent out by the Secretary. The Board of Trustees would have us believe that the Secretary violated the tenets of secrecy by this action. This is not so, for almost everything which was presented by the Secretary at the hearing of the Judicial Council was a matter of public record. It has been published in the newspapers and in our monthly bulletin. As to the evidence or material of the Secretary being privileged and confidential to the Judicial Council, it is privileged and confidential only so far as the person giving such information wishes it to be; and, as in this case, the Secretary may waive his right to have the evidence remain secret; and if he so chooses, as he did, may acquaint anyone he so selects with any and all of the facts that he brought forth at this hearing.

Without going into the star chamber proceedings of the Judicial Council, the Hudson County representatives were called to meet the Judicial Council because seven men in Hudson County, out of approximately 400, did not like the way in which the election was held. They felt they were entitled to redress and so, without bringing the grievance in an orderly process before the County Society and then to the Judicial Council if the County Society turned them down, they chose to skip over the first step and immediately take it to the Judicial Council. Even though the right of the Judicial Council, under this process, to hear the matter was questioned, they proceeded anyhow and rendered a decision which has now made the Hudson County Medical Society defendant in a case where the evidence on which they were convicted is not obtainable; and by the recommendation of the Board of Trustees you are asked to further keep this from being presented.

We wish to have it heard here before you in order that we may defend ourselves against accusations of which we are totally unaware; and still, because our Secretary, wholly within his rights, published a pamphlet, the contents of which in a large part has been inscribed in the minutes of the County Society, or published in the Bulletin, or in the local newspapers, we are told it cannot be heard. Gentlemen, when it's entirely within the

Secretary's right to waive his privilege of having his testimony kept secret and confidential; and when by a motion of the County Society he was directed to publish this pamphlet, do you honestly believe there has been any violation of secrecy on his part? I for one do not, and say to you that it is merely a subterfuge for not having all the evidence heard in this meeting. If this be an ethical matter, why try to decide it upon a technicality.

DR. C. B. KELLEY (Hudson County): I came down here with a brief in support of the opinion of the Judicial Council. I represent Dr. Hugo Alexander, who was the original appellant in the case and who is now the respondent. If the hearing had proceeded as I had anticipated, I would probably have taken a couple of hours to show you definitely the justice of the decision. A hearing was held by the Judicial Council, various witnesses were heard, and after the hearing the decision was rendered. We feel that the decision was a just one and should be sustained.

The previous speakers have gone away from the question, and the distribution of this pamphlet (full of misquotations) absolutely disqualifies the appellants to go further. The appellants have disqualified themselves; they have read themselves out of court.

DR. B. T. D. SCHWARZ (Hudson County): I arise not with the desire of making an oratorical display, for I believe that the recitation of the Judicial Council's decision and the Board of Trustees' recommendation that you have heard is far more eloquent testimony than any added effort on my part to convince you why you should take action in reaffirming the Judicial Council's decision and dismissing the appeal. I feel it is desirable to point out that one of the preceding speakers might have conveyed to you an improper notion that he speaks as a duly constituted chairman of the Hudson County delegation and that he is reflecting the viewpoint of all the Hudson County delegates. His reference to himself as chairman is somewhat mystifying. I personally know of no meeting and I know other delegates from Hudson County are equally in the dark as to any meeting that was called for such a purpose. The gentleman in question was elected a delegate at the May meeting. There was no meeting of the delegates since then, that I know of. His assertion of chairmanship under such conditions is highly improper, as he does not speak as the duly constituted authority of all the Hudson County delegates.

An appeal has been made to your sense of fairness. What sense of fairness prompted them to publish just their side of the controversy in the pamphlet and not give any opportunity to those in the Hudson County Society having an opposite viewpoint to give reasons why the Judicial Council's decision should be sustained? What sense of fairness prompted them to specifically withhold publication of the Judicial Council's decision in the bulletin of the Hudson County Medical Society so

that all the members of the County Society could become familiar with it. It was asserted it would cost too much, but how much more did this pamphlet cost that was distributed to all the delegates of the State Society? Certainly the contemptuous reference by another one of the speakers to the Judicial Council's procedure characterizing it as "The Star Chamber Hearing" is most undignified and unbecoming to duly constituted Judicial Officers of this Society who, as such, are entitled to our respect. May I remind you that the members of the same Judicial Council are the duly elected judicial representatives of this very House of Delegates? These men are your elected officials constituted for the very purpose in which they have discharged their official duty.

I move that we proceed with the question to vote to dismiss the appeal and reaffirm the Judicial Council's decision. If it should be decided to hear the appeal, we are prepared to present our side.

DR. PETER E. MARAS (Hudson County): I joined the Hudson County Medical Society on October 15, 1914, and from that day I have been identified with every activity, with every movement, with every action for the progress of medical science.

PRESIDENT NEWCOMB: Keep to the motion, please.

DR. MARAS: I submit to the correction to keep to the motion.

You have not heard anything from opposition of that group because we alone realize and appreciate the usefulness of the opposition. We have depended upon this decision of the Judicial Council as the one and the Executive body to uphold us in our endeavor to further public welfare and the welfare of the medical practitioners in Hudson County. We feel that the mistake, if you want to call it that—but I call it "blundersome political tactics", hoping to get away with it—made by the Secretary or, at least, whom they now blame, should be taken cognizance of and drastic procedures be applied. They now appeal in the sense of defeat to this body. Why should any man come here and assume Chairmanship of a body that was called together before this decision was rendered? There has been no meeting called since but he has told you there was a meeting called previously. It is not to my intention at this time to characterize this meeting at which he was made Chairman. I will leave that to your sense of imagination, but that is what brought this case before this body. Such action emphasizes our attitude and our endeavors. The pamphlet, I will not even characterize that. You have a sense of judgment. Let us hope that you read it, and I need not spend any of your time making corrections in your mind but that to say it misrepresents in the mode of its origin. When you said that at the May meeting it was ordered, I deny it was ordered. It is a deliberate misconception. It was I who moved

that both sides be presented to the Hudson County Medical Society, but I ask you, can you answer us? Is it fair to deliberately keep members in total ignorance of the Society's transactions? No. The members of the County Society were denied that information. I was denied it. I called the Secretary and asked, requested the majority report and minority report and his brief that was submitted to the Judicial Council, and I was promised it a few weeks previously on the grounds that I would give him ample time to prepare it. Owing to the amount of business prior to the convention he was unable to get it out. I reminded him that it was necessary to get this information out. He tried to put me off until after the convention and when he did that to me, what would he do to the rest who applied for it? This is one point. You will have to live in Hudson like I do and interest yourselves in your Society's affairs which means your family's welfare and your bread and butter. Remember I was not born with a silver spoon. I was brought up in the school of hard knocks.

PRESIDENT NEWCOMB: On the motion, please.

DR. MARAS: You would appreciate how these things transpire and how such a pamphlet got to the delegates of this society whose minds it would poison prior to this discussion were they upheld and their unscrupulous methods of obtaining their point at any cost. I shall bring this to a close. I merely will remind you and ask you here of what this means to Hudson County. That which is before this small group does not convey the full measure of interest in Hudson County. The public in Hudson is more interested than the medical profession.

The medical profession has assumed totally a defeatist attitude, either by coercion, intimidation, or outright bribery—contrary to the principles, policies and ethics of the American Medical Society. As a direct result of this political control, the public, the hospitals and medical profession suffer alike in Hudson County, to say nothing of the detriment to medical science resulting therefrom. The decision of the Judicial Council upon which you are now asked to vote bears far greater import than any member present can conceive. To illustrate, I respectfully call your attention to a statement I made in a letter to Olin West, Secretary of the A. M. A., about three years ago—"That the rottenest form of State Medicine on God's green earth will be born in Hudson County". Gentlemen, that is here now, and it is that your vote is requested upon.

Let me remind the delegation that the membership since October, 1933, election has steadily decreased until we have fifteen less delegates; and that the prospect from this controversy by reason of the last election in 1935, I venture to say, is that with all due consideration the membership of Hudson in the next year of 1937 will decrease 50 per cent. What Hudson County will lose by reason of this decision I will gain. It is the inde-

pendent medical practitioners whom I represent, for whom I speak, and for whom I shall continue to fight as long as I am able to shout. Despite conditions brought by this decision of the Judicial Council, despite the decision of this House of Delegates we will continue to carry on in Hudson County although it has reached a point where only I alone dare to raise my head above the surface, and I know it is coming my way. This is public knowledge. The men have their lives at stake and their welfare. They are openly attacked. I will suggest that this House conduct this investigation of my charges and see for yourselves if you can permit such conditions to exist.

I ask you in the name of the Hudson Society, in the name of medical practitioners, in the name of the New Jersey Medical Society, when voting, to use your intelligence and let your conscience be your guide.

DR. E. P. DARLINGTON (Burlington County): This has all been heard before the proper bodies. Let us have the vote.

DR. W. J. FARR (Bergen County): Motion was that we should dismiss the appeal, and also we shall affirm the action of the Judicial Council. How can we vote on both of these questions?

PRESIDENT NEWCOMB: The vote is to affirm the decision of the Judicial Council, which will dismiss the appeal of the Hudson Society.

DR. NORTON: Dr. Newcomb, you just now announced that you would limit me to two minutes. One of the delegates in the front row says that two minutes is too much. From that I take it that they are not much interested in what we have to say if two minutes is too long for them to listen. I said I was here as the Chairman of the Delegation from Hudson. That statement has been challenged by one delegate from Hudson County.

On January 15, 1936, the Hudson County Delegation caucused at the Carteret Club in Jersey City, and I was elected Chairman. I fixed the date because it was the day on which the Society of Surgeons had their dinner at the Carteret Club. Following that meeting, I functioned as Chairman of the Delegation without question by anyone. Then came the decision of the Judicial Council invalidating the election of some of our delegates. This decision we received on April 4th, and the Delegation from Hudson did not meet again until this morning, when a notice was posted that the Hudson County Delegation would caucus in Room 609 at 10:00 o'clock. The Delegation did caucus at the time and place appointed, and I acted as the Chairman. I did not deliberately lie when I said I was the Chairman. The delegate from Hudson who said I was not the Chairman was in error. This, however, is perhaps a matter more properly for the management of Hudson County, and one which we can manage quite well in Hudson County, and which we will manage in Hudson County. I feel today as one standing on the beach in front

of this hotel trying to hold back the oncoming tide. I close my plea with no further remarks.

DR. T. MCG. BRENNOCK (Hudson County): Mr. Chairman and Members of the House of Delegates in Special Session assembled: It looks as though I am the patsy. I speak to you as the Secretary from and of the Hudson County Medical Society. I have heard myself maligned before this representative body of doctors. The statements made by two of the previous speakers are incorrect. They do not speak from the record, but they speak from what they would have you believe to be the record. The Hudson County Medical Society held its monthly meeting May 5, 1936, and at that meeting the majority opinion of the Judicial Council was fully discussed pro and con; and remember, gentlemen, at that time the Hudson County Medical Society had no minority report in its possession.

The Secretary of the Hudson County Medical Society failed to receive the minority report of the Judicial Council until May 6, 1936. Dr. William Sweeney, who sits in this House today and is a member of the Hudson County Medical Society and a member of the Judicial Council, representing Hudson, Bergen, Passaic and Sussex Counties, was present at that May meeting, and Dr. Maras offered a motion that both sides of this question, meaning the majority opinion and the evidence submitted to the Judicial Council which formed the basis for their majority opinion, be printed in full by the Hudson County Medical Society; and he knew perfectly well when he arose upon his feet to make such a motion that he was out of order, as the evidence which the Judicial Council held was confidential and could only be released to the House of Delegates. There was a motion introduced by another member of the Hudson County Medical Society that the majority opinion of the Judicial Council and the brief submitted by the Secretary of the Hudson County Medical Society be printed and distributed to those who requested it, and to the Delegates. It was so ordered and adopted.

So, you see, gentlemen, it was up to the Secretary of the Hudson County Medical Society to carry out this mandate; and that is the reason and the only reason that the Delegates of this State received from me, a few days prior to this special meeting of the House of Delegates, the pamphlet which is being criticized here today. The Hudson County Medical Society is being grossly misrepresented to you by the two previous speakers. I do not ask you to believe my story, to believe the story of the Judicial Council, or to believe the story of anyone who testified before the Judicial Council at the Academy of Medicine of Northern New Jersey on February 9, 1936; but I do most humbly ask of you to listen to the evidence; and when you have heard both sides of the story, then form your own, honest and just opinion and vote according to the dictates of your conscience which God has given everyone of you. I thank you.

DR. C. I. ULMER (Gloucester County): We have

heard quite a little about this proceeding, but just a drop have we heard. The five members of the Judicial Council have heard all the evidence and only one of its members voted against its decision. The Board of Trustees, fourteen in number, supported the decision of the Judicial Council. Both of these bodies, composed of able, representative members of our Society, have taken specific action after much more deliberation than we have been able to give; and we should have full confidence in their decision, or else get new Trustees and new Councilors.

DR. E. J. MARSH (Passaic County): Speaking as an individual, I know nothing of the merits of this case. Only members of the Council have seen evidence, but some time last week an envelope came to my desk from the Secretary of Hudson. I saw this pamphlet stated this was some of the evidence in the case. I have not looked it over because I did not feel it proper for one party to send out their case to the members of the House of Delegates. Dr. Lee stated it was a technical question. That looked like an attempt to reach the jury before the court was opened. It might have been a technical error, but it was a grave ethical error also.

DR. B. T. D. SCHWARZ (Hudson County: I arise with reluctance the second time, but I will take but a few minutes. The Secretary of the Hudson County Medical Society just stated that the Judicial Council's decision was announced to all the members of the Hudson County Medical Society in the manner in which it was printed in the pamphlet. I wish you to pay particular attention to the wording on the inside of the pamphlet. You will notice it was *published* for distribution to *all the members of the House of Delegates and "to those members of the Society who request it"*. Note this peculiar wording. At the May meeting of the Hudson County Medical Society I personally endeavored to have a correction made of the minutes of the April meeting as published in the May bulletin. At that time the Judicial Council's decision was read; and discussion followed in which some asserted that the question was purely legal and hiring of legal counsel was justified. I contended that the question was not a legal question and cited the Judicial Council's statement that the question under discussion was one involving medical ethics and was to be decided by medical men only, and the decision was based on principles of sound moral philosophy, asserting that this was substantially the language of the Judicial Council's decision. As I was contradicted by two speakers, I asked the Secretary on two separate occasions *to correct me if my assertion* in regard to the language of the decision was *incorrect*. The Secretary did not correct me. He substantiated what I said by reading in response to my request that part of the Judicial Council's decision to which I referred to and which should have been published in the May bulletin. This evasion is material and important because *at no time have the members of the Hudson County Medical Society seen the Judicial Council's decision* in print or even mimeo-

graphed. The reason for this was a specific resolution not to print or mimeograph the Judicial Council's decision in the bulletin made by that member of the Hudson County Medical Society who has called himself chairman. After determined objections were made, it was voted that the Judicial Council's decision and the brief of the Hudson County Medical Society as presented by the Secretary be made available to those *members of the Society who request them*. "What sense of fairness" prompts them to make it obligatory for a member of the County Society to needlessly expose himself as being sympathetic to us by making the member "request it". And the Secretary demands the member make the "request in writing". They withheld the publication of the Judicial Council's decision in the bulletin that goes to all the members so that even to this day the general membership of the Hudson County Medical Society is ignorant of the details of the decision. Did they feel that the mere publication of this decision would perk up the morale of the independent practitioners of medicine? You yourselves can best answer that question on the facts.

DR. G. S. Kerdasha (Hudson County): It is unfortunate that members of the House of Delegates are obliged to spend some of their time listening to facts pertaining to an appeal by the Hudson County Medical Society from the opinion and decision of the State Judicial Council.

The Judicial Council, after hearing charges made in complete secrecy, has declared the election in Hudson County invalid, and made it appear that its members are lacking in ethical standards, and de-based fundamental principles of sound moral philosophy.

According to the By-Laws, the Secretary is authorized to prepare the official ballot. The Secretary was further advised by legal opinion that he had conformed to the By-Laws, and that the ballot was legal and the election would be valid.

As a member of the Hudson County Medical Society, I was a candidate on the opposition ticket. The election was held and no question of the legality of the ballot or the validity of the election was raised until six months later, when a few disciples of dissension and discord in our Society made certain charges to the State Judicial Council.

I wish to bring out the fact that members of a component Society of the State Medical Society stand indicted today as lacking in ethical standards and sound moral philosophy, and yet at the same time are being denied an opportunity to present their side of the story. All we ask is that the House of Delegates hear the facts, and we shall be willing to abide by its decision.

It is incredible that this body of medical men will deny the members of the Hudson County Medical Society the right to appeal from the decision of the Judicial Council on the pretense of a flimsy technicality,—that of a pamphlet issued by the Sec-

retary containing available facts taken from the regular bulletin of the Hudson County Medical Society. When you refuse us a hearing, which is our constitutional right according to the State By-Laws, you have not solved this serious and far-reaching controversy. You are establishing a precedent and opening the gate to similar charges in every County Medical Society of this State, wherever a few disappointed men may be tempted to malign their County Society.

Again I plead with you not to deny this right for a hearing on a mere technicality. In the spirit of fair play and good sportsmanship, give the members of the Hudson County Medical Society the right to defend themselves.

PRESIDENT NEWCOMB: Is there any further discussion? Hearing none, the discussion is closed.

SECTION 5 THE VOTE

PRESIDENT NEWCOMB: We will now proceed to vote by ballot on the motion "that the appeal of the Hudson County Medical Society from the Judicial Council be dismissed and the decision of the Judicial Council be affirmed". (See Sect. 4.) Slips of paper will be handed out. You will write "Yes" or "No" on the slip, and Dr. Morrison and Dr. Snedecor will call your names by counties alphabetically.

The vote was taken.

PRESIDENT NEWCOMB: I appoint Drs. Haggerty, Lewis, Ely, Frost, and Sprague as tellers.

The vote was counted.

DR. SPRAGUE: Mr. President, the tellers are ready to report.

PRESIDENT NEWCOMB: Proceed.

DR. SPRAGUE:

Number of votes cast	167
Necessary for passage	112
In favor of	126
Against	41

(Signed) Drs. Haggerty, Lewis, Frost, Ely, Sprague.

PRESIDENT NEWCOMB: I declare the motion carried. The appeal of the Hudson County Medical Society from the decision of the Judicial Council is dismissed, and the decision of the Judicial Council is affirmed.

A motion was made by Dr. Norton, seconded, put to a vote, and carried, that the Special Meeting of the House of Delegates be adjourned.

Adjournment at 3:10 p. m.

(Signed) MARCUS W. NEWCOMB,
President.

(Signed) J. B. MORRISON,
Secretary.

The New York Academy of Medicine

THIS BOOK MUST NOT BE RETAINED FOR
LONGER THAN ONE WEEK AFTER THE LAST
DATE ON THE SLIP UNLESS PERMISSION FOR ITS
RENEWAL BE OBTAINED FROM THE LIBRARY.

DEC 22 1960	WHITE
-------------	-------

